
COVERING THE COVER

Efficacy and safety of long-term thiopurine maintenance treatment for ulcerative colitis in Turkey: A single-center experience

Ulcerative colitis (UC) is an immune-mediated inflammatory reaction of the intestinal mucosa and is characterized by relapse and remission. Immune modulation with thiopurines (TPs) is a widely used mode of treatment for inflammatory bowel disease. This study is conducted to evaluate the efficacy, tolerability, adverse reactions, and safety of a long-term TPs use in a cohort of children with UC because the knowledge about the effectiveness, failure, and toxicity of long-term treatment with TPs is limited.

Overall, 48 pediatric patients with UC diagnosed at Ege University School of Medicine between 2005 and 2016 and applied azathioprine (AZA) were analyzed at the 4- and 6-week and 3-month intervals after remission to determine patient characteristics, thiopurine properties, and its efficacy and toxicity.

Azathioprine was started at the median 1 month (0-12 months), and it was applied thereafter for maintenance (n=43). Response to remission induction was obtained in 93.7% patients. The median duration of the AZA treatment was 24 months. In 85% of the 40 children, it was well tolerated until the last visit. During the follow-up, adverse events (AEs) occurred in 15% of the patients. There were no deaths or malignancies in the patient population during the study period. The AEs in the present study included nausea, vomiting, diarrhea, leukopenia, and skin rash. For these AEs, the medicine doses were decreased or the treatment was changed to mercaptopurine.

The long-term observational data of the present study show that thiopurine therapy in patients with UC is beneficial in maintaining remission. The authors concluded that patients with UC can be sustained in remission by thiopurine for long-term surveillance and the security border of thiopurine treatment is related to therapeutic effect, toxicity, and intolerance. See Page 650.

Frequency and risk factors of surgical recurrence of Crohn's disease after primary bowel resection

Crohn's disease (CD) is usually treated with a drug regimen, but 70%-90% of patients with CD need surgical

intervention for the rest of their lives. Indications for surgery include failure of medical treatment, intestinal obstruction, hemorrhage, penetrating lesions, and tumor formation. Unfortunately, CD cannot be cured with surgery. After initial surgery, up to 82% of patients require a second surgery, and nearly 30% of patients need a third surgical treatment. Although host genetic and environmental factors are considered to be the principal factors in the pathogenesis of CD, the mechanism by which CD recurs after surgery is unclear. In this study, authors from a specialist IBD medical center at the Nanjing General Hospital investigated the surgical recurrence of Chinese populations suffering from CD with primary bowel resection and one-stage anastomosis to identify risk factors for the surgical recurrence of CD. A total of 166 patients were identified retrospectively from the hospital database and enrolled in the present study.

The median age of reoperation was 30 years, and the median recurrence-free survival was 30 months. The reoperation intervention rate was 16.9%. Overall, this study demonstrated that the risk factors of postoperative recurrence for patients with CD upon the initial gut resection included smoking. It was shown that smoking ($p=0.015$) and jejunoileal anastomosis ($p=0.002$) were significantly closely correlated to an increased risk of surgical recurrence, whereas laparoscopy ($p=0.039$), side-to-side anastomosis ($p=0.018$), and anastomotic stoma wider than 3 cm ($p=0.024$) were significantly closely correlated to a reduced risk of surgical recurrence.

The results of the present study are promising to help optimize the treatment protocols and improve the postoperative life quality for CD patients, provided they are verified with a prospective study. See Page 655.

Results of 1001 liver transplantations in 23 years: Ege University experience

Nowadays, liver transplantation (LT) is the standard of care for most end-stage liver diseases in adult and pediatric patients. LT in Turkey started 30 years ago and is now being conducted in various institutes all over the country. The present study demonstrates the results of a total of 1001 LT procedures performed between 1994 and 2017 at Ege University, which is one of Turkey's leading and most prestigious centers for LT.

