

Hepato- Gastroenterology



Current Medical and Surgical Trends

TABLE OF CONTENTS

BILIARY TREE

- 1-5 **Long-Term Outcomes after Extrahepatic Excision of Congenital Cholangiocysts: 30 Years Of Experience at a Single Center**
Ohtsuka H, Fukase K, Yoshida H, et al.
 While precise and thorough surgical treatment is necessary to prevent the long-term development of complications after surgical excision of congenital choledochal cysts, it must be accompanied by long-term postoperative follow-up, especially of elderly patients and those with type IVa cysts.
- 6-10 **Long Term Outcomes of Choledochoduodenostomy for Common Bile Duct Stones in the Era of Laparoscopy and Endoscopy**
Nakeeb AE, Askr W, El Hanafy E, et al.
 CDD is a safe and effective method of drainage of CBD after clearance of CBDS. Long term outcomes are acceptable with good quality of life. Sump syndrome is extremely rare; CDD may be associated with mild to moderate gastritis. CDD doesn't lead to development of cholangiocarcinoma.

CLINICAL PRACTICE

- 11-18 **Induction Dosing of Peginterferon Alfa-2a (40KD) and/or High-Dose Ribavirin in Genotype 1 CHC Patients with Difficult-to-Treat Characteristics: Pharmacokinetic and Viral Kinetic (PK/VK) Assessment from PROGRESS**
Morcos PN, Leong R, Thommes JA, et al.
 Early viral declines may be enhanced with the 360µg dose. These data may suggest the utility of high-dose peginterferon alfa-2a plus direct-acting antivirals (DAA) in select difficult-to-treat populations.

COLORECTAL

- 19-24 **K-Ras Mutation and Prognosis of Colorectal Cancer: A Meta-Analysis**
Rui Y, Wang C, Zhou ZG, Zhong X, Yu YG
 Current available evidences demonstrated the K-ras mutation is a predictive molecular mark of colorectal cancer patients' survivals, further studies are needed to investigate the race difference and the relationship between certain K-ras mutation and prognosis.
- 25-29 **Clinicopathological Risk Factors of Early Carcinoma in Colorectal Neoplasias According to Japanese and Western Criteria**
Cha JM, Lee JI, Joo KR, et al.
 The clinicopathological characteristics for early carcinoma were not identical between Japanese and Western criteria. Japanese criteria classifying intramucosal carcinoma as carcinoma rather than HGD may be supported by our findings.
- 30-33 **Nutritional Management of Anastomotic Leakage after Colorectal Cancer Surgery using Elemental Diet Jelly**
Ishibe A, Ota M, Kanazawa A, et al.
 Conservative management of anastomotic leakage after colorectal surgery with ED jelly appears to be a safe and useful approach.

- 34-39 Comparison of Short- and Long-Term Outcomes of an Early Experience with Robotic and Laparoscopic-Assisted Resection for Rectal Cancer**
Yoon SN, Kim KY, Kim JW, et al.
Robot-assisted resection for rectal cancer resulted in harvesting more lymph nodes without increasing morbidity and showed a comparable survival rate, compared with those of laparoscopy.
- 40-44 Epidermal Growth Factor Receptor in CRC patients in the Era of the RAS**
Yanmaz MT, Demir G, Erdamar S, et al.
EGFR expression in correlated with stage in all CRC patients and response to chemotherapy and survival in metastatic CRC patients.
- 45-50 The Value of Single-Incision Laparoscopic Surgery for Colorectal Cancer: a Systematic Literature Review**
Ma CC, Wang LH, Li P, et al.
SILC is a technically reliable and realistic approach with short-term results similar to those obtained with the MLC procedure.
- 51-54 Totally Laparoscopic Right Colectomy: Technique Description**
Liu W, Li J, Jin K, Liu Q
TLRC for right colon cancer is safe and feasible.
- 55-58 Mesh Erosion Causes Small Bowel Obstruction: A Rare Complication of Laparoscopic Inguinal Hernia Repair: Case Description and Review of Literature**
Xue TM, Tao LD, Zhang J, Zhang PJ
We report a case of small bowel obstruction caused by a displaced mesh used for the laparoscopic inguinal hernia repair and review of literature.
- 59-64 Is Perineural Invasion (PN) a Determinant of Disease Free Survival in Early Stage Colorectal Cancer?**
Ozturk MA, Dane F, Karagoz S, et al.
This study had failed to demonstrate any prognostic effect of PN for DFS in surgically resected stage II and III CRC patients who received adjuvant treatments.

