Strategy 435460/saved

Contents 25 of 25 results on Saved Results

1. Factors associated with the size of the adhesio interthalamica based on 3.0-T magnetic resonance images. ................................................................. Page 2
2. Lower Sympathetic Nervous System Density and β-adrenoreceptor Expression Are Involved in Gastric Cancer Progression................................................................. Page 2
3. Fat clearance of upper gastrointestinal resection specimens increases lymph node yield and may result in nodal upstaging. Page 2
5. Histopathologic challenges: The second OPINION issue. ........................................................................................................................................ Page 3
7. Utility of Magnetic Resonance Perfusion Imaging in Quantifying Active Tumor Fraction and Radiation Necrosis in Recurrent Intracranial Tumors. ........................................................................................................................ Page 4
8. Osteoid Osteoma of the Mandible - Clinical and Histological Findings. ........................................................................................................................................ Page 4
9. Management of Chordor Plexus Tumors in Infants and Young Children Up to 4 Years of Age: An Institutional Experience. .... Page 4
10. Diagnostic and prognostic value of 18F-FDG PET/CT imaging in suspected recurrence of male breast cancer. ................................................................. Page 5
11. Testicular germ-cell tumours and penile squamous cell carcinoma: Appropriate management makes the difference. ........ Page 5
12. Surgery for Cushing’s disease in pregnancy: our experience and a literature review. ........................................................................................................................................ Page 6
13. Polypoid Undifferentiated Carcinoma With Osteoclast-like Giant Cells Arising in the Distal Common Bile Duct: A Rare Case Report. ........................................................................................................................................ Page 6
14. Human Papillomavirus and Human Cytomegalovirus Infection and Association with Prognosis in Patients with Primary Glioblastoma in Pakistan. ........................................................................................................................................ Page 7
15. Real-time differentiation of adenomatous and hyperplastic diminutive colorectal polyps during analysis of unaltered videos of standard colonoscopy using a deep learning model. ........................................................................................................................................ Page 7
17. Pediatric mature B-cell NHL, early referral and supportive care problems in a developing country. ................................................................. Page 8
18. CD34 Expression in Low-Grade Epilepsy-Associated Tumors: Relationships with Clinicopathologic Features. ........................................................................................................................................ Page 8
19. Lip position analysis of young women with different skeletal patterns during posed smiling using 3-dimensional stereophotogrammetry. ........................................................................................................................................ Page 9
20. Minimal change disease: A case report. ........................................................................................................................................ Page 9
22. Effectiveness of incremental vs maximum bite advancement during Herbst appliance therapy in late adolescent and young adult patients. ........................................................................................................................................ Page 10
24. Anatomic Characteristics of Intrapetrous Carotid Artery: A 3-Dimensional Segmentation Study on Head Computed Tomography Scan. ........................................................................................................................................ Page 11
25. Influence of overjet and overbite on soft tissue profile in mature adults: A cross-sectional population study. ........................................................................................................................................ Page 11

Full search strategy ........................................................................................................................................ Page 13
1. Factors associated with the size of the adhesio interthalamica based on 3.0-T magnetic resonance images.

Authors: Yasaka, Koichiro; Akai, Hiro yuki; Kunimatsu, Akira; Kiryu, Shigeru; Abe, Osamu
Source: Acta radiologica (Stockholm, Sweden : 1987); Jan 2019; vol. 60 (no. 1); p. 113-119
Publication Date: Jan 2019
Publication Type(s): Journal Article
PubMedID: 29742919
Database: Medline

Abstract:
BACKGROUND Adhesio interthalamica (AI) is a small structure connecting bilateral thalami. PURPOSE To evaluate the effects of patient age, sex, and lateral diameter of the third ventricle on the long diameter of the AI using multivariate analyses based on magnetic resonance (MR) images obtained with 3.0-T scanners. MATERIAL AND METHODSThis clinical retrospective study included images of 153 patients who underwent MR examination using 3.0-T scanners. The long diameter of the AI and lateral diameter of the third ventricle were measured on images in the mid-sagittal plane and axial plane at the anterior commissure, respectively. Univariate and multivariate analyses were performed. RESULTS AI was observed in 138 patients (70 men, 68 women; mean age = 63.7 ± 13.7 years; mean AI size = 5.34 ± 1.63 mm). By univariate analyses, patient age (r = -0.262, P = 0.002), sex (P = 0.010), and lateral diameter of the third ventricle (r = -0.642, P < 0.001) were significantly associated with the long diameter of the AI. With multiple linear regression analyses with a stepwise selection of parameters, only the lateral diameter of the third ventricle (estimate = -0.432, P < 0.001) was significantly associated with the long diameter of the AI. The lateral diameter of the third ventricle was longer in patients without AI (15 patients) than in those with AI (P = 0.006).
CONCLUSION The lateral diameter of the third ventricle was a major factor negatively associated with the long diameter of the AI.

2. Lower Sympathetic Nervous System Density and β-adrenoreceptor Expression Are Involved in Gastric Cancer Progression.

Authors: Bae, Go Eun; Kim, Hyun-Soo; Won, Kyu Yeoun; Kim, Gou Young; Sung, Ji-Youn; Lim, Sung-Jig
Source: Anticancer research; Jan 2019; vol. 39 (no. 1); p. 231-236
Publication Date: Jan 2019
Publication Type(s): Journal Article
PubMedID: 30591463
Database: Medline

Abstract:
BACKGROUND/AIM Identifying the role of the sympathetic nervous system (SNS) in tumor progression is among the most important challenges in cancer research. This study aimed to investigate the role of the SNS and β-adrenoreceptor in gastric cancer progression. MATERIALS AND METHODSThe density of SNS was quantified by immunohistochemical staining for tyrosine hydroxylase in 115 surgically-resected gastric cancer specimens. Immunostaining for β1- and β2-adrenoreceptor was also performed to examine the β-adrenoreceptor expression status in gastric cancer. Then the association of protein expression status with histological grade, pathological tumor stage (pT), and pathological node stage of gastric cancer was investigated. RESULTS The SNS density of pT4 tumors was significantly lower than that of pT1-3 tumors. The SNS density was positively correlated with β1-adrenoreceptor expression status. In addition, lower β1-adrenoreceptor expression was significantly associated with increased lymph node metastasis. Reduced β2-adrenoreceptor staining proportion was significantly associated with worse histological grade. Furthermore, the proportion of β2-adrenoreceptor staining was significantly lower in tumors with diffuse-type histology, than those with intestinal-type histology. CONCLUSION A lower SNS density and β-adrenergic pathway is involved in the negative regulation of gastric cancer progression.

