

Tumor Protein p53 and K-ras Gene Mutations in Peruvian Patients with Gallbladder Cancer.

Vidaurre T, Casavilca S, Montenegro P, Gomez H, Calderón M, Navarro J, Aramburu J, Poquioma E, Tsuchiya Y, Asai T, Ajioka Y, Sato A, Ikoma T, Nakamura K.

Asian Pac J Cancer Prev. 2019 Jan 25;20(1):289-294.

Abstract

BACKGROUND: Recent studies have shown that genetic alterations are associated with the effect of patient geographic location on gallbladder cancer development. Peru has a high incidence of gallbladder cancer, but causative factors have not yet been identified. We examined the frequency of mutations in TP53 and K-ras genes in Peruvian patients with gallbladder cancer, and compared this with data from Bolivia, Hungary, Chile, and Japan, which have a high gallbladder cancer incidence. **METHODS:** DNA was extracted from formalin-fixed paraffin-embedded gallbladder tissue sections of 30 gallbladder cancer patients (9 men and 21 women) obtained using microdissection. Mutations in exons 5 to 8 of TP53 and codons 12, 13, and 61 of K-ras were examined using direct sequencing. **RESULTS:** TP53 mutations were observed in 10 (33.3%) of patients, but K-ras mutations were absent. Nine (90%) TP53 mutations were point mutations (7 missense and 2 silent mutations), and the most frequent substitution was a G:C to A:T transition. G:C to A:T transitions at the CpG site or G:C to T:A transversions were found in one patient each. No significant differences were found in the frequency of TP53 and K-ras mutations among patients in the 5 countries. **CONCLUSIONS:** Our findings suggest that endogenous mechanisms and exogenous carcinogens may affect the carcinogenic process in Peruvian gallbladder cancer patients, similar to that in Bolivian patients. Further studies with a larger sample size are needed to clarify these findings.

The rectosigmoid junction: are limits important?

Luna-Abanto J.

Rev Esp Enferm Dig. 2019 Apr 25;111:0.

Abstract

The rectosigmoid junction (RSJ) is the limit between the sigmoid colon and the rectum. The limits of this transition zone have been a source of controversy. There are multiple definitions that aim to establish the beginning of the rectum. Some organizations propose the use of more than one definition. Generally, these definitions use either radiological markings, endoscopic measurements or anatomical landmarks. However, no consensus exists currently.

Monosegmental ALPPS: a long-term survival alternative to liver transplant in PRETEXT IV hepatoblastoma.

Ruiz Figueroa EF, Fernández-Placencia RM, Berrospi Espinoza FE, Gomez HF, Chávez Passiuri IK.

J Surg Case Rep. 2019 May 9;2019(5).

Abstract

A 3-year-old female was treated with neoadjuvant chemotherapy (NACT) for a PRETEXT IV hepatoblastoma. POST-TEXT IV findings merited a liver transplant (LT), but multiple limitations precluded it. The initial future liver remnant (FLR) was small (21.3%). Monosegment 6 ALPPS was a rational approach given that the inferior right hepatic vein (IRHV) provided adequate outflow. Therefore, the procedure was performed after parental informed consent. On PO15 of the first stage, FLR had reached 32.6% and then the second-stage was carried out. The patient was discharged on POD 31, and she is about to reach the 5-year disease-free survival milestone.

Pancreato-Esplenectomía Radical Modular Anterógrada Laparoscópica.

Yuri R. Sifuentes-Horna, Francisco Berrospi-Espinoza, Eloy Ruiz-Figueroa.

Rev. de la Sociedad Peruana de Cirugía Endoscópica. 2019; 1(1).

Abstracto

Se presenta el caso de una paciente con cáncer de la cola del páncreas tratada mediante esplenopancreatectomía distal laparoscópica según lo descrito por Strasberg. Se trata de una paciente mujer de 48 años con historia de 2 episodios de pancreatitis biliar en los últimos seis meses. Diabetes mellitus desde hace cinco años, sobrepeso (IMC 29,3), cesárea, histerectomía y abdominoplastía. Fue evaluada con una resonancia magnética que mostró una masa sólida, irregular en la cola del páncreas, bordes lobulados de 2.5x2.4 cm con alta señal en T2 y baja señal en T1, contacta la vena esplénica en el hilio esplénico, no capta contraste al gadolínio. Se consideraron los siguientes diagnósticos diferenciales: Cáncer de páncreas, tumor neuroendocrino no funcionante y pancreatitis focal.

Recuperación mejorada después de la cirugía colorrectal.

María Ramos, Andrés Guevara, Eloy Ruiz.

Carcinos 2018; 8(2): 77-87.

Abstracto

El programa de tratamiento conocido como recuperación mejorada después de la cirugía o ERAS fue creado con el objetivo de reducir el estrés perioperatorio y acelerar la recuperación del paciente, reduciendo así la estancia hospitalaria. Comprende cuatro etapas, desde el momento en que se establece contacto con el paciente y se define una conducta quirúrgica, hasta la auditoría posterior al alta: preadmisión, preoperatoria, intraoperatoria y postoperatoria. Además, requiere de la participación de un equipo multidisciplinario que persigue el mismo objetivo, la recuperación del paciente en un plazo no prolongado. En esta revisión se detalla cada punto incluido en el protocolo ERAS colorrectal, definiendo conceptos y sustentándolos con la evidencia, con el objetivo de que sirva de guía para su aplicación.

Use of drains and post-operative complications in secondary peritonitis for complicated acute appendicitis at a national hospital.

Miranda-Rosales LM, Kcam-Mayorca EJ, Luna-Abanto J, Malpartida-Saavedra H, Flores-Flores C.

Cir Cir. 2019;87(5):540-544.

