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Covering the Cover Editor of this Issue

COVERING THE COVER

Colorectal cancer and dysplasia risk in patients with ulcerative colitis at a tertiary referral center in Turkey

Colorectal cancer (CRC) is one of the most common cancers in the world, and ulcerative colitis (UC) is an important risk factor for CRC. The risk is reportedly higher after 8-10 years of disease onset. Furthermore, primary sclerosing cholangitis, family history, and extensive colitis are the other reported risk factors. In this retrospective study conducted in Turkey, the authors explained the incidence and prevelance as well as risk factors of CRC in patients with UC. Total 801 patients were included in the study. The mean disease duration was 6.7 years. Six (0.7%) patients had CRC, 5 (0.6%) had high-grade dysplasia, and 2 (0.25%) had low-grade dysplasia. The mean disease duration in the lesion group was 12 years. All patients had extensive disease. Two patients in the lesion group had PSC (15.2%), which was an independent risk factor for CRC in UC. This study showed that (contrary to the literature) patients with UC have a low risk of CRC. Extensive disease, PSC, and long disease durations are risk factors for CRC. See page 139.

Insulin/high-density lipoprotein cholesterol ratio: A newly-discovered predictor of esophagealvarices in patients with hepatitis C virus-related cirrhosis without diabetes mellitus

Hepatitis C virus (HCV) infection is an important infecious disorder, and insulin resistance is commonly observed in in HCV. Patients with HCV and insulin resistance have more liver inflammation and fibrosis. Esophageal varices (EV) are one of the most important complications of liver fibrosis. In this study conducted in Egypt, the authors clarified that the insulin/high-density lipoprotein cholesterol (HDL)-ratio is a predictor of EV. One-hundred patients with HCV related Child-Pugh score A cirrhosis were included the study, of which 73 had EV. Patients with EV had higher fasting glucose levels, insülin levels, and HOMA-IR scores and lower HDL-cholesterol (HDL-C) levels than those without EV. The ınsulin/HDL-C ratio is a new score and was found to be higher in the patients with EV. This is the first study in the literature to reveal that the insulin/HDL-C ratio is a predictor of EV. The HOMA-IR score is another predictor for EV; however, the insulin/HDL-C ratio is more sensitive. See page 155.

Neck circumference: An easy and reliable predictor of non-alcoholic fatty liver disease

Non-alcoholic fatty liver disease (NAFLD) is a major global health-related problem; it is also one of the most common causes of chronic liver disease. Cases of liver transplantation due to cirrhosis secondary to NAFLD are increasing. NAFLD can be diagnosed using liver biopsy; however, the technique is invasive and can not be used for all patients. Imaging tools, such as ultrasonography or magnetic resonance imaging, are expensive and time consuming. Anthropometric measurements are easy to perform. Upper-body subcutaneous adipose tissue is related to metabolic disorders. Neck circumference (NC) is a good indicator of upper-body subcutaneous fat. In this cross-sectional study performed in Iran, the authors focused on the relationship between NC and NAFLD. A total of 590 were included. NAFLD was diagnosed in 51% of the patients. NC, waist circumference, hip circumference, and body mass index were higher in the patients with NAFLD. Of all these parameters, NC had the greatest area under the curve for NAFLD. NC cutoff point for NAFLD was 39.25 cm in men and 34.85 cm in women. In conclusion, NAFLD occurrence is very high in Iran. NC is easy to measure and is the best predictive anthropometric parameter for NAFLD; hence, it can be used as a predictor of NAFLD. See page 163.

Association between small intestinal bacterial overgrowth and toll-like receptor 4 in patients with pancreatic carcinoma and cholangiocarcinoma

Pancreatic cancer is one of the most common causes of cancer-related mortality worldwide. Its pathogenesis remians unclear. Similar to pancreatic carcinoma, cholangiocarcinoma is another type of cancer with a high mortality rate. Small intestinal bacterial overgrowth (SIBO) is characterized by excessive bacteria in the small intestine. The relationship between SIBO and these cancers is unclear. In this article from China, the authors prospectively studied the relationship betweem SIBO and toll-like receptor 4 (TLR-4) expression in patients with pancreatic carcinoma and cholangiocarcinoma. Thirty pancreatic cancer patients, 30 cholangiocarcinoma patients, and 30 healthy individuals were included in the study. SIBO prevalence was 63.3%, 46.7%, and 13.3% in patients with pancreatic carcinoma, patients with cholangiocarcinoma, and healthy controls, respectively. TLR-4-positive cells were higher in pancreatic carcinoma and cholangiocarcinoma tissues than in para-carcinoma normal tissues. There was a positive correlation between SIBO and TLR-4 in pancreatic carcinoma and cholangiocarcinoma. In conclusion, the prevalence of SIBO is high in patients with pancreatic carcinoma and cholangocarcinoma. It could be a risk factor for the development and progression of these cancers. See page 177.

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Role of percutaneous catheter drainage as a primary treatment for necrotizing pancreatitis

Necrotizing pancreatitis is a serious disease with a very high mortality rate. Treatment options for necrotizing pancreatitis include surgical, endoscopic, and percutaneous drainage. In this single-center study, the authors used percutaneous drainage for patients with necrotizing pancreatitis. Twenty patients with acute necrotizing pancreatitis were included in the study. The etiologies of acute necrotizing pancreatitis were alcoholic (55%), biliary (35%), and trauma (10%). All patients required percutaneous catheter drainage (PCD) due to pancreatic necrosis. After PCD, renal functions, respiratory parameters, and cardiovascular functions improved. Eleven (55%) patients required additional surgical interventions, whereas 9 (45%) patients did not. Eight-week survival was >90%.

This study demonstrated that PCD is an option for the treatment of necrotizing pancreatitis and can be a bridging therapy for surgical intervention. See page 184.

Endoscopic retrograde cholangiopancreatography in children: A retrospective series with a long-term follow-up and literature review

Endoscopic retrograde cholangiopancreatography (ERCP) is difficult to perform in children than in adults; however, post-ERCP mortality and morbidity are similar as per the literature. Also, the indications for ERCP are different for both patient groups. In this retrospective study, the authors present a pediatric ERCP series. The children were aged 6-17 years. Standard adult duodenoscopes were used. Total 24 patients (17 female; 7 male) underwent ERCP. Most patients had choledocolithiasis (contrary to the literature). Cannulation success was 100%, and no major complication occured during the procedure and follow-up. Only 1 (4%) patient had minor complications (abdominal pain and amylase elevation). In conclusion, pediatric ERCP is a good option for pancreatobiliary diseases and has high success and low complication rates when performed by experienced endoscopists. See page 192.