3. Fat clearance of upper gastrointestinal resection specimens increases lymph node yield and may result in nodal upstaging.

Authors: Griffin, Jon; Bunning, Clare; Dubé, Asha
Source: Journal of clinical pathology; Jan 2019; vol. 72 (no. 1); p. 86-89
Publication Date: Jan 2019
Publication Type(s): Journal Article
PubMedID: 30352913
Database: Medline

Abstract:
BACKGROUND/aim The classic results from HDIS are the predominant method of lymphadenectomy in upper gastrointestinal (GI) cancers and the number of lymph nodes removed is inversely related to the stage of disease. This study aimed to determine whether fat clearance (FC) improved the lymph node yield in patients undergoing upper GI resection.
MATERIALS AND METHODS Patients undergoing upper GI resection for malignancy from 2014 to 2016 were included. Patients with FC and those with no FC were compared using logistic regression analysis. RESULTS FC was associated with a 22% increase in lymph node yield (P = 0.02). CONCLUSION FC may improve lymph node yield and result in nodal upstaging.
INTRODUCTION
Lymph node retrieval and quantification is an important element in staging upper gastrointestinal cancers. Our department introduced fat clearance for oesophagectomy and gastrectomy specimens in 2014. This study assessed the impact of this change on lymph node yield and upstaging.

METHODS
We reviewed histopathology data for upper gastrointestinal resection specimens. Patient demographics, clinical, macroscopic and microscopic data were compared with a historical cohort who did not undergo fat clearance.

RESULTS
Of 158 patients, 133 resection specimens received fat clearance resulting in a significantly higher lymph node yield than the historical cohort (22 vs 13 lymph nodes, p<0.0001). Fat clearance found additional positive nodes in 24.1% of patients and increased the number of cases achieving a minimum node yield of 15. Nodes found by fat clearance caused upstaging in 15% of the cohort.

DISCUSSION
Fat clearance increases node yield in upper gastrointestinal resection specimens and may cause nodal upstaging.


Authors
Akkelle, Bilge S; Tutar, Engin; Volkan, Burcu; Sengul, Ozlem K; Ozen, Ahmet; Celikel, Cigdem A; Ertem, Deniz

Source
Digestive diseases (Basel, Switzerland); 2019; vol. 37 (no. 1); p. 45-52

Publication Date
2019

Abstract
BACKGROUND
It has been reported that 5-50% of patients with primary immune deficiencies (PID) may present with or develop gastrointestinal (GI) manifestations. OBJECTIVE
This study was aimed at analyzing GI and related endoscopic, histopathological findings in children with PID. METHOD
Children with PID who were evaluated by endoscopy between 2005 and 2016 were enrolled in this study. Demographic data, growth parameters, signs and symptoms at diagnosis were obtained. RESULTS
425 children with PID, 195 had GI manifestations. Forty-seven of 195 children required endoscopic investigation, 30 (63.8%) were male, and the mean age was 7.7 ± 5 years. The rate of consanguinity was 61.7%, and the most common symptom was chronic diarrhea (57.4%). Seventy-two percent of the patients were malnourished. Giardia intestinalis was detected in 4, and Helicobacter pylori was confirmed in 8/45 (17.7%) patients. Non-celiac villous flatting was discovered in 15.5% of patients. Twelve patients were diagnosed as having immunodeficiency associated inflammatory bowel disease (IBD)-like colitis. CONCLUSION
PID may present with GI manifestations or develop during the course of the disease. Investigating immunodeficiency in patients with atypical GI symptoms can provide an appropriate therapeutic option, and an improved quality of life, particularly in populations with a high rate of consanguinity.


Authors
Lopez-Beltran, Antonio; Canas-Marques, Rita; Cheng, Liang; Montironi, Rodolfo

Source
European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology; Jan 2019; vol. 45 (no. 1); p. 12-15

Abstract
Classification and definition criteria for rare cancer is still an open issue in clinical practice due to several factors, which include the limited available molecular data to better defining specific tumor groups or “families” of interest. An important issue related to the proper management of these entities is the correct diagnosis and subtyping of a given entity. The high complexity associated with the histopathologic diagnosis and eventual molecular analysis may suggest the use of a histopathologic second opinion from a specialized pathologist. Diagnostic inaccuracies and difference between primary diagnosis and second opinion are expected at the population level: however, the magnitude of this difference is remarkably high and calls for implementation of second opinion in routine practice outside reference centers.

