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14th International Conference on

Gastro Education

September 06-07, 2018 | London, UK

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14th International Conference on

Gastro Education

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London, UK

Andreas Hillenbrand, J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

PREVALENCE OF NON-ALCOHOLIC FATTY LIVER DISEASE IN FOUR DIFFERENT WEIGHT RELATED PATIENT GROUPS: ASSOCIATION WITH SMALL BOWEL LENGTH AND RISK FACTORS

Andreas Hillenbrand
Ulm University, Germany

Non-alcoholic fatty liver disease (NAFLD), defined by non-alcohol related excessive fat accumulation in the liver, is a leading cause of chronic liver disease worldwide. Obesity is a major risk factor for NAFLD. Although simple steatosis carries a relatively benign prognosis, a significant proportion of patients will progress to non-alcoholic steatohepatitis (NASH). NASH is the advanced form of NAFLD, leading to liver cirrhosis, end-stage liver disease, and hepatocellular carcinoma. In this retrospective study, we analyzed 136 liver samples obtained from patients operated upon in our surgical department and determined the prevalence of NASH in relation to gender and body mass index (BMI). Furthermore, we assessed the association of NASH with the length of the small bowel measured intraoperatively. Simple steatosis of the liver is highly prevalent especially in the obese. In our study, we found steatosis of the liver in more than 80% of morbidly obese patients, however, probable/definite NASH was found in only 30% of these patients (and a further 30% of these patients were classified as uncertain NASH). The exact pathogenesis and natural history are still being defined. Therapy currently addresses the features of metabolic syndrome, including diabetes, obesity, and dyslipidemia, however, if a connection between NASH and small bowel length is confirmed, malabsorptive bariatric surgery should be considered as a further option.

Biography

Andreas Hillenbrand graduated from Medical Center of the University of Munich - LMU Munich in 2000 and started his surgical career in Ulm. After completing his specialist examination in surgery in 2008, he was focused on general and endocrine surgery.

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Gastro Education

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Mofeed M Selim, J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

PROTECTIVE ROLE OF MAGIC FRUIT AND HONEY BEE AGAINST HUMAN HEPATOCARCINOGENESIS

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Introduction: Hepatitis C is an infectious disease that affects the liver. Its complication is a major high risk groups that may be lead to hepatocellular carcinoma HCC, so natural prevention is required. The combination of magic fruit and honey bee was used in the treatment of HCV patients were treated with 4 gm from Magic fruit and 1 gm from Honey bee 3 times daily for three months.

Patients & Methods: Our group study was conducted on 50 patients with chronic hepatitis C (the male number was 35 while the female was 15; the median age was 45 years) was taken from the outpatient clinics of National Cancer Institute, Egypt.

Results: The mean values of virus C level, which was determined by real time PCR and FoxP3 protein which was measured by ELISA in sera of patients with chronic hepatitis infection (CHI), showed highly significant decrease after treatment. Hence the results have shown improvements in liver function, kidney function, and CBC tests for the HCV patients post-treatment. Moreover the results also revealed that, highly significant decreased of CD4 + CD25 expression by flow cytometric analysis was observed in the mononuclear leukocytes isolated from the patients after treatment.

Conclusions: A combination of magic fruit and honey bee could be useful protective natural agents against human hepatocarcinogenesis induced by HCV infection. Further study is strongly recommended for large populations and prolonged treatment for 9-12 months.

Biography

Mofeed M Selim has completed his PhD from Mansoura University (January 2018). He is currently a Consultant of Medical Laboratory at the National Cancer Institute of Cairo University. He has published 3 papers in reputed journals.

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14th International Conference on

Gastro Education

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Nikolaos G Margetis, J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

THE CENTRAL ROLE OF LET-7 MICRORNA IN THE GENETIC REGULATION OF VARIOUS GASTROINTESTINAL CANCERS

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MicroRNAs are non-coding RNA molecules, inhibiting or abrogating the translation process of their mRNA target. Let-7 is the prototypical microRNA family. Thirteeen precursor transcripts are processed and generate ten mature let-7 members. Nevertheless, mature and precursor let-7 molecules are produced in distinct rates throughout carcinogenesis process. This differentiated expression may contribute in the genetic regulation of many cancers, including gastrointestinal ones. The mission of let-7 in the gastrointestinal tract and in both liver/pancreas is to promote differentiation and to depress stemness. Although scarce reports imply its oncogenecity, let-7 is widely considered a tumor-suppressor gene, as it downregulates every single hallmark of cancer. Let-7 targets a plentitude of crucial oncogenes (K-ras, c-myc) and in a lesser degree, tumor-suppressor genes or tumor-suppressive pathways (p53, Wnt/APC). K-ras oncogene, the most prevalent oncogenic driver mutation in colorectal and pancreatic cancer, is the dominant target of let-7. The interplay between let-7 and its effectors is complex, as approximately all let-7 targets behave as its reciprocal regulators, mainly negative. Moreover, let-7 is autoregulated (positively or negatively), and it depends its effect either on other miRNAs or on dietary compounds. Despite the well-documented pathogenetic, prognostic, predictive, diagnostic and therapeutic role of let-7 in colorectal cancer, recent research has documented its crucial role in the epigenetic regulation of other gastrointestinal cancers as well, as those of pancreas, liver, stomach and esophagus. The aim of this e-poster presentation is to outline the current data regarding the role of let-7 in the tumor-suppressive circuits of several gastrointestinal tumorigenesis processes.

