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LAPAROSCOPIC MANAGEMENT OF COLONOSCOPIC PERFORATIONS. L. Bouffioux (1), C. Coimbra (1), A.C. Lespagnard (1), D. Dresse (2), O. Detry (1), A. De Roover (1), P. Honore (1), J. Belaiche (1), A. Denoel (2), J. Deflandre (2). (1) ULg Sart Tilman ; (2) CHR CITADELLE, Liège.

**Background** : The gold standard surgical treatment of colonoscopy perforations remains laparotomy with or without ostomy. Laparoscopic management is a recent approach, only described in small series.

**Objective** : We hypothesised that laparoscopic treatment of iatrogenic colon perforation would result in equal therapeutic efficacy, less morbidity, decreased length of stay, and overall better short-term outcome compared to open methods.

**Methods** : We retrospectively reviewed the records of patients with iatrogenic colonoscopic perforations between 1980 and 2008 in two different centers. The patients' demographic data, perforation location, therapy and outcome were recorded.

**Results** : A total of 43 iatrogenic perforations were identified in 22 men and 21 women (median age : 66.5 y). All but one were managed operatively (19 laparoscopy, 23 laparotomy). The sigmoid colon was the most frequent site of perforation (65.1%). Patients underwent primary repair (52.4%), resection with primary anastomosis (26.2%), or fecal diversion (21.4%). Patients diagnosed within 24 hours (76,2%) were more likely to have minimal peritoneal contamination (30 patients vs 2 ;  $P = 0.01$ ) and to undergo a laparoscopic approach with primary repair or resection with anastomosis. Patients diagnosed after 24 hours (23,8%) were more likely to have fecal contamination or purulent peritonitis (8 patients vs 3 ;  $P = 0.01$ ) and to undergo ostomy by laparotomy. Global morbidity and mortality were 31% and 7.1%, respectively. Three of the laparoscopic procedures had to be converted in laparotomy because of the length of the injury (1 case) and the fragility of the tissues (2 cases). Overall patients who underwent laparoscopic repair had shorter length of stay (mean 10.18 vs 16,65 days ;  $P = 0.01$ ), lower morbidity (12.5% versus 43.4%,  $P = 0.02$ ) and mortality (0 patient vs 2). Postoperative complications were associated with older age, corticosteroid use and delay between perforation and surgery.

**Conclusions** : Laparoscopic repair of iatrogenic colonic perforations in experienced hands is a viable alternative to the open approach, and may reduce morbidity.

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UPPER GASTROINTESTINAL ENDOSCOPY AND HELICOBACTER PYLORI IN HIV INFECTED PATIENTS : A PROSPECTIVE STUDY. M. Nkuize, S. Dewit, V. Muls, R.S. Ntounda, A. Sarafidis, J.P. Mulkay, H. Tibary, M. Buset. ULB Saint-Pierre.

**Aim** : More than 90% of HIV infected patients develop upper gastrointestinal (UGI) symptoms. Various diseases are involved, including Helicobacter pylori (Hp) infection. We aimed to evaluate : firstly the prevalence of Hp infection among all HIV infected patients who undergo UGI endoscopy, and secondly endoscopic observations according to CD4 count and Hp status.

**Methods** : In a prospective database, we included any HIV infected patient who underwent UGI endoscopy for the first time from January 2004 until December 2007. The parameters studied are : demographics, immunity and viral load, endoscopic and histological observations.

**Results** : Among 159 patients included, 42 (26.41%) were Hp positive. We considered a CD4 threshold of more or less than 200 cells/mm<sup>3</sup>. When CD4 > 200, we observed a statistically significantly higher rate of Hp infection ( $p = 0.029$ ), normal UGI endoscopy ( $p = 0.03$ ), histological reflux oesophagitis ( $p = 0.0002$ ), and a significantly lower rate of oesophageal candidiasis ( $p < 0.001$ ) and use of opportunistic prophylaxis ( $p = 0.0001$ ). There was no statistically significant difference in gender, tobacco habits, alcohol intake, antiretroviral therapy, endoscopic reflux oesophagitis, gastric and duodenal ulcer. HIV-Hp co infection is associated with duodenal ulcer ( $p = 0.01$  ; OR 9.341 (1.626-53.672) and female gender ( $p = 0.04$  ; OR 0.393 (0.161-0.959).

**Conclusion** : The prevalence of HP among HIV infected patients undergoing UGI endoscopy is around 26.5% in our population. The prevalence of HP infection and histological reflux oesophagitis may be increased when immunity is improved. Our results show that HIV-HP co infection is associated with duodenal ulcer and perhaps with female gender.