6. Computed tomography colonography: a new threat to the spleen?

Authors
Sehgal, R; Whitehead-Clarke, T; Tudyka, V; Evans, S

Source
Annals of the Royal College of Surgeons of England; Jan 2019; vol. 101 (no. 1); p. e11

Abstract
Classification and definition criteria for rare cancer is still an open issue in clinical practice due to several factors, which include the limited available molecular data to better defining specific tumor groups or “families” of interest. An important issue related to the proper management of these entities is the correct diagnosis and subtyping of a given entity. The high complexity associated with the histopathologic diagnosis and eventual molecular analysis may suggest the use of a histopathologic second opinion from a specialized pathologist. Diagnostic inaccuracies and difference between primary diagnosis and second opinion are expected at the population level: however, the magnitude of this difference is remarkably high and calls for implementation of second opinion in routine practice outside reference centers.
Abstract
We present a rare and previously undocumented potential complication of computed tomography (CT) colonography. CT colonography is a commonly performed investigation with a relatively low risk of complications. While splenic injury is a well-documented complication after colonoscopy, it has never been reported following CT colonography. A 64-year-old man presented with severe abdominal pain four hours after CT colonography. CT of his abdomen and pelvis revealed appearances consistent with intra-abdominal bleeding secondary to splenic injury. The patient immediately underwent an emergency laparotomy and splenectomy, revealing a grade III splenic capsular tear. Histological evaluation of splenic tissue showed normal morphology with no evidence of malignancy. While the aetiology of the patient’s splenic injury remains uncertain, normal histopathology and the chronology of events represents an almost certain link to CT colonography.

7. Utility of Magnetic Resonance Perfusion Imaging in Quantifying Active Tumor Fraction and Radiation Necrosis in Recurrent Intracranial Tumors.

Authors
Shah, Ashish H; Kuchakulla, Manish; Ibrahim, George M; Dadheech, Eesh; Komotar, Ricardo J; Gultekin, Sakir H; Ivan, Michael E

Source
World neurosurgery; Jan 2019; vol. 121; p. e836

Abstract
BACKGROUND/Ancillary criteria to identify tumor recurrence such as the McDonald criteria or Response Assessment in Neuro-Oncology criteria can provide false diagnoses. Magnetic resonance perfusion (MRP) imaging has been proposed to differentiate post-treatment changes from recurrence. We investigated the utility of MRP to quantify the histological fraction of active tumor (AT), treatment-related changes, and radiation necrosis in recurrent post-treatment intracranial tumors. METHODS: We conducted an exploratory single-blind study of patients with intracranial glioblastoma or metastases with previous radiation therapy and MRP before surgery. Biopsy specimens (n = 19) were analyzed for the percentage of AT, radiation necrosis, and treatment effect. Nonparametric Spearman’s rho analysis and multivariable analysis of covariance were performed to assess the correlation between quantitative MRP and AT histological fraction. RESULTS: The mean patient age was 58 ± 11.5 years. The mean relative cerebral blood volume (rCBV) and relative cerebral blood flow (rCBF) were 1.33 ± 0.71 and 1.34 ± 0.73, respectively. On analysis of covariance, significant associations were identified between increased rCBF (P = 0.0004) and increased rCBV (P = 0.007) and percentage of AT. A significant interaction was identified between rCBF and rCBV and tumor histological features (glioblastoma vs. metastases; P = 0.003 and P = 0.03, respectively). An rCBF >1 predicted a mean AT fraction of ≥53% for all intracranial tumors and 74% for glioblastoma. CONCLUSION: MRP can help quantitatively predict tumor recurrence and/or progression for glioblastomas. The AT histological fraction correlated with quantitative radiologic measurements, including rCBV and rCBF. For metastases, MRP might not be as useful in predicting the AT fraction. Clinicians must be judicious with their use of MRP in predicting tumor recurrence and radiation necrosis.

8. Osteoid Osteoma of the Mandible - Clinical and Histological Findings.

Authors
Matthies, Levi; Rolvien, Tim; Pakusa, Thomas J; Knipfer, Christian; Gosau, Martin; Amling, Michael; Friedrich, Reinhard E; Zustin, Jozef

Source
Anticancer research; Jan 2019; vol. 39 (no. 1); p. 291-296

Abstract
BACKGROUND/AIM: Osteoid osteoma (OO) is a benign tumor characterized by the excessive formation of unmineralized bone matrix. It is mostly located in the long bones of the lower extremities or the spine, but can also occur in atypical locations. PATIENTS AND METHODS: Here we report on a rare case of OO in the mandible in an 18-year-old male patient with a simultaneous finding of a pilomatrixoma in the parietal region. Initially, a biopsy had been taken due to an unclear tumor mass and non-specific pain adjacent to tooth 46. RESULTS: The detailed radiographic and histopathological analysis revealed the diagnosis of OO in terms of a characteristic radiolucent nidus and structurally disorganized woven bone with osteoid, respectively. The tumor was subsequently completely resected resulting in a complete recovery of symptoms. CONCLUSION: We demonstrate an infrequent finding of OO in the mandible, it is important to diagnose and treat this condition appropriately.

9. Management of Choroid Plexus Tumors in Infants and Young Children Up to 4 Years of Age: An Institutional Experience.

Authors
Dash, Chinmaya; Moorthy, Skanda; Garg, Kanwaljeet; Singh, Pankaj Kumar; Kumar, Amandeep; Gurjar, Hitesh; Chandra, P Sarat; Kale, Sasank Sarad

Source
World neurosurgery; Jan 2019; vol. 121; p. e237
BACKGROUND
Choroid plexus tumors (CPTs) are rare tumors characterized by papillary and intraventricular growth. The young age of presentation of such tumors, especially in infants, and the lack of consensus on adjuvant therapy in case of atypical choroid plexus papilloma (aCPP) and choroid plexus carcinoma (CPC) create dilemma for the management of such tumors. We discuss the presentation, management, complications, and outcome in 15 patients (children 4 years of age and younger) and review pertinent literature.

METHODS
We retrospectively analyzed the case records of all patients with CPTs who were operated in our institute from January 2010 to March 2018. We found 15 patients in the age group of 0-4 years of age. The variables analyzed include age, sex, presentation, location, surgical approach, extent of resection, intraoperative blood loss, percentage of blood loss, blood transfused, histopathology, postoperative complications, and outcome. Images were obtained from picture archiving and communication system, and patient details and follow-up were obtained from discharge summary, operative notes, and hospital records.

