

**1. Spleen volumetry and liver transient elastography: Predictors of persistent posthepatectomy decompensation in patients with hepatocellular carcinoma.**

(Volumen de bazo y elastografía transitoria hepática: predictores de descompensación posthepatectomía persistente en pacientes con carcinoma hepatocelular)

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**REVISTAS:** Surgery. 2020 Mar 20. pii: S0039-6060(20)30089-1. doi: 10.1016/j.surg.2020.02.009. [Epub ahead of print]

**ABSTRACTO:** One hundred and seven patients were included. The median follow-up time was 3 months (3-5). Postoperative 90-day mortality was 4.7%. By multivariate analysis, liver stiffness measurement and spleen volumetry predicted posthepatectomy decompensation. The liver stiffness measurement had a cutoff point of 11.6 kPa (area under receiver operating curve = 0.71 confidence interval 95% 0.71-0.88, sensitivity: 89%, specificity: 47%). The spleen volumetry cutoff point was 381.1 cm<sup>3</sup> (area under receiver operating curve = 0.78, 95% confidence interval 0.77-0.93, sensitivity: 55%, specificity: 91%). The spleen volumetry improved prediction of posthepatectomy decompensation, because use of the spleen volumetry increased sensitivity (from 62% to 97%) and the negative predictive value (from 96% to 100%) along with a negligible decrease in specificity (from 96.7 to 93.4) and positive predictive value (from 64% to 59%) (P = .003). **CONCLUSION:** Spleen volumetry (>380 cm<sup>3</sup>) and liver stiffness measurement (>12 kPa) are non-invasive, independent, and synergistic tools that appear to be able to predict posthepatectomy decompensation. The importance of this finding is that these measurements may help to anticipate posthepatectomy decompensation and may possibly be used to direct alternative treatments to resection.

**2. Radiotherapy Associated Chronic Hemorrhagic Proctitis at the National Institute of Neoplastic Diseases of Peru, 2011-2013.**

(Proctitis hemorrágica crónica asociada a radioterapia en el Instituto Nacional de Enfermedades Neoplásicas del Perú, 2011-2013)

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**REVISTA:** Rev Gastroenterol Peru Oct-Dec 2019;39(4):329-334.

**ABSTRACTO:** Objective: To study the clinical and endoscopic features of chronic hemorrhagic proctitis by radiotherapy in the National Institute of Neoplastic Diseases of Peru. Materials and methods: The study was descriptive, retrospective and longitudinal, with a population of 588 patients with this pathology, in the period 2011-2013, from which 114 patients were selected by randomized probabilistic sampling. Descriptive and inferential statistics were used for the analysis of qualitative and quantitative variables. Results: The main results were a latency period of 439.96 days; the severity of clinical rectal bleeding was grade 2 and 3 in 86.84%, the mean hemoglobin in chronic hemorrhagic proctitis by radiotherapy was 11.63 g / dl, the endoscopic findings were moderate severity in 58.77%, extension rectal only in 92.11%, slight friability of 43.86%, compromise less than 33% of the rectal surface in 71.93% and an average length of 7.28 cm. The inflammatory findings were 0.88% scars, erosions of 0.88%, ulcers of 7%, fistula of 0.88% and 3.51% of rectal stenosis, single or combined argon plasma coagulation (APC) treatment was offered in 96% of cases. Conclusion: Chronic hemorrhagic proctitis is an important complication of pelvic radiotherapy, with characteristic clinical and endoscopic findings.

### 3. The forgotten victims of the COVID-19 pandemic

Las víctimas olvidadas de la pandemia de COVID-19

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**REVISTA:** Dig Liver Dis 2020 Jun 13;S1590-8658(20)30301-7. doi: 10.1016/j.dld.2020.06.018. Online ahead of print.

**ABSTRACTO:** The first cases of acute respiratory distress syndrome due to the SARS-CoV-2 virus were reported in China at the end of 2019. Given its progressive expansion around the world, the World Health Organization (WHO) classified this new disease as a pandemic. During this pandemic, our health system has been experiencing exceedingly difficult times, in which the entire medical community is focused on containing the growing wave of new cases. Hospitals, including ours, have collapsed and there are only few resources that are available to treat patients with COVID-19. In this context, the medical activity of gastroenterologists has been affected in all its fields, including outpatient care and endoscopic procedures (diagnostic and therapeutic). However, our essential work is caring for patients who need it and during this pandemic our ability to respond and adapt has been tested. Simultaneously with these new tasks, gastroenterologists must continue to deliver quality care, and, in recent weeks, several international guidelines and recommendations have been published for the evaluation of patients and for performing endoscopic procedures. These publications provide recommendations for risk stratification of the SARS-CoV-2 infection, infection prevention and the proper use of personal protective material. It is important to emphasize that, given the collapse of the medical attention capacity, priority should be given to "urgent cases" and the "non-urgent cases" should be scheduled for outpatient management.

### 4. Benign Multicystic Peritoneal Mesothelioma in a Male Teen: Case Report and Review of the Literature

Mesotelioma peritoneal multiquístico benigno en un adolescente masculino: reporte de un caso y revisión de la literature

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**REVISTA:** P R Health Sci J 2020 Jun;39(2):222-225.

**ABSTRACTO:** The case of a Peruvian 15-year-old male with a left-flank abdominal mass suspected to be a peritoneal pseudomyxoma is presented. The patient underwent a R0 surgery, and the pathology review showed a benign multicystic peritoneal mesothelioma.