# DAY 1

Keynote Forum


6th Annual European Conference on

# Gastroenterology

June 19-20, 2018, Paris, France

EuroSciCon

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Helge L. Waldum, J Clin Gastroenterol Hepatol 2018, Volume: 2
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# GASTRIN IS A COMPLETE CARCINOGEN FOR THE OXYNTIC MUCOSA

**Helge L Waldum**
University Hospital, Norway

The steroid hormones, particularly sex hormones, play an important role in carcinogenesis. Surgical or drug treatment to reduce the effect of sex hormones on cancers have been used for decades. Peptide hormones, on the other hand, have not had such a position. Moreover, most experts have claimed that even sex hormones are not complete carcinogens, only having a growth promoting effect in cells where an initial hit (mutation) has started the process of malignancy. When long-term drug inhibition of gastric acidity induced malignant tumors originating from the gastrin target cell, the ECL cell, in rodents, the question of whether gastrin was a carcinogen became of utmost importance. Subsequent studies have shown that every condition with long-term hypergastrinemia in whatever species develop ECL derived tumors. We started to study the role of gastrin in gastric carcinogenesis around 1985 after we first had shown that gastrin stimulated gastric acid secretion solely by releasing histamine from the ECL cell. Parallel to the stimulation of histamine release, gastrin stimulates ECL cell proliferation by the same receptor and same concentration dependence. On the background of problems in distinguishing between adenocarcinomas and neuroendocrine tumors both in man and rodents, we started to examine human gastric carcinomas with regard to ECL cell differentiation with the help of the most sensitive and specific methods available at the time of the study. We detected ECL cell differentiation in many of the carcinomas, and especially those of the diffuse type according to Lauren, and among them those belonging to the signet ring subgroup. Recently we could show expression gastrin receptor on hyperplastic and neoplastic ECL cells including a proportion of tumors originally classified as adenocarcinomas. The gastrin antagonist netazepide reduces ECL cell hyperplasia and can eradicate gastric neuroendocrine tumours (NETs) (carcinoids). Netazepide may also have an effect on the growth of gastric carcinomas with gastrin receptor as well. The recent epidemiological studies showing that proton pump inhibitors predispose to gastric cancer further incriminate gastrin in gastric carcinogenesis.

## Biography

Helge L Waldum fulfilled his MD at University of Oslo in 1971 with excellence (reported to the King). He became Specialist in Internal Medicine and Gastroenterology at the University of Tromsø in 1980, the same year as he defended his first thesis on Studies on Group I Pepsinogens and Secretin. Since then he has worked at the University Hospital of Trondheim, except for one year where he stayed in Paris at Hospital Bichat where he in 1993 defended his second thesis on Enterochromaffinelike cell (ECL) - a key cell in the gastric mucosa with the mention, Very Honorable with Felicitatons. He has supervised twenty candidates for PhD and published about 487 papers and 100 scientific letters. He was the Head of Department of Gastroenterology and Liver Diseases at Trondheim University Hospital for more than twenty years. In 2011 he was appointed "Knight of 1st degree of the order of Saint Olav" by the Norwegian king for his translational research. He is presently serving as Editor-in-Chief, Scandinavian Journal of Gastroenterology.

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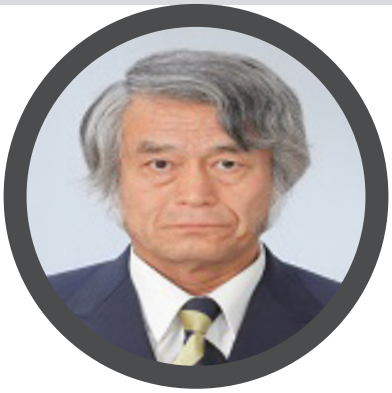
# CANDIDA-ASSOCIATED GASTRIC ULCER UNTIL YESTERDAY, TODAY AND FROM TOMORROW

