



SCHOLARLY PUBLICATIONS School of Medical Sciences KIIT Deemed to be University

Journal Name: Hepatology International

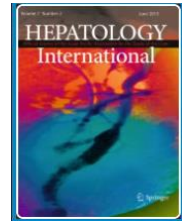
IF: 5.9

Title: Non-cirrhotic portal fibrosis/idiopathic portal hypertension: APASL recommendations for diagnosis and management

Author: Shukla A.; Rockey D.C.; Kamath P.S.; Kleiner D.E.; Singh A.; Vaidya A.; Koshy A.; Goel A.; D'Amico A.K.; Meena B.; Philips C.A.; Sharma C.B.; Payawal D.A.; Kim D.J.; Lo G.-H.; Han G.; Qureshi H.; Wanless I.R.; Jia J.; Sollano J.D.; Al Mahtab M.; Muthiah M.D.; Sonderup M.W.; Nahum M.S.; Merican M.I.B.; Ormeci N.; Kawada N.; Reddy R.; Dhiman R.K.; Gani R.; Hameed S.S.; Harindranath S.; Jafri W.; Qi X.; Chawla Y.K.; Furuichi Y.; Zheng M.-H.; Sarin S.K. Apat H.K.; Sahoo B.

Details: Volume 18, Issue 6, December 2024, Article number e0162144

Abstract: Since the Asian Pacific Association for the Study of the Liver (APASL) published guidelines on non-cirrhotic portal fibrosis/idiopathic portal hypertension in 2007, there has been a surge in new information, especially with the introduction of the term porto-sinusoidal vascular disorder (PSVD). Non-cirrhotic intra-hepatic causes of portal hypertension include disorders with a clearly identifiable etiology, such as schistosomiasis, as well as disorders with an unclear etiology such as non-cirrhotic portal fibrosis (NCPF), also termed idiopathic portal hypertension (IPH). This entity is being increasingly recognized as being associated with systemic disease and drug therapy, especially cancer therapy. An international working group with extensive expertise in portal hypertension was assigned with formulating consensus guidelines to clarify the definition, diagnosis, histological features, natural history, and management of NCPF/IPH, especially in the context of PSVD. The guidelines were prepared based on evidence from existing published literature. Whenever there was paucity of evidence, expert opinion was included after detailed deliberation. The goal of this manuscript, therefore, is to enhance the current understanding and help create global consensus on the issues surrounding NCPF/IPH. © Asian Pacific Association for the Study of the Liver 2024.



URL: <https://link.springer.com/article/10.1007/s12072-024-10739-6>





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Journal Name: Gut Pathogens

IF: 4.4

Title: Infectious etiology of intussusception in Indian children less than 2 years old: a matched case-control analysis

Author: Praharaj I., Reddy S.N., Nair N.P., Tate J.E., Giri S., Thiyagarajan V., Mohan V.R., Revathi R., Maheshwari K., Hemavathy P., Kumar N., Gupte M.D., Arora R., Senthamizh S., Mekala S., Goru K.B., Pamu P., Badur M., Pradhan S., Dash M., Mohakud N.K., Ray R.K., Gathwala G., Gupta M., Kanojia R., Gupta R., Goyal S., Sharma P., Mathew M.A., Kochukaleekal Jacob T.J., Sundaram B., Girish Kumar C.P., Dorairaj P., Pitchumani R., Maniam R., Kumaravel S., Jain H., Goswami J.K., Wakhlu A., Gupta V., Liu J., Houpt E.R., Parashar U.D., Kang G.

Details: Volume 16, Issue 1, December 2024, Article number 61

Abstract: Enteric infections are hypothesized to be associated with intussusception in children. A small increase in intussusception following rotavirus vaccination has been seen in some settings. We conducted post-marketing surveillance for intussusception following rotavirus vaccine, Rotavac introduction in India and evaluated association of intussusception with enteric pathogens. Methods: In a case-control study nested within a large sentinel hospital-based surveillance program in India, stool samples from 272 children aged less than 2 years admitted for intussusception and 272 age-, gender- and location-matched controls were evaluated with Taqman array card based molecular assays to detect enteric viruses, bacterial enteropathogens and parasites. Matched case-control analysis with conditional logistic regression evaluated association of enteropathogens with intussusception. Population attributable fractions (PAF) were calculated for enteropathogens significantly associated with intussusception. Results: The most prevalent enteropathogens in cases and controls were enteroaggregative Escherichia coli, adenovirus 40/41, adenovirus C serotypes and enteroviruses. Children with intussusception were more likely to harbor adenovirus C serotypes (adjusted odds-ratio (aOR) = 1.74; 95% confidence interval (CI) 1.06–2.87) and enteroviruses (aOR = 1.77; 95% CI 1.05–2.97) than controls. Rotavirus was not associated with increased intussusception risk. Adenovirus C (PAF = 16.9%; 95% CI 4.7% – 27.6%) and enteroviruses (PAF = 14.7%; 95% CI 4.2% – 24.1%) had the highest population attributable fraction for intussusception.

URL: <https://gutpathogens.biomedcentral.com/articles/10.1186/s13099-024-00659-z>