ESOPHAGUS

- 65-68 Endoscopic Excavation for the Treatment of Small Esophageal Subepithelial Tumors Originating from the Muscularis Propria**
Ye LP, Zhu LH, Zhou XB, Mao XL, Zhang Y
Endoscopic excavation is a safe and effective method for the treatment of small esophageal subepithelial tumors originating from the muscularis propria.
- 69-72 Thoracoscopic Esophagectomy in Prone Position: Advantages of Five Ports Over Four Ports**
Kawasaki K, Oshikiri T, Kanaji S, et al.
ThE-PP performed with five ports has an advantage over the same operation done with four ports in terms of lymphadenectomy in the lower mediastinum.
- 73-76 Analysis Of The Characteristics And Factors Influencing Lymph Node Metastasis In Thoracic Esophageal Carcinoma And Cancer Of The Gastric Cardia**
Ren X, Zhao Z, Huang W, et al.
Lymph node metastasis in patients with cancers of the esophagus and gastric cardia exhibits special characteristics. The cleaning scope should be assessed according to the actual situation, including the degree of tumor differentiation, lesion length, and infiltration depth.
- 77-81 Treatment of Massive Esophageal Variceal Bleeding by Sengstaken-Blackmore Tube Compression and Intensive Endoscopic Detachable Mini-Loop Ligation: A Retrospective Study in 83 Patients**
Zhang D, Shi R, Yao J, et al.
EVB can be effectively treated with improved sengstaken-blackmore tube followed by EVL therapy with intensive endoscopic detachable mini-loop.
- 82-86 Peroral Endoscopic Myotomy plus Balloon Shaping for Achalasia: A Preliminary Study**
Zhang Y, Ling-hu E, Zhai Y, Peng L, Wang XX
Peroral endoscopic myotomy plus balloon shaping is an effective treatment for achalasia resulting in sustained treatment success of about 95% during a mean follow-up period of 13.3 months.

GASTROINTESTINAL

- 87-82 Surgery of Upper GI Gastrointestinal Stromal Tumors: Our Experience, Prognostic Analysis**
Kasetsermwiriya W, Nagai E, Nakata K, et al.
 Surgical resection of low- and intermediate-risk GISTs has excellent results. High counts of mitotic figures, male gender, incomplete resection, large tumor size, and a high Ki-67 index are associated with a poor prognosis.

LIVER

- 93-97 Living Donor Right Lobe Liver Transplantation as a Treatment for Hepatic Alveolar Echinococcosis: Report of Three Cases**
Demirbas T, Akyildiz M, Dayangac M, et al.
 Here we present three cases which were admitted to the hospital with unresectable hepatic alveolar echinococcosis and treated by liver transplantation successfully. Patients for whom surgical resection is not possible, we recommend liver transplantation as the treatment method.
- 98-101 Importance of Thrombocytes for the Hypertrophy Response after Portal Vein Embolization**
Sturesson C, Hoekstra L, Andersson R, van Gulik TM
 The absolute number of thrombocytes does not influence liver regeneration after PVE. For patients receiving preprocedural chemotherapy, PVE performed at a time when thrombocytes are decreasing is associated with a reduced regeneration.
- 102-107 External Beam Radiation Therapy With or Without Concurrent Chemotherapy for Patients with Unresectable Locally Advanced Hilar Cholangiocarcinoma**
Chen SC, Chen MH, Li CP, et al.
 As compared with RT, CCRT provides longer OS and PFS for patients with unresectable HCCA. The efficacy of adding novel chemotherapeutic to RT needs to be further investigated.
- 108-110 Fate of Necrotic Volume after Microwave Ablation of Multiple Liver Metastases**
Engstrand J, Nilsson H, Jansson A, Jonas E, Freedman J
 Liver regeneration after microwave ablations occurs at a constant logarithmic rate after an initial expansion of the ablation volume during the first five days. Evaluation of ablation volume in comparison to tumour volume must take this into account so that follow-up imaging is properly timed.
- 111-117 A New Strategy with a Grading System for Liver Metastases from Colorectal Cancer**
Komeda K, Hayashi M, Inoue Y, et al.
 We could retrospectively predict survival in CRCLM patients by adopting this new simple classification. This method may allow more precise assessment of operative indications and timing for both operations and perioperative adjuvant treatment.
- 118-121 Incidence and Mortality of Liver Cancer in Mainland China: Changes in First Decade of 21st Century**
Wang R, Chen XZ, Zhang MG, et al.
 Liver cancer still has high incidence and mortality in mainland China, and further effort is required to prevent and control liver cancer, particularly for male and rural population.
- 122-125 Prophylactic Hepatic Artery Infusion Chemotherapy Improved Survival after Curative Resection in Patients with Hepatocellular Carcinoma**
Huang SX, Wu YL, Tang CW, et al.
 HAIC effectively and safely prevents intrahepatic recurrence and improves the prognosis of patients with HCC after curative resection.
- 126-132 Experimental Study on the Safety of Percutaneous Transhepatic Portal Vein Ablation**
Zhang L, Yan J, Liu F, et al.
 The percutaneous intravascular RFA using an endovascular bipolar RF device is technically feasible but the safety needs further investigation.
- 133-139 Interferon- α Combined with Lamivudine versus Lamivudine Monotherapy for the Emergence of YMDD Mutations in Chronic Hepatitis B Infection: A Meta-Analysis of Randomized Controlled Trials**
Zhang YL, Zhang J, Cui LY
 Our present meta-analysis suggests that different types of IFN- α in combination with LAM can significantly reduce the rate of YMDD mutation compared to LAM monotherapy.