**Kenji Sasaki**

Midtown Medicare Clinic, Japan



Candida-associated gastric ulcer, though formerly thought to affect only debilitated persons, has been reported to occur in apparently healthy individuals. Though had been reported to demonstrate nothing but nonspecific endoscopic features, the disease occasionally exhibits an apparently typical finding designated a candidarium. The natural history of the disease had been unknown and the fungus had been reported to be no longer detected once the ulcers were healed and no recurrence of the disease had been described. However, the ulcer is shown to not only occur but also recur in a different site with a different shape in a non-diabetic, *Helicobacter pylori*-negative patient without antecedent ulcers, who has not been given non-steroidal anti-inflammatory drugs (NSAIDs), antibiotics, or antineoplastic agents, which implies that, contrary to the prevailing opinion, Candida is no innocuous bystander but an etiologic perpetrator. Immune deficiency has recently been reported in relation to candidiasis, which is considered to explain the cause of intractable or recurrent Candida-associated gastric ulcer. In the oropharyngeal field, Candida albicans has recently been shown to secrete a hitherto unknown cytolytic peptide pore-forming toxin (PFT), candidalysin, into a pocket in the epithelium which penetrates into and to activate mitogen-activated protein kinase (MAPK)/MAPK phosphatase 1 (MKP1)/c-Fos pathway, triggering release of damage as well as immune cytokines. While the PFT, exerting an effect even on the adjacent cells, directly injures the tissue with damage cytokines, immune counterpart activates polymorphonuclear leukocytes (PMN) to eventually terminate inflammation, which results in restoring the fungus to the commensal state or eradicating it. Since it cannot be negated that such a phenomenon occurs in the gastric mucosa, a theoretically strong possibility has come up that the so-called Candida-associated gastric ulcer is actually Candida-induced ulcer. Therefore, the disease should be reinvestigated in the light of the recent immunological, microbiological, and molecular biological findings.

## Biography

Kenji Sasaki has completed his MD and as an Immunologist, he completed his PhD at Tohoku University School of Medicine. He was trained at Miyagi Cancer Center. He is a Board Certified Fellow and Preceptor of Japan Gastroenterological Endoscopy Society, Board Certified Gastroenterologist of Japanese Society of Gastroenterology, Board Certified Member of the Japanese Society of Internal Medicine and Editorial Board Member of CRIM. He has published several papers on Gastroenterology in international journals and served as a Reviewer for Journal of Medical Microbiology, Journal of Pharmacology & Pharmacotherapeutics and Journal of Gastrointestinal & Digestive System.

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# DESIGNER DRUGS

**Mona E Moussa**
Ain Shams University, Egypt

Designer drugs is an informal term for psychoactive drugs that were initially discovered through the research of, and experimentation upon, the structure and activity of existing psychoactive drugs. They are created in concealed locations and/or homemade labs. A designer drug generally mimics the effects of well-known drugs such as cocaine, morphine or cannabis, by using chemicals that are legally available on the market. The resulting drugs have similar effects to the well-known drugs, but their chemical structures are completely different. Designer drugs can be categorized to three major divisions: (synthetic stimulants) e.g Mephedrone , (synthetic cannabinoid) e.g. spice, (synthetic hallucinogen) e.g. foxy methoxy. Their effects are variable depending on the type of drug taken. The toxicological effects of those drugs are unpredictable owing to the diversity of the chemicals used and the contaminants which vary between the labs producing such substances.