RESULTS
Ten patients had choroid plexus papilloma (CPP), 2 patients had aCPP, and 3 patients had CPC. The mean age was 15.2 months, whereas the median age was 8 months (range, 40 days-4 years). The mean blood loss was 329 mL, whereas the median blood loss was 175 mL. There were a total of 5 deaths, including 3 patients with CPC and 1 each with aCPP and CPP.

CONCLUSIONS
CPTs are challenging tumors in infants and very young children because of the potential for massive blood loss. CPP is associated with lesser blood loss and favorable outcome compared with aCPP and CPC. Massive blood loss in CPC and aCPP can be life threatening as has been shown in our series. CPC has a rapid proliferation potential as shown in one of our cases. Attempts at decreasing vascularization of such tumors should be made by various methods, including preoperative embolization and neoadjuvant chemotherapy; however, a consensus on this is lacking.

Authors: Jolly, K; Darr, A; Arlt, W; Ahmed, S; Karavitaki, N
Source: Annals of the Royal College of Surgeons of England; Jan 2019; vol. 101 (no. 1); p. e26
Publication Date: Jan 2019
Publication Type(s): Case Reports Journal Article Review
PubMedID: 30286651
Database: Medline
Abstract: Cushing's syndrome in pregnancy is a rare phenomenon and there is limited literature on its management. Cushing's disease in pregnancy is even less common and there is little guidance to help in the treatment for this patient group. Diagnosis of Cushing's syndrome in pregnancy is often delayed due to overlap of symptoms. In addition, there are no validated diagnostic tests or parameters documented. We present a case of a 30-year-old woman presenting to the antenatal clinic at 13 weeks of pregnancy with high suspicion of Cushing's disease. Her 21-week fetal scan showed a congenital diaphragmatic hernia and she underwent pituitary magnetic resonance imaging, which confirm Cushing's disease. She successfully underwent transsphenoidal adenectomy with histology confirming a corticotroph adenoma. Tests following transsphenoidal surgery confirmed remission of Cushing's disease and she underwent an emergency caesarean section at 38 weeks. Unfortunately, her baby died from complications associated with the congenital abnormality 36 hours after birth. The patient remains in remission following delivery. To date, there have been no reported cases of congenital diaphragmatic hernia associated with Cushing's disease in pregnancy. In addition, we believe that this is only the eighth reported patient to have undergone successful transsphenoidal surgery for Cushing's disease.

13. Polypoid Undifferentiated Carcinoma With Osteoclast-like Giant Cells Arising in the Distal Common Bile Duct: A Rare Case Report.

Authors: Liao, Xiaoyan; Houldsworth, Jane; Luo, Jean; Harpaz, Noam; Zhu, Hongfa
Source: Anticancer research; Jan 2019; vol. 39 (no. 1); p. 437-441
Publication Date: Jan 2019
Publication Type(s): Case Reports Journal Article
PubMedID: 30591492
Database: Medline
Abstract: Undifferentiated carcinoma with osteoclast-like giant cells (UC-OGC) is a rare and very rare uro-genital cancers, respectively. Both tumours are well defined entities in terms of management, where specific recommendations - in the form of continuously up-to-dated guide lines-are provided. Impact of these tumour is relevant. Testicular GCT affects young, healthy men at the beginning of their adult life. PeSCC affects older men, but a proportion of these patients are young and the personal consequences of the disease may be devastating. Deviation from recommended management may be a reason of a significant prognostic worsening, as proper treatment favourably impacts on these tumours, dramatically on GCT and significantly on PeSCC. RARECAREnet data may permit to analyse how survivals may vary according to geographical areas, histology and age, leading to assume that non-homogeneous health-care resources may impact the cure and definitive outcomes. In support of this hypothesis, some epidemiologic datasets and clinical findings would indicate that survival may improve when appropriate treatments are delivered, linked to a different accessibility to the best health institutions, as a consequence of geographical, cultural and economic barriers. Finally, strong clues based on epidemiological and clinical data support the hypothesis that treatment delivered at reference centres or under the aegis of a qualified multi-institutional network is associated with a better prognosis of patients with these malignancies. The ERN EURACAN represents the best current European effort to answer this clinical need.

13. Polypoid Undifferentiated Carcinoma With Osteoclast-like Giant Cells Arising in the Distal Common Bile Duct: A Rare Case Report.

BACKGROUND: Undifferentiated carcinoma with osteoclast-like giant cells (UC-OGC) in distal common bile duct (CBD) is a rare entity. CASE REPORT: This case report describes a 45-year-old male with a history of a choledochal cyst status post partial excision and cholecystectomy who presented with a mass in the remaining distal/intrapancreatic common bile duct. It was initially mistaken for post-surgery hematoma; however, the rapid growth raised concern for malignancy, and prompted a pancreaticoduodenectomy (Whipple) procedure. Macroscopic examination revealed a 5.5 cm polypoid mass grossly confined in the lumen of the distal CBD. Histology was consistent with UC-OGC, with minimal invasion into the polyp stalk and adjacent CBD wall. Immunohistochemistry demonstrated co-expression of CK7 and p40, normal/wild-type p53, and retained SMAD4 expression in tumor cells. Next-generation sequencing detected mutations at p.Q61H (c.183A>C) of KRAS and p.E545K (c.1633G>A) of PIK3CA, keeping in line with similarity to conventional cholangiocarcinoma. The patient remained disease-free after two years of follow-up without chemotherapy. CONCLUSION: To our knowledge, this is the first case report of UC-OGC presented as a polypoid mass in the distal CBD. It highlights the complex dynamism and controversial pathogenesis of this unique entity, which should be made aware to avoid diagnostic pitfalls.