- 130-143 High Intensity Focused Ultrasound Ablation for Patients with Inoperable Liver Cancer**
Chen LY, Wang K, Chen Z, et al.
 HIFU is effective and feasible in the treatment of liver cancer. It offer a significant noninvasive therapy for local treatment of liver cancer. For those right lobe liver cancers or with poor ultrasonic window, increasing treatment time or repeated treatment may improve the efficiency of HIFU ablation.
- 144-150 Comparison of Effects of Devascularization Versus Shunt on Patients with Portal Hypertension: A Meta-Analysis**
Zong GQ, Fei Y, Liu RM
 Devascularization and shunt have different advantages and disadvantages respectively which reflected in postoperative complications and long term survival rate.
- 151-152 A Correlation between the Graft Volume Evaluation and the Prognosis in Consideration of Hepatic "Compliance" in Living Donor Liver Transplantation**
Soyama A, Takatsuki M, Yamaguchi I, et al.
 Hepatic compliance appears to exist. The poor prognosis of liver grafts in recipients from elderly donors may be attributable to hepatic compliance, and assessing the hepatic compliance may be useful for preoperative liver graft evaluation.
- 153-156 Surgical Treatment of Huge Hepatocarcinoma with Invasion or Severe Adhesion of Diaphragm Using the Technique of Orthotopic Liver Resection**
Wang XB, Yu QM, Yu PF, et al.
 Although the technique of orthotopic liver resection has a high technical requirement for surgeons, it provides a surgical method and operative opportunity for the patients whose tumor has invaded diaphragm or has been severe adhesion with diaphragm and conventional liver resection cannot be performed.
- 157-163 Effect of Sustained Virological Response to Interferon Therapy for Hepatitis C to the Hepatectomy for Primary Hepatocellular Carcinoma**
Tsujita E, Maeda T, Kayashima H, et al.
 SVR achieved past or postoperatively to the Hx of HCV-related HCC significantly inhibits recurrence and consequently improves patient survival after Hx for HCC.
- 164-168 Predictors of Poor Prognosis by Recurrence Patterns after Curative Hepatectomy for Hepatocellular Carcinoma in Child-Pugh Classification A**
Hirokawa F, Hayashi M, Miyamoto Y, et al.
 Systemic adjuvant chemotherapy after curative hepatectomy for HCC in Child A should be given to patients with microscopic vascular invasion and/or intrahepatic metastasis.

PANCREAS

- 169-174 Adjuvant S-1 Chemotherapy after Surgical Resection for Pancreatic Adenocarcinoma**
Shinkawa H, Uenishi T, Takemura S, et al.
 S-1 administered as a single agent showed promise as an adjuvant chemotherapy for resected pancreatic cancer.
- 175-177 Pancreaticoduodenectomy for Choledochal Cyst**
Mazo R, Ruiz-Elizadle AR, Chabot JA, Cowles RA
 While the standard surgical care for CDC remains complete cyst excision with Roux-en-Y hepaticojejunostomy, there may be particular instances where PD appears more appropriate. While the need for PD in cases of CDC is rare, it is important to consider this possibility when contemplating surgery for CDC.
- 178-183 Clinical Characteristics and Prognostic Factors of Gastroenteropancreatic Neuroendocrine Tumors: A Single Center Experience in China**
Hu HK, Ke NW, Li A, et al.
 We found both consistence and differences in GEP-NETs characteristics between our study and previous reports.
- 184-186 A Simple, Secure and Universal Two-Layer Continuous Running Suture Pancreaticojejunostomy following Pancreaticoduodenectomy**
Zhou H, Hu Z, Wang W, et al.
 This novel pancreatic anastomosis technique is easy and quick to perform, universally applicable, and appears to be a secure technique that reduces pancreatic fistula rates after pancreaticoduodenectomy.