## Biography

Mona E Moussa has completed her MD and Postdoctoral studies from Ain Shams University. She is the Chairman of the Toxicology and Forensic department at Ain Shams University, one of the eminent universities in Egypt. She is the Director of Egyptian fellowship program of Clinical Toxicology and Head of Clinical Toxicology at Helwan University. She has published more than 80 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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# DAY 2

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# ZHANG KNIFE AND ZHANG METHOD FOR ESD

**Zhang Jianguo**
China Medical University, China

Zhang knife is a magical knife! This knife was designed by Zhang Jianguo, a doctor from China. Using this knife, he proposed a new method of endoscopic resection, endoscopic sub mucosal resection (ESR): the endoscope does not have a transparent cap, and there is no need to dive into the submucosa, but only need to insert the Zhangknife into the submucosa and cut continuously the submucosal tissue. The operational steps include: firstly by marking the lesion, followed by submucosal injection, making an incision about 0.5-1.0 cm long outside the lesion's right marking point and then the Zhangknife is along the incision was inserted into the submucosa and the submucosa was cut from right to left and proximal to distal. In this process, note that the zhangknife head is always axially parallel to the gastrointestinal wall, so that it is possible to avoid damage to the muscularis propria to avoid perforation. The methods of using the Zhang knife are: 1) The endoscope does not dive into the submucosa, but from the macroscopic and moderate distance to observe and judge whether the knife head is parallel to the muscularis propria? If it is parallel, it will be cut; if it is not parallel, it will be made parallel by knife head direction rotation, knife wire bending direction, endoscope knobs and endoscope body adjustment; According to the situation in the cutting process, adjust timely, the length of the knife wire and the distance between the endoscope and the lesion for optimal cutting efficiency and safety. 3) Current mode uses continuous cutting current instead of intermittent stripping current. Continuous cutting is used instead of intermittent dissection and carve.

## Biography

Zhang Jianguo has completed his PhD from Liaoning Medical University and Postdoctoral studies from Ningxia Medical University. He is the Director of the Department of Gastroenterology in Aviation General Hospital of China Medical University. He has published more than 21 papers in reputed journals and has been serving as an Editorial Board Member of repute. He has owned 25 patents in China.

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# ROLE OF MINI GASTRIC BYPASS/OAGB IN THIN DIABETICS: NEW PROGRAMME IN SERBIA (AP VOJVODINA)

**Miroslav D Ilic**
University of Novi Sad, Serbia

**Aim:** The aim of this study is to investigate a role of surgeon in treatment of diabetes mellitus type 2 (DMT2) and adequate metabolic procedure, especially mini gastric bypass (MGB/OAGB) and initial results in autonomous province of Vojvodina (Serbia), with highest European incidence and mortality.

Methods: We searched literature data and looked how is adequate for conservative treatment of DMT2 in capital of Vojvodina, Novi Sad.

**Results:** MGB/OAGB is most effective operation in thin diabetics. Duration of remission DMT2 are long standing up to 7 years in around 90% of patients. We operated 8 patients for two years who were thin insulin dependent diabetics, with complete remission and stop of insulin after 7 days.

**Conclusion:** Surgeons were involved in treating DMT2 from ancient time till today. From 2015/16 modern guidelines recognize a important role of surgery in treatment of DMT2. Obesity paradox warning medical community to think about surgical treatment of thin diabetics. Analysis of surgical literature indicate MGB/OAGB as a procedure with greatest succes in thin diabetics. AP Vojvodina is European region with highest rate of incidence and mortality of DMT2. 2/3rd patients have inadequate conservative treatment of DMT2 in Novi Sad, capital of AP Vojvodina. As a bariatric and metabolic surgical centre, we offer MGB/OAGB to patients and there is no response from endocrinologists. With Dr Robert Rutledge, the inventor of MGB/OAGB, we started in 2016 and done for 8 patients. Results are favourable with stopped insulin therapy on 7 th day in all patients.

## Biography

Miroslav D Ilic has completed his PhD from University of Novi Sad in the field of Hepato/Biliary/Pacreatic Surgery. He is the Director of Centre for Esophageal and Laparoscopic Surgery in Clinic for Thoracic Surgery, Institute for Lung Diseases in Sr. Kamenica. He is the founder of Alma Mons course in Bariatric Surgery. He published 25 papers in literature as well as several books in Surgery.

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