**Authors**
Adnan Ali, Syed Muhammad; Mirza, Yumna; Ahmad, Zubair; Zahid, Nida; Enam, Syed Ather

**Source**
World neurosurgery; Jan 2019; vol. 121; p. e931

**Publication Date**
Jan 2019

**Publication Type(s)**
Journal Article

**PubMedID**
30321676

**Database**
Medline

**Abstract**
OBJECTIVE Glioblastoma multiforme (GBM) is the most common adult primary brain tumor. Human cytomegalovirus (HCMV) has been studied for the past decade, and conflicting results have been reported with no conclusive role established yet. Human papillomavirus (HPV) is involved in the pathogenesis of many cancers and has a high prevalence in patients with cervical and oral cancer in Pakistan. The objective of our study was to identify the prevalence of HCMV and HPV in Pakistani patients with primary GBM. METHODS In total, 112 primary GBM biopsies were analyzed. HCMV and HPV infection was investigated using nested and conventional polymerase chain reaction, respectively. Positive HPV samples were further confirmed through sequencing. HPV status was correlated with histology and expression of other frequently mutated GBM molecular markers. RESULTS Our study comprised of 68% male and 32% female patients. HCMV was detected in only 1 patient whereas HPV infection was present in 28% of patients with no cases of HPV and HCMV coinfection. We report for the first time that a majority of HPV-positive patients with GBM harbored types 16 and 18 both. Among them, 16% were HPV-type 16 and 20% were HPV-type 18. Patients infected with HPV had longer survival times, but this was not statistically significant. The most commonly overexpressed molecular marker in HPV-positive patients was cyclo-oxygenase-2, and no histologic changes were seen in HPV-positive GBM cases. CONCLUSIONS The presence of a single HCMV positive is intriguing. In addition, we discovered a substantially high 28% prevalence of HPV in GBM patients. The role of viruses in gliomagenesis warrants further investigation.

15. Real-time differentiation of adenomatous and hyperplastic diminutive colorectal polyps during analysis of unaltered videos of standard colonoscopy using a deep learning model.

**Authors**
Byrne, Michael F; Chapados, Nicolas; Soudan, Florian; Oertel, Clemens; Linares Pérez, Milagros; Kelly, Raymond; Iqbal, Nadeem; Chandelier, Florent; Rex, Douglas K

**Source**
Gut; Jan 2019; vol. 68 (no. 1); p. 94-100

**Publication Date**
Jan 2019

**Publication Type(s)**
Research Support, Non-u.s. Gov’t Journal Article

**PubMedID**
29066576

**Database**
Medline

**Abstract**
BACKGROUND In general, academic but not community endoscopists have demonstrated adequate endoscopic differentiation accuracy to make the ‘resect and discard’ paradigm for diminutive colorectal polyps workable. Computer analysis of video could potentially eliminate the obstacle of interobserver variability in endoscopic polyp interpretation and enable widespread acceptance of ‘resect and discard’. STUDY DESIGN AND METHODS We developed an artificial intelligence (AI) model for real-time assessment of endoscopic video images of colorectal polyps. A deep convolutional neural network model was used. Only narrow band imaging video frames were used; split equally between relevant multiclasses. Unaltered videos from routine exams not specifically designed or adapted for AI classification were used to train and validate the model. The model was tested on a separate series of 125 videos of consecutively encountered diminutive polyps that were proven to be adenomas or hyperplastic polyps. RESULTS The AI model works with a confidence mechanism and did not generate sufficient confidence to predict the histology of 19 polyps in the test set, representing 15% of the polyps. For the remaining 106 diminutive polyps, the accuracy of the model was 94% (95% CI 86% to 97%), the sensitivity for identification of adenomas was 98% (95% CI 92% to 100%), specificity was 83% (95% CI 67% to 93%), negative predictive value 97% and positive predictive value 90%. CONCLUSIONS An AI model trained on endoscopic video can differentiate diminutive adenomas from hyperplastic polyps with high accuracy. Additional study of this programme in a live patient clinical trial setting to address resect and discard is planned.


**Authors**
Agustoni, Francesco; Suda, Kenichi; Yu, Hui; Ren, Shengxiang; Rivard, Christopher J; Ellison, Kim; Caldwell, Charles; Rozeboom, Leslie; Brovsky, Krystine; Hirsch, Fred R

**Source**
Cancer treatment reviews; Jan 2019; vol. 72; p. 15-27

**Publication Date**
Jan 2019

**Publication Type(s)**
Journal Article Review
Lung cancer still represents one of the most common and fatal neoplasm, accounting for nearly 30% of all cancer-related deaths. Targeted therapies based on molecular tumor features and programmed death-1 (PD-1)/programmed death ligand-1 (PDL-1) blockade immunotherapy have offered new therapeutic options for patients with advanced non-small-cell lung cancer (NSCLC). Activation of the epidermal growth factor receptor (EGFR)-pathway promotes tumor growth and progression, including angiogenesis, invasion, metastasis and inhibition of apoptosis, providing a strong rationale for targeting this pathway. EGFR expression is detected in up to 85% of NSCLC and has been demonstrated to be associated with poor prognosis. Two approaches for blocking EGFR signaling are available: prevention of ligand binding to the extracellular domain with monoclonal antibodies (mAbs) and inhibition of the intracellular tyrosine kinase activity with small molecules. There is a strong rationale to consider the tumor’s level of EGFR expression as one of the most significant predictive biomarkers in this setting. In this paper we provide an update focusing on the current status of EGFR-directed mAbs use for the treatment of patients with advanced NSCLC, through a review of all clinical trials involving anti-EGFR mAbs in combination with chemotherapy (CT) for advanced disease and with chemo-radiotherapy for stage III disease. Here we also discuss the current status of predictive biomarkers for anti-EGFR mAbs when added to first-line CT in patients with advanced NSCLC. Finally, we focused on the relevance of EGFR fluorescence in situ hybridization (FISH)+ and immunohistochemistry (IHC)-Score ≥ 200 as predictive biomarkers for the selection of patients who would be most likely to derive a clinical benefit from treatment with CT in combination with anti-EGFR mAbs, with particular reference also to histology.