Abstract

INTRODUCTION: Acute appendicitis is the main cause of emergency surgical care. Post-operative patients with complicated acute appendicitis present complications, many of them expected. The use of drains is one of the measures to prevent these complications; however, recent meta-analyzes do not justify this therapeutic measure. This study evaluates the relationship between use and non-use of drains, post-operative complications in patients with complicated peritonitis secondary to acute appendicitis. **METHODS:** A retrospective observational cohort study was conducted. The outcomes were analyzed by Chi-square test and Student's t-test; Fisher exact test was performed. **RESULTS:** The average operating time was 1.46 h (1.0-2.5) and 1.66 (1-3) for patients without drains and with drains, respectively, the difference was significant ($p = 0.001$). Post-operative fever was more prevalent in group with a drains odds ratio (OR) 3.4 (confidence interval [CI] 95% 1.4-7.9). The mean time of hospitalization was 7.3 (3-20) and 8.8 days (3-35) for patients without drains and with drains, respectively. ($p = 0.01$). The Chi-square analysis was significant for evisceration Grade III and residual collection $p = 0.036$, OR not evaluable. Reoperation was not significant among both groups, $p = 0.108$ OR 6.3 (CI 95% 0.6-62.4). **CONCLUSIONS:** There is a relationship between the non-use of drains and collections and evisceration in post-operative patients with open appendectomy, by complicated acute appendicitis.

Ruptured hepatic sarcoma as a cause of acute abdomen.

Luna-Abanto J, García Ruiz L.

Esp Enferm Dig. 2019 Sep 23;111.

Abstract

A 24-year-old male patient, in study for a hepatic tumor, was admitted to emergency due to hypovolemic shock and anemia. The abdominal CT scan showed an extensive expansive lesion of 11.8x11.7cm in liver segments II and III with rupture signs and lamellar hyperdense component of haematic and necrotic aspect, associated with free fluid in the abdominal cavity (Fig 1.A). The tumor markers (DHL, AFP, CEA) and viral serology were negative. The patient was submitted to surgery, an exploratory laparotomy + Pringle maneuver + II and III hepatic segmentectomy was performed. Abundant intra-abdominal blood was evidenced, and an extensive multilobed 20x20cm tumor dependent on II and III hepatic segments, a R2 surgery was achieved. The histological study showed a non-classifiable high grade sarcoma, CD56 positive (Fig. 1.B). The patient was discharged after 7 days.

Prevalence of Helicobacter pylori Infection, Its Virulent Genotypes, and Epstein-Barr Virus in Peruvian Patients With Chronic Gastritis and Gastric Cancer.

Carlos A. Castaneda; Miluska Castillo; Iván Chavez; Fernando Barreda; Nancy Suarez; Jais Nieves; Luis A. Bernabe; Daniel Valdivia; Eloy Ruiz; Emmanuel Dias-Neto; Maria P. Landa-Baella; Yaqueline Bazan; Carlos A. Rengifo; and Paola Montenegro.

J Glob Oncol. 2019 Sep;5:1-9.

Abstract

PURPOSE: Helicobacter pylori (HP) and Epstein Barr virus (EBV) infections induce chronic gastritis (CG) and are accepted carcinogenics of gastric cancer (GC). Our objective for this study was to determine the prevalence of these agents and clinicopathological features of GC and CG associated with the infection. **PATIENTS AND METHODS:** A single-center cohort of 375 Peruvian patients with GC and 165 control subjects with CG were analyzed. Evaluation of HP and EBV genes was performed through quantitative polymerase chain reaction. **RESULTS:** Prevalence of HP was 62.9% in the whole population and 60.8% in the GC subset. The cagA gene was detected in 79.9%; vacAs1 and vacAm1 alleles in 41.6% and 60.7%, respectively; and concurrent expression of vacAs1 and vacAm1 in 30.4% of infected patients in the whole series. The prevalence of EBV was 14.1% in the whole population and was higher in GC ($P < .001$). Coinfection of HP and EBV was found in 7.8% and was also higher in GC in univariate ($P < .001$) and multivariate ($P = .011$) analyses. Infection rates of HP and EBV were not associated with a geographic location in the whole series. Few clinicopathological features have been associated with infectious status. **CONCLUSION:** Prevalence of HP infection and virulent strains are high in the Peruvian population. Infection by EBV was more frequent in patients with GC.

Helicobacter Pylori Detected in Tap Water of Peruvian Patients with Gastric Cancer.

Castillo M, Bernabe L, Castaneda CA, Chavez I, Ruiz E, Barreda F, Valdivia D, Suarez N, Nieves J, Dias-Neto E, Boehnke K, Landa-Baella MP, Montenegro P.

Asian Pac J Cancer Prev. 2019 Nov 1;20(11):3193-3196.

Abstract

OBJECTIVE: To evaluate the correlation between the presence of *H. pylori* in paired samples of tap water and gastric cancer (GC) lesion in Lima city (Peru). **MATERIAL AND METHODS:** Gastric tissue and tap-water samples were prospectively collected from 82 Gastric Cancer who lived in Lima. *HspA* and *ureA* genes were evaluated by qPCR in the samples. **RESULTS:** The median age of patients with GC was 63 years, 52.4% were men and stage-II in 36.6%. A home-living time > 10 years was reported in 84.1% of patients. Boiling water treatment was indicated in 85.4% of cases. *H. pylori* was detected in 69.5% of gastric tissues and in 12.2% of analyzed tap-water. There was no differences in gastric infection rates among those with or without water contamination (70% vs. 69.4%, $p=0.971$). **CONCLUSION & IMPACT:** *H. pylori* was found in tap-water samples, however, detection rates were lower than in gastric cancer samples. Other sources of infection transmission should be investigated.