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HBsAg loss in HBeAg positive and HBeAg negative patients with chronic HBV treated with entecavir: A retrospective case series

Tuzcuoglu I, Sungur M, Kurt K, Gökmen T and Acılar K
Merkez Efendi State Hospital, Turkey

We retrospectively investigated our patients who have been followed up in our gastroenterology and infectious diseases clinic between 2007 and 2016. All the patients were followed up at least six months before therapy to ensure that they had chronic hepatitis B. Every patient had liver biopsy procedure to assess the liver pathology. Of the patients who were started entecavir treatment, 161 patients had enrolled for this retrospective assessment. All the patients had continuous treatment (0.5 mg/day or 1 mg/day). Of these patients 30 were HBeAg positive (24 males, 6 females) and 129 HBeAg negative patients (99 males, 30 females) with chronic HBV infection, treatment initiated starting from 2007 till 2016. All the follow-ups for liver biochemistry were done every three months and HBV DNA was assessed every six months. HBsAg was controlled yearly. Total of nine patients had HBsAg loss (5.5%) (three patients of HBeAg+, and five patients of HBeAg-). Overall, the mean time to HBsAg loss was 3 years±4.5 months in HBeAg (+) patients and 3.5 years±7.5 months in HBe Ag (-) group. In this case series, HBsAg loss was observed both in HBeAg positive patients and in HBeAg negative patients. All of the patients with HBsAg loss received entecavir as 0.5 mg. Our results are consistent with the previous reports. Therefore, it may be suggested that treatment with entecavir could be associated to HBsAg loss in a period of time, in both HBeAg positive and HBeAg negative HBV patients.

isiltuzcu@yahoo.com

Total laparoscopic benign giant tail pancreatic tumor: Case report

Jisdan Bambang
Gadjah Mada University, Indonesia

Pancreatic tumor resection is still a challenge in laparoscopic procedures. Several cases need to be assisted, or conversion to laparotomy. It is probably pancreas has a specific tissues structure and unique. But, the most frequent are because of the fault of planning and fault to put the trokkar itself. A 26 year old female had an intra-abdominal mass on left hypochondrium since four years ago. General condition was almost normal, and had no other complain. She could not have normal eating. CT abdominal study found a tumor 12x9x7 cm subcostal region, suspicious from the parenchymal of the tail of pancreas, capsulated, and isolated from the adjacent organs. Laboratory study showed almost normal with HB=11.2 mg/dl. Amylase and lipase of pancreas were normal, LFT normal and specific blood study result was normal. Laparoscopic procedures were performed with 11 mm umbilical port, 11 mm port LMC, 5 mm port two cm below xiphoid process, and 5 mm port 1 cm left from the left rectus sheath. Maneuver of the tumor isolated from adjacent organs can be easily identified, with the position of the trokkars. Evacuation of the tumor through the bikini incision was done on the request of patient itself. Postoperative study of the histopathology report was benign tumor, originated from the tail of pancreatic bodies. No mitotic and no proof of malignancy tumor was found. Patient was discharged on day two and no antibiotic was administered for ambulatoire. Day seven after surgery was evaluated, no port-site and bikini incision inflammatory and infection was observed. Activity of daily living at day 8 was observed. Totally laparoscopic pancreatic resection can be performed by every surgeons and depend on the knowledge of topography anatomica and port placement accuracy.

masdan2179@gmail.com