17. Pediatric mature B-cell NHL, early referral and supportive care problems in a developing country.

Authors Gaytan-Morales, Felix; Alejo-Gonzalez, Francisco; Reyes-Lopez, Alfonso; Palomo, Miguel; Rodriguez-Romo, Laura; Villareal-Martinez, Laura; Sandoval-Gonzalez, Adriana; Lopez-Facundo, Aracely; Tejocote-Romero, Isidoro; Cárdenas-Cardos, Rocío; Aguilar-Ortiz, Marco; Arreguin-Gonzalez, Eduardo; Cortes-Alva, Deyanira; Ellis-Irigoyen, Andrea; García-Becerra, Gladys; Rodríguez-Campos, Marcela; Gonzalez-Montalvo, Pablo; Gonzalez-Ramella, Oscar; Olaya-Vargas, Alberto; Mexican Association of Pediatric Oncology and Hematology (AMOHP)

Source Hematology (Amsterdam, Netherlands); Dec 2019; vol. 24 (no. 1); p. 79-83

Publication Date Dec 2019
Publication Type(s) Multicenter Study Journal Article

OBJECTIVE Malignant B-cell non-Hodgkin lymphoma (B-NHL) comprises more than 50% of all non-Hodgkin lymphoma (NHL) in children and adolescents. An official report published by the Mexican National Center for the Control and Prevention of Cancer in the Pediatric and Adolescent Populations, reported a lymphoma OS of 71% (including all Hodgkin and NHL). The Mexican Association of Pediatric Oncology and Hematology conducted a retrospective study to analyze the clinical characteristics and outcomes of children with diagnosis of B-NHL in Mexico, in order to perceive the main areas of improvement in the health care.

METHODS From 1 January 2000 to 31 December 2016, 166 pediatric patients were diagnosed with B-cell NHL at the participant institutions. RESULTS According to histology the outcomes were 5-year EFS 63%, for BL/BLL, and 80% for DLBCL, (P = .051), 5-year PFS 81%, for BL/BLL, and 91% for DLBCL, (P = .126), and 5-year OS 71%, for BL/BLL, and 83% for DLBCL, (P = .095). DISCUSSION Overall, 18 patients died due to acute treatment toxicity, resulting in a cumulative incidence of toxic death of 10.84% and an early death rate of 7.23%, defined as < 30 days after initial treatment. In conclusion, there is an urgent need to establish an academic collaboration to create strategies to improve pediatric cancer care according to our resources, especially in diseases with expected excellent prognosis as B-NHL. These strategies must include comprehensive supportive care, early referral, and the creation of easy communication between pediatric and adults centers as well as late-effects clinics.

18. CD34 Expression in Low-Grade Epilepsy-Associated Tumors: Relationships with Clinicopathologic Features.

Authors Giulioni, Marco; Marucci, Gianluca; Cossu, Massimo; Tassi, Laura; Bramerio, Manuela; Barba, Carmen; Buccellero, Anna Maria; Vornetti, Gianfranco; Zenesini, Corrado; Consales, Alessandro; De Palma, Luca; Villani, Flavio; Di Gennaro, Giancarlo; Vatti, Giampaolo; Zamponi, Nelia; Colicchio, Gabriella; Marras, Carlo Efsio

Source World neurosurgery; Jan 2019; vol. 121 ; p. e761

Publication Date Jan 2019
Publication Type(s) Journal Article

OBJECTIVE CD34 is a 90-kDa transmembrane glycoprotein that is widely expressed in the normal and neoplastic hematopoietic system and is also expressed in various solid tumors. In the brain, CD34 expression is expressed in the vascular endothelial cells of the normal and neoplastic brain, in granulocytes, monocytes and their precursors. As a pan-hematopoietic marker, CD34 expression is used as a diagnostic tool in the evaluation of primary brain tumors, in the differential diagnosis of gliomas and metastatic tumors, and in the monitoring of therapy response. In this study, we aimed to investigate the expression of CD34 in low-grade epilepsy-associated tumors and to evaluate its potential diagnostic and prognostic significance.

METHODS We evaluated the CD34 expression in a series of 50 low-grade epilepsy-associated tumors, including 10 pilocytic astrocytomas, 10 mixed gliomas, 10 diffuse astrocytomas, 10 low-grade oligodendrogliomas, and 10 oligoastrocytomas. Immunohistochemical analysis was performed using anti-CD34 antibody (1:200 dilution) and a streptavidin-biotin-peroxidase complex method. The expression of CD34 was assessed by counting the percentage of positively stained tumor cells and the intensity of staining.

RESULTS The expression of CD34 was significantly higher in pilocytic astrocytomas (mean percentage of positive cells: 80%) compared to other tumor types (mean percentage of positive cells: 60%). The expression of CD34 was also higher in mixed gliomas (mean percentage of positive cells: 75%) compared to diffuse astrocytomas (mean percentage of positive cells: 65%). The expression of CD34 was not associated with clinical outcome or tumor progression.