Biography

Nikolaos G Margetis graduated from University of Patras (Greece) in 1995. He has specialized in Gastroenterology since 2005 and Specialist in EUS since 2006. Since July 2017 he holds a PhD Degree from Medical School of National and Kapodistrain University of Athens, Greece. He has been a Consultant in three Great Hospitals of Athens. He was a Member of SOS DOCTORS of Athens for six years. Since 2013 he is a Member of Athens University (belongs to the Molecular Carcinogenesis Group and teaches the undergraduate and postgraduate students of the Medical and the Nursing Schools). He has 10 publications in reputed international medical journals, 30 publications in greek medical journals and has contributed in 2 Greek Medical textbooks' writing. He is the Editorial Board Member in 4 and Reviewer in 3 international medical journals with authority. He was awarded for his work in two congresses and in many hands-on courses. He organized the 1st Greek Congress "Georgios Papanicolaou-The prevention of cancer".

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Gastro Education

September 06-07, 2018
London, UK

Rene M Gordillo, J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

NOVEL TECHNIQUE TRANS ORAL ENDOSCOPIC THYROIDECTOMY VESTIBULAR APPROACH (TOETVA)

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Endoscopic thyroidectomy performed by the transoral approach is currently the newest method and one that has unleashed the most curiosity in the world. Ten years after having been described in pigs and then in human cadavers is already being done in all continents, even by small and isolated groups, however thanks to international forums, learning and social networks has spread the technique and nowadays there are more surgeons interested in their learning. The main feature is that this surgery can be performed totally without scars if we compare it with the usual technique described by Theodoro Kocher, and even with video-assisted techniques and remote approach described in the last 20 years. While its description was made by Dr. K Witzel in 2008, was Dr. Angkoon Anunwong who popularized it by publishing his first series on humans in the world. At the moment it is realized in several countries around the world and although it still has a high casuistry, it has given a lot of that to speak by its kindnesses. Another important feature is that in order to perform this surgery, it is not necessary to use special is instrumental and equipment, but only basic laparoscopic instruments are used. So far in all series have not reported cases of recurrent laryngeal nerve injury or permanent hypocalcemia; is that in endoscopic vision we have an excellent view of both the recurrent laryngeal nerve and the parathyroid glands, even some groups are supported by neuromonitoring of the nerve and even with augmented reality with fluorescence to identify the parathyroid glands.

Biography

Rene M Gordillo, a General and Laparoscopic Surgeon graduated from the International University of Ecuador, Ecuador; pursued Diploma in Advanced Laparoscopy from the Pontifical Catholic University of Chile, Chile. He is a Fellow of the American College of Surgeons. He has to his credit: Certification in Trauma Surgery Management from the University Hospital del Valle de Cali – Colombia; Certification in Bariatric Surgery and Hepatic, Biliary and Pancreatic Surgery by IRCAD of Brazil; Fellow in Minimally Access Thyroidectomy in Thailand. He is the Head of Emergency and Trauma Service at Hospital IESS IBARRA and Head of the Surgery Service of the General Hospital of the Ecuadorian Institute of Social Security (IESS) of Ibarra in Ecuador. He is also the main Surgeon in private institutions such as medical specialties institute and Nova Clínica Moderna.