- 187-189 Preventive Effect of Omental Flap in Pancreaticoduodenectomy against Postoperative Complications: A Meta-analysis**
Tian Y, Ma H, Peng Y, Li G, Yang HC
 The use of omental roll-up could not decrease the risk of pancreatic fistula after pancreaticoduodenectomy. Further randomized controlled trials are needed to identify the effect of omental roll-up technique for pancreaticoduodenectomy.
- 190-194 Remnant Pancreas Reconstruction with Duct-To-Duct Anastomosis after Middle Pancreatectomy: A Report of Two Cases**
Ishii M, Kimura Y, Imamura M, et al.
 In selected cases, this reconstructive procedure is safe and feasible for physiological reconstruction without involvement of the digestive tract.
- 195-199 Conservative Treatment and Percutaneous Catheter Drainage Improve Outcome of Necrotizing Pancreatitis**
Sun JJ, Yang C, Liu W, et al.
 A conservative approach with PCD as the first choice to treatment NP might decrease the rate of surgical operation and mortality, and improve the outcome of NP.
- 200-206 Clinical Implication of Peritoneal Cytology in the Pancreatic Cancer Patients who underwent Curative Resection followed by Adjuvant Gemcitabine or S-1 Chemotherapy**
Aoyama T, Katayama Y, Murakawa M, et al.
 The patients with CY+ are likely to experience recurrence, even after they received curative resection and adjuvant Gemcitabine or S-1 adjuvant chemotherapy.

STOMACH

- 207-213 Risk Factors of Lymph Node Metastasis in Patients with Gastric Neuroendocrine Tumor with Normal Serum Gastrin Level**
Jung JH, Choi KD, Koh YW, et al.
 Small (≤ 10 mm) gastric carcinoids with normal serum gastrin level confined to submucosa can be treated with endoscopic or local resection unless lymphovascular invasion.
- 214-218 A Preliminary Study on Pre-Operative Tumor Volumetry Measured by Three-Dimensional Computer Tomography in Gastric Cancer**
Kikuchi S, Mieno H, Moriya H, et al.
 The present findings suggest that tumor volume measured by pre-operative 3D-MD-CT offers an alternative indicator for determining the prognosis in gastric cancer.
- 219-224 The Effect of Short-term Proton Pump Inhibitor plus Anti-Ulcer Drug on the Healing of Endoscopic Submucosal Dissection-Derived Artificial Ulcer: A Randomized Controlled Trial**
Nakamura M, Tahara T, Shiroeda H, et al.
 Treatment with 8 weeks of rebamipide plus the first 4 weeks of PPI demonstrated a reduction ratio of artificial ulcers superior to that with 8 weeks of PPI mono-therapy. This combination treatment is, therefore, one of the candidate treatment strategies against ESD-derived artificial ulcers.
- 225-230 Clinico-Pathological Features and Prognostic Analysis of Gastric Cancer Patients in Different Age Groups**
Zu HL, Wang HL, Li CF, Kang Y, Xue YW
 There are several distinctive properties related to age of patients with gastric cancer, the older patients have more aggressive features and poorer prognosis than the younger patients.
- 219-224 HER2 Expression Variability Between Primary Gastric Cancers and Corresponding Lymph Node Metastases**
Qiu Z, Sun W, Zhou CZ, Zhang JD
 HER2 overexpression was seen in one-third of primary gastric cancers with lymph node metastases. As the receptor expression may lose or gain in the metastases at a probability of approximately 30%, assessment of the receptor status in metastatic lesions is encouraged.
- 225-230 Laparoscopic Gastrectomy for Gastric Cancer in China: An Overview**
Lan H, Zhu N, Lan Y, Jin K, Teng L
 In this article, we make an overview of the current data and state of the art of laparoscopic gastrectomy for gastric cancer in China.

240-244 Effectiveness of Using Low-Dose Computed Tomography to Assess Patency in Gastrointestinal Tracts with a Patency Capsule

Shirasawa T, Hashimoto S, Shimizu K, et al.

LDCT with a reduced exposure dose can definitively localize a PC. Therefore, this method may allow capsule endoscopy to be performed for more diseases.

245-250 Glycemic Changes after Gastrectomy in Non-Morbidly Obese Patients with Gastric Cancer and Diabetes

Shen Z, Yu J, Lei S, et al.

Our finding observed through this simulation model suggested that non-morbidly obese patients may also benefit from metabolic surgery for glycemic control, associated with age, extent of gastrectomy, reconstruction type, and preoperative triglyceride level.