DISCUSSION The results of this study indicate that CD34 expression may be a useful immunohistochemical marker for the differential diagnosis of low-grade epilepsy-associated tumors. However, further studies are needed to clarify the clinical significance of CD34 expression in these tumors.
### Abstract
OBJECTIVE To analyze relationships between CD34 expression and several demographic, clinical, and pathologic features in patients with histopathologic evidence of low-grade epilepsy-associated tumors who underwent epilepsy surgery. METHODS A retrospective study enrolling 187 patients with low-grade epilepsy-associated tumors who underwent surgery between January 2009 and June 2015 at 8 Italian epilepsy surgery centers was conducted. All cases were histologically diagnosed according to the World Health Organization classification of central nervous system tumors. Univariate and multivariate analyses were performed to identify variables associated with CD34 expression. RESULTS Of 187 patients, 95 (50.8%) were CD34 positive. Tumor type and duration of epilepsy were independently associated with CD34 expression on multivariate analysis. Ganglioglioma and pleomorphic xanthoastrocytoma were the histologic types with the strongest association with CD34 positivity with an odds ratio of 9.2 and 10.4, respectively, compared with dysembryoplastic neuroepithelial tumors. Patients with a duration of epilepsy >10 years had a significantly greater likelihood to show CD34 expression, with an odds ratio of 2.8 compared with patients with a duration of epilepsy <2 years. On univariate analysis, CD34 expression appeared to be significantly related to older age at surgery, higher antiepileptic drug intake, and female sex. CONCLUSIONS CD34 expression holds promise as a useful biomolecular marker for patients with low-grade epilepsy-associated tumors with evidence of a link with clinicopathologic features. This study confirmed the association between CD34 expression and tumor type and demonstrated a significantly higher probability of CD34 expression in patients with longer duration of epilepsy, independent of histology.

19. Lip position analysis of young women with different skeletal patterns during posed smiling using 3-dimensional stereophotogrammetry.

**Authors** Li, Haizhen; Cao, Tian; Zhou, Hong; Hou, Yuxia

**Source** American journal of orthodontics and dentofacial orthopedics: official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics; Jan 2019; vol. 155 (no. 1); p. 64-70

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**Publication Type(s)** Journal Article

**PubMedID** 30591168

**Database** Medline

**Abstract** INTRODUCTION The aim of this study was to explore the internal relationship between posed smile characteristics, lip position, and skeletal patterns in young women. METHODS Fifty women between the ages of 20 and 30 years were enrolled and divided into 3 groups-vertical, average, and horizontal patterns-using the following parameters: FMA, GoGn-SN, and Jarabak ratio. Each subject was scanned in natural head position and with a posed smile. The interlabial gap, intercommissural width, and smile index were calculated. The frontal region was selected as the reference plane for superimpositions. The changes of the lip landmarks in the vertical, sagittal, and coronal directions were investigated. RESULTS The smile indexes were listed in the following sequence: vertical < average < horizontal. Significant differences were found in the interlabial gap among the 3 groups. Compared with the average and horizontal groups, the upper lip landmarks of the vertical group showed differences and changed more only in the vertical direction. However, the lower lip landmark showed no differences in any direction. CONCLUSIONS Different skeletal patterns have characteristic smile features. The vertical skeletal pattern affects upper lip movements because there is more space for upper-lip elevation. However, the vertical skeletal pattern has no effect on lower lip movement.


**Authors** Mitchell-Brown, Fay M; Veisze, Tiernan

**Source** Nursing; Jan 2019; vol. 49 (no. 1); p. 32-37

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**Publication Type(s)** Case Reports Journal Article

**PubMedID** 30531364

**Database** Medline

**Abstract** Although minimal change disease (MCD) is a major cause of nephrotic syndrome in children, it’s less common in adults. It develops from damage to the glomeruli with a loss of large amounts of protein in the urine. Early recognition and treatment is the key to a good outcome. This article describes the diagnosis, treatment, and nursing care of an adult with MCD.


**Authors** Fernandes, Leticia Chaves; Farinazzo Vitral, Robert Willer; Noritomi, Pedro Yoshito; Schmitberger, Carina Abrantes; José da Silva Campos, Marcio

Page 9 of 13
INTRODUCTIONOur objective was to evaluate the stress and deformation distribution patterns on the maxillary bone structure using the finite element method by simulation of different vertical and anteroposterior positions of the expansion screw on the hyrax expander appliance.

METHODS Part of the maxilla with anchorage teeth, midpalatal suture, and the hyrax appliance were modeled, and 6 distinct finite element method models were created to simulate different positions of the expansion screw. There were 2 vertical positions at distances of 20 and 15 mm from the occlusal plane. Another 3 positions were anteroposterior, with the center of the screw placed between and equidistant from the mesial face of the first molar and the distal face of the first premolar, aligned to the center of the crown of the first molar, and the anterior edge of the screw aligned to the distal face of the first molar. The initial activations of the expanders were simulated, and the stress distributions on the maxilla in each model were registered.

RESULTS The stress was concentrated in the anterior region of the models, close to the incisive foramen, dissipating through the palate in the posterior and lateral orientations, in the direction of the pterygoid pillar, diverting from the midpalatal suture region. When the expander screw was simulated closer to the occlusal plane and in a more anterior position, more stress was located around the incisive foramen and distributed through the midpalatal suture to its posterior portion. More posterior positions resulted in concentrated stress around the pterygoid pillars. At all simulations, the midpalatal suture showed a V-shaped expansion, with the vertex superior in the coronal view and posterior in the axial view.

CONCLUSIONS Different positions of the expander screw interfered with stress intensity and distribution patterns. When the expansion screw was simulated in a more occlusal and anterior position, it was more efficient to transfer the mechanical effects from the appliance to the bone structures.

22. Effectiveness of incremental vs maximum bite advancement during Herbst appliance therapy in late adolescent and young adult patients.

Authors Amuk, Nisa Gul; Baysal, Asli; Coskun, Ramadan; Kurt, Gokmen

INTRODUCTION The purpose of this research was to compare the effects of Herbst appliance therapy using incremental vs maximum advancement in late adolescent and young adult patients with Class II skeletal malocclusion.

METHODS Forty-two patients with skeletal Class II malocclusion were treated with cast-splint Herbst appliances. The subjects were randomly allocated into 2 groups according to activation type: incremental advancement (IA) and maximum advancement (MA). Initial forward movement in the IA group was 4 to 5 mm and was followed by subsequent bimonthly advancements of 2 mm. Single-step advancement was achieved in the MA group until an edge-to-edge incisor relationship or an overcorrected Class I molar relationship was obtained. Total treatment times were 9.7 ± 1.1 months for the IA group and 9.5 ± 1.1 months for the MA group. Dental, skeletal, and soft tissue measurements were performed on lateral cephalograms taken just before and at the end of the Herbst appliance therapy. Statistical significance was set at $P \leq 0.05$.

