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Laparoscopic treatment of hydatid cyst of the liver in children (62 cysts)

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Introduction: Appropriate surgical intervention to obtain the best results with the lowest rate of recurrence and minimal morbidity is mandatory for the management of hepatic hydatid disease.

Aim: Aim of this study is to evaluate the safety and efficacy of laparoscopically treated liver hydatid cysts in children.

Patients & Methods: From September 2009 to September 2014, 62 hydatid cysts of the liver underwent laparoscopic treatment in pediatric surgery center in Al Khansaa Teaching Hospital, Iraq. Umbilical 5 mm port, another two 5 mm ports inserted and used as working site. The procedure were the same as in open surgery, puncture, aspiration, injection of scolicidal agent, reaspiration, removal of proligerous membrane and resection of the dome. All patients received antiparasitic drugs.

Results: The patients' mean average age was five years and seven months (range three to seven years). The number of cysts ranged from one to two with a diameter of 60 to 150 mm (mean diameter, 85.5 mm). Three patients had a mesenteric associated hydatid cyst, another two had pelvic hydatid cyst. The average operating time was 65 minutes (45 min-95 min). The average length of hospital stay was three days (range, 2-4 days). No complications were reported, apart from port site infection in three patients with infected hydrated cyst. At 5 to 49 months follow-up, no recurrence has been reported.

Conclusion: Laparoscopy represents a safe approach for the treatment of hydatid cyst of the liver in children.

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NOD2/CARD15 gene polymorphisms are associated with increased risk of extensive chronic and steroid-resistant graft versus host disease after hematopoietic stem cell transplantation

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GvHD (graft versus host disease) is a major cause of non-relapse mortality and morbidity after allogenic hematopoietic stem cell transplantation (HSCT). Polymorphisms of non-HLA genes including *NOD2/CARD15* that influence on immune responses and inflamation may play a role in GvHD development. The aim of this study was to evaluate the influence of *NOD2/CARD15* gene polymorphisms on the outcome of HSCT. 80 patients at the age of 0.5-29 (median, 9) years with malignant and non-malignant diseases after allogenic HSCT were included in the study. SNP8, SNP12 and SNP13 alleles of *NOD2* had a frequency of 3.5%, 2.5% and 7.5%, respectively. Among donor/recipient pairs, no SNPs were detected in 64%, SNPs only in the recipient were in 9%, SNPs only in the donor were in 15%, SNPs both in the donor and the recipient were in 12%. The presense or absence of *NOD2* polymorphisms in the donor and/or the recipient had no impact on OS, TRM, relapse incidence and acute GvHD. Extensive chronic GvHD was associated with the presence of *NOD2* polymorphisms only in the donor compared to the group of patients without SNPs (50% vs. 15.8%, p=0.009). In the groups with SNPs only in the recipient or with SNPs both in the donor and the recipient, CI of extensive cGvHD was 13.3% and 14.3%, respectively. CI of steroid-resistant form was higher in the group with *NOD2* SNPs only in the donor compared to the group of patients without polymorphisms (50% vs. 17.1%, p=0.009). In groups with SNPs only in recipient or with SNPs both in the donor and the recipient were 25% and 14.3%, respectively. SNPs of the *NOD2* gene in donor and/or recipient are associated with a higher rate of infections during the first year after HSCT (93.1% vs. 72.6%, p=0.040). In conclusion, we found the evidence that *NOD2/CARD15* polymorphisms in the donor influence on chronic and steroid-resistance GvHD and *NOD2/CARD15* typing might help in donor selection.