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## Immediate outcome of day case laparoscopic cholecystectomy

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**Introduction:** There has been revolution in surgery over the past four decades, recent advances in surgical and anaesthetic techniques financial incentives for the hospital have changed the emphasis in patient selection in day surgery. The increase in day surgery rates for appropriate procedures has the potential to improve the service for patients by achieving shorter waiting times, allowing patient choice and making best use of NHS. The Royal College of Surgeons of England, in 1992, concluded that day surgery is better than inpatient care for many conditions and that it can be an effective way of reducing waiting times.

**Objective:** Aim of this study was to find out safety and the immediate outcome of laparoscopic cholecystectomy as a day case in District General Hospital.

**Methods:** Retrospective identification of 101 patients who underwent laparoscopic cholecystectomy as a day case following parameters: age, gender, comorbidities obesity, presentation with acute cholecystitis, pancreatitis or obstructive jaundice was done in this study.

**Results:** Eleven patients (10.89%) were under unplanned admission and transferred to a Regional Hospitals. Three patients (2.97%) required conversion to open cholecystectomy. One patient (0.99%) required drain insertion, and five patients (4.95%) pain control. Two patients (1.98%) had bleeding one from the Gall Bladder fossa which was controlled and another patient developed an epigastric port bleeding and gone re-laparoscopy and resolved the issue with removal of clot and control of bleeding. 90 (89.10 %) patients were discharged home after laparoscopic cholecystectomy.

**Conclusion:** Day case laparoscopic cholecystectomy can be performed safely in District General Hospital with shorter waiting time, allowing patient choice, economic benefit, and making best use of NHS.

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## ABC subfamily C member 10 (ABCC10) is a promising novel target in Hodgkin's lymphoma

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Owing to the progress in its treatment, Hodgkin's lymphoma (HL) has become a potentially curable disease. However, there is a subset of HL patients has disease that is either refractory to treatment or relapses early; outcome for these groups is particularly poor. Moreover, patients receiving combined treatment are at higher risk for second malignancies. ABCC10, also known as multidrug-resistant protein 7 (MRP7), is the tenth member of the C subfamily of the ATP-binding cassette (ABC) superfamily. ABCC10 mediates multidrug resistance (MDR) in cancer cells by preventing the intracellular accumulation of certain antitumor drugs. Our study unveiled for the first time the expression pattern and effect of ABCC10 in Hodgkin's lymphoma (HL). Results of our study showed that ABCC10 is over-expressed in most HL derived cell lines and primary HL tumor cells as compared to normal B cells. Our functional studies showed that inhibition of ABCC10 by one of inhibitor (Tariquidar) had a significant dose-dependent increase in the sensitivity of HL cells to doxorubicin. Importantly, in our study we found that overexpression of TXN was considered to be a negative prognostic factor for HL patients. We showed that there is a significant positive correlation between TXN expression level in tumor cells and tumor stage, that in turn act as a covariant, as it predicted initial response to treatment. These results indicate that ABCC10 plays a role in increasing toxicity of chemotherapy on HL cells, its overexpression affect clinical outcome and it is a potential target in HL.

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