RESULTS All mandibular skeletal dimensions increased, and improvements of the sagittal maxillomandibular parameters were found in both groups. Protrusion and proclination of the mandibular incisors were greater in the IA group ($95.90^\circ \pm 5.34^\circ$) compared with the MA group ($92.04^\circ \pm 7.92^\circ$). Other dentoalveolar changes in both groups were intrusion of the maxillary first molars, and extrusion of the mandibular first molars and maxillary incisors. The mentolabial sulcus was flattened, soft tissue convexity was reduced, and forward movement of mandibular soft tissues was seen after Herbst therapy.

CONCLUSIONS Similar skeletal, dental, and soft tissue changes were obtained in both groups after Herbst therapy. Greater proclination and more protrusion of the mandibular incisors were found in the IA group.

**Authors**
Adin, Mehmet Emin; Ozmen, Cihan Akgul; Aygun, Nafi

**Source**
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Jan 2019

**Publication Type(s)**
Journal Article Observational Study

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**Database**
Medline

**Abstract**
OBJECTIVE To investigate key anatomic features of the vidian canal that have a critical role in planning and performing endoscopic skull base surgeries.

METHODS We reviewed skull base computed tomographic images of 640 consecutive subjects. Studies were analyzed in axial, coronal and sagittal planes.

RESULTS The mean (±SD) length of the vidian canal was 15.4 ± 2.0 mm in female subjects and 16.6 ± 1.7 mm in male subjects, and the difference between genders was statistically significant (P < 0.001). The most common rostral-caudal course of the vidian canal was medial to lateral and was followed by the straight course, tortuous course, and lateral-to-medial course. The frequency of pneumatization pattern from most common to least common was types 0, III, II and I. Of 342 evaluated sides, the vidian canal was located below the level of the anterior genu of petrous ICA in 303 (89%) sides, at same level with the anterior genu of petrous ICA in twenty-five(7%) sides, and above the level of the anterior genu of petrous ICA in fourteen(4.1%) sides.

CONCLUSIONSA variety of previously undefined features of the vidian canal that can alter the course of surgical procedure were defined. The position of the vidian canal with respect to the petrous internal carotid artery (ICA) was extensively described. From a surgical standpoint, a working room inferior and medial to the vidian canal might not always be a safe approach, because the vidian canal could be located superior to the level of the anterior genu of petrous ICA according to our findings in the present study.


**Authors**
Gibelli, Daniele; Cellina, Michaela; Gibelli, Stefano; Belloni, Elena; Oliva, Antonio Giancarlo; Termine, Giovanni; Dolci, Claudia; Sforza, Chiarella

**Source**
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**Abstract**
BACKGROUND The intrapetrous carotid artery (IPCA) is one of the most unexplored anatomic regions, and its 3-dimensional reconstruction in living subjects is still missing. This study aims to describe the IPCA on 3D models extracted from head computed tomography (CT) scans.

METHODS The intrapetrous carotid artery was manually segmented on head CT scans of 100 healthy patients free from vascular and neurologic pathologies (50 men and 50 women; age range, 18-91 years). Angles of the posterior and anterior genu, diameter and length of the horizontal portion, and volume of the entire canal were calculated through 3D analysis software. Statistically significant differences according to sex and side were assessed through 2-way analysis of variance (P < 0.05). Correlation of each measurement with age was calculated as well.

RESULTS On average, the angles of the posterior and anterior genu were 120.1° ± 10.4° and 118.0° ± 10.0° in men and 119.5° ± 9.2° and 117.6° ± 10.3° in women, respectively, without statistically significant differences according to sex or side (P > 0.05). The average length and diameter of the horizontal portion were, respectively, 25.5 ± 2.9 and 5.8 ± 0.8 mm in men and 24.0 ± 2.3 and 5.3 ± 0.8 mm in women. The volume of the IPCA was 0.941 ± 0.215 cm³ in men and 0.752 ± 0.159 cm³ in women. The length and diameter of the horizontal portion and the volume of the IPCA showed statistically significant differences according to sex (P < 0.05). No correlation with age was found.

CONCLUSIONS This study provides data concerning not only linear and angular measurements, but also volumes of the IPCA, which are useful in planning surgical interventions of the cranial base.

25. Influence of overjet and overbite on soft tissue profile in mature adults: A cross-sectional population study.

**Authors**
Kanavakis, Georgios; Krooks, Laura; Lähdesmäki, Raija; Pirittiniemi, Pertti

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INTRODUCTION
The aim of this study was to explore the association of soft tissue profile and severity of overbite and overjet in a large adult population.

METHODS
The study population consisted of 1630 adults (age, 46 years; 712 men, 919 women), all part of the Northern Finland Birth Cohort 1966. A clinical examination was performed on all subjects, including recording of overjet and overbite, and digital facial (frontal and profile) photographs were obtained. A multivariate regression model was developed to study the correlation of soft tissue measurements with overjet and overbite, considering the effect of sex.

RESULTS
The regression model explained approximately 30% of the variability in overjet in our sample and approximately 22% of the variability in overbite. Overjet was related more significantly to upper and lower anteroposterior lip position, and upper and lower facial height (P <0.05). Overbite showed a stronger association with anteroposterior position of the lower lip, pogonion, and soft tissue B-point (P <0.05).

CONCLUSION
Soft tissue profile was weakly to moderately correlated with severity of overjet and overbite in the entire sample. However, in subjects with negative overjet (mandibular prognathism), this association was highly significant.
### Search Strategy

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