In 23 years of experience, a total of 1001 LT procedures for 989 recipients were performed at Ege University Organ Transplantation and Research Center, and there were 12 cases subject to re-transplantation. The present study demonstrates that there were 639 male and 350 female recipients, and there were 438 deceased donors and 563 living donors. The patients were aged between 4 months and 71 years, and the median model for end-stage liver disease score was 20. There were 12 deceased liver donors using the split method. In living donor LT grafts, 423 right lobes, 46 left lobes, and 94 left lateral sectors were used. In the first monitoring, the total annual mortality rate was 13%. The mortality rate in re-transplantation was found to be 66%. A 1-year survival rate of 87% was generally established.

During this time period, which is almost a quarter century, it is blissful to state from this paper that Ege University Organ Transplantation and Research Center has provided education to various types of specialists, such as surgeons, anesthesiologists, gastroenterologists, pathologists, pediatric and gastroenterologists, working in different parts of Turkey in several centers. Besides the success achieved in pediatric cases and early extubation protocols, the authors also gladly denote that the teams that have worked as specialists or fellows at Ege University's LT center performed >50% of the LT procedures throughout the country. See page 664.

Laparoscopic splenectomy and azygoportal disconnection combining with pre- and postoperative endoscopic intervention-A sandwich-style sequential therapy for portal hypertensive bleeding: A retrospective cohort study

At present, the main prophylactic treatments for esophageal variceal bleeding (EVB) include endoscopic variceal ligation (EVL), drug therapy, endoscopic injection sclerotherapy, surgery, and transjugular intrahepatic portosystemic shunting. In patients who survive the first EVB, the probability of fatal esophageal variceal re-bleeding (EVR) increases to 60% with a mortality rate of up to 33%. β -blockers or proton-pump inhibitors are found to be of no use for the prevention of short-term EVR after EVL. The Hassab procedure (splenectomy and azygoportal disconnection) is a common technique in Asia for portal hypertension with EVB and secondary hypersplenism. Therefore, the authors of the present article developed a new sequential therapy to decrease the EVR rate after EVL that combines lapa-

roscopic splenectomy and azygoportal disconnection (LSD) with periodical postoperative endoscopy every 3 months within the first postoperative year. Authors retrospectively investigated the outcomes of 226 patients with cirrhosis with EVB and secondary hypersplenism who received preoperative EVL to manage emergency EVB then underwent laparoscopic splenectomy and azygoportal disconnection with (LSDE, n=120) and without (NLSDE, n=106) periodical postoperative endoscopy. Between the two groups, they found no differences in the number of blood transfusions, intraoperative blood loss, postoperative complications, and hospital stay. LSDE showed lower EVR rates than NLSDE. Dynamic changes in the diameter of the esophageal varices and the rates of EVL in the LSDE group both decreased gradually and significantly over the 12-month follow-up period. Authors concluded that LSDE is safe and could be used to effectively reduce the EVR rate in cirrhotic portal hypertension. See Page 669.

Therapeutic plasma exchange for hypertriglyceridemia induced acute pancreatitis: The 33 cases experience from a tertiary reference center in Turkey

Hypertriglyceridemia (HTG) is the third most common cause of acute pancreatitis (AP). There is risk of acute pancreatitis if the TG level is greater than 500 mg/dL and the frequency of AP is higher especially when TG levels are 1000 mg/dL or higher.

Authors retrospectively collected 33 patients who admitted to Department of Gastroenterology, Adnan Menderes University School of Medicine, and underwent therapeutic plasma exchange (TPE) for HTG induced AP between 2007 and 2017. The present study reports a TG level decrease by 54.4%, and a total cholesterol level decrease by 52.1% after one TPE session. The TG decrease after the second TPE session was found to be 79.4%. Authors do not report any significant complications related to TPE. There were 60.6% patients with mild AP, 30.3% patients with moderately severe AP, and 9.1% patients with severe AP. Mortality was not determined in patients with mild and moderately severe AP, and its rate was 33.3% in patients with severe AP. The overall mortality rate was 3%. The authors conclude that TPE is a safe and helpful therapeutic treatment method for patients with HTG induced AP and may be considered particularly in patients with severe acute pancreatitis. See Page 676.