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Endometriotic cyst mimicking a retroperitoneal tumor – A rare scenario

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Ectopic endometrial tissues are rarely observed on the serosal surfaces of bowel and laparotomy incisions, in the lungs, bones and in the urinary tract. A few case reports of endometriosis in the retroperitoneal location has been reported in the English literature. Endometriotic cyst in a retroperitoneal location mimicking a retroperitoneal tumor through the mesentery of sigmoid colon is an extremely rare presentation. A 45 year old woman presented with pain abdomen of 3 months duration. CT abdomen & pelvis revealed a retroperitoneal mass adjacent to left psoas and left ureter. On laparotomy, a cystic mass was found in the retroperitoneum over the left common iliac vessels. The mass was excised in to preserving the left ureter, left iliac vessels and sigmoid colon. The final histopathology revealed an endometriotic cyst. Recto-sigmoid junction is the most common site of extra-genital endometriosis, with less frequent sites being the rectovaginal septum, small intestine, cecum and appendix. Retroperitoneal presentation of endometriotic cyst is a rare presentation and only few cases have been reported. Retroperitoneal endometriotic cyst may mimic a retroperitoneal tumor in view of the location. Retroperitoneal endometriotic cyst in the sigmoid mesentery is an extremely rare presentation. Whenever a CT guided biopsy was not diagnostic in a retroperitoneal lesion, complete excision is the treatment of choice to arrive at a final diagnosis.

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Assessment of the therapeutic effect of allopurinol on patients with non-alcoholic fatty liver disease associated with hyperuricemia by cytokeratin 18

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Background: Non-alcoholic fatty liver disease (NAFLD) is the most common cause of chronic liver injury. Elevated uric acid (UA) is an important factor in the development of NAFLD. Both combined result in apoptosis which is an important mechanism in pathogenesis of NAFLD, where it leads to activation of caspase family of intracellular proteases which then cleave different intracellular proteins including cytokeratin 18 (CK18) which can be used as a key marker in NAFLD.

Objective: The objective of this study is to evaluate the effect of treating hyperuricemia by allopurinol on NAFLD patients by blood markers as CK18, liver enzymes (GOT, GPT), cholesterol (Chol) and triglyceride (TG).

Methods: In this study, 31 hyperuricemic patients with NAFLD diagnosed by ultrasound were enrolled in the study and divided into two groups; Group A (14 patients): Placebo group who received starch based tablets for 3 months and Group B (17 patients): Treatment group who received allopurinol (300 mg) for 3 months. UA, CK 18, GPT, GOT, Chol and TG were measured before and after treatment.

Results: The study showed a significant decline in CK18 levels after treatment ($P=0.006$), improvement in GPT and GOT levels after treatment ($P<0.001$ and $P=0.013$, respectively), also there was an improvement in Chol and TG levels after treatment ($P=0.01$ and 0.038 , respectively).

Conclusion: Allopurinol may play a role in improvement of patients with NAFLD associated with hyperuricemia and CK18 may be used as a good marker in assessing patients' improvement.

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