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Gastro Education

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

DUNNIONE AMELIORATES CISPLATIN-INDUCED SMALL INTESTINAL DAMAGE BY MODULATING NAD+ METABOLISM

Arpana Pandit
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Although cisplatin is a widely used anticancer drug for the treatment of a variety of tumors, its use is critically limited because of adverse effects such as ototoxicity, nephrotoxicity, neuropathy, and gastro-intestinal damage. Cisplatin treatment increases oxidative stress biomarkers in the small intestine, which may induce apoptosis of epithelial cells and thereby elicit damage to the small intestine. Nicotinamide adenine dinucleotide (NAD+) is a cofactor for various enzymes associated with cellular homeostasis. In the present study, we demonstrated that the hyper-activation of poly(ADP-ribose) polymerase-1 (PARP-1) is closely associated with the depletion of NAD+ in the small intestine after cisplatin treatment, which results in down regulation of sirtuin1 (SIRT1) activity. Furthermore, a decrease in SIRT1 activity was found to play an important role in cisplatin-mediated small intestinal damage through nuclear factor (NF)-κBp65 activation, facilitated by its acetylation increase. However, use of dunnione as a strong substrate for the NADH:quinone oxidoreductase 1 (NQO1) enzyme led to an increase in intracellular NAD+ levels and prevented the cisplatin-induced small intestinal damage correlating with the modulation of PARP-1, SIRT1, and NF-κB. These results suggest that direct modulation of cellular NAD+ levels by pharmacological NQO1 substrates could be a promising therapeutic approach for protecting against cisplatin-induced small intestinal damage.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

URGENT SURGERY FOR COLON CANCER-TREATMENT PATTERNS AND OUTCOMES: CAN WE IMPROVE THE SURGICAL RESULTS?

Heitor Consani
Hospital Complex of Sorocaba, Brazil

Aim: The aim of this study is to assess treatment patterns and outcomes, for urgent colon cancer surgery and how we can improve our results.

Methods & Materials: All patients with colon cancer obstruction who were admitted for bowel obstruction from 2015 to 2017 were identified from the Surveillance, Epidemiology, and End Results registry-Medicare database. Management strategies and outcomes of bowel obstruction were compared.

Results: Among 137 patients with bowel obstruction, 66 males and 50 female underwent surgery, 77 from left colon, 32 from right colon, 9 from the tranverse colon and 19 perforated, with similar sex and age distribution. A colon resection with terminal colostomy was the preferred procedure in 68 patients (49%) in the other hand a primary anastomosis was performed in only 17 patients (12%) and other procedures for 52 patients. The overall operative mortality was 8% in urgent/emergency, been 9 % in the anastomotic group and 8% in the colostomy group other procedures were 8%, an anastomotic leakage affected 7/68 cases, 4 requiring additional surgery. Overall, about 2/3 of the perioperative deaths were related to general complications and 1/3 to anastomotic failure. The local recurrence rate was 11% in urgent/emergency surgery.

Discussion & Conclusions: Obstructing colorectal cancer is associated with a high operative and post operative mortality when we compare the results with elective surgery. The literature shows that the immediate resection with primary anastomosis represents the gold standard in selected patients with good results, a temporary defunctioning colostomy or ileostomy could be proposed for patients with an high risk; in intermediate risk cases Hartmann's operation is a good option, as a safer procedure.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

THE TRANS SAC IS A MESH RELATED TECHNIQUE DEVELOPED IN OUR DEPARTMENT USING PHS/UHS FOR RECURRENT INGUINAL HERNIAS

Heitor Consani
Hospital Complex of Sorocaba, Brazil

Aim: The aim of this study is to review the outcome of the technique in our setting.

Study Design: The work involved a retrospective study.

Patients & Methods: Clinical records of all patients who had recurrent inguinal hernia repair using the Trans Sac approach between January 2008 and December 2013 in our institution were obtained. Details of socio-demographic data, intraoperative findings and postoperative complications were reviewed.

Statistical Analysis Used: The analysis involved simple frequencies, proportions and cross tabulations.

Results: A total of 532 patients whose ages ranged from 22 to 84 years (mean=42.4 years) with a male: female ratio of 11:1, were studied. Majority of the hernias were right sided (65.2%), mostly indirect (80.1%). The procedures were for emergencies in 17 (12.9%) cases whereas the rest (87.1%) were done electively. Most procedures, 529 (99.4%) were performed under regional anesthesia. Surgical site infection was the most common complication occurring in six patients (2.5%), while one patient had chronic groin pain. At a mean follow up period of 24 months there was one recurrence. All patients were operated using the proposed approach and no need to convert to another technique.

Conclusions: The Trans Sac approach technique for recurrent inguinal hernia repair is an easy, safe and effective method for inguinal hernia repair in our setting.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

PERCUTANEOUS POSTERIOR TIBIAL NERVE STIMULATION, PERIANAL APPLICATION OF GLYCERYL TRINITRATE OINTMENT OR CLOSED LATERAL INTERNAL SPHINCTEROTOMY IN TREATMENT OF CHRONIC ANAL FISSURE

Mohamed Agha
Alexandria University, Egypt

Objectives: The objective of this study is to compare the efficacy of treatment of glyceryl trinitrate in treatment for chronic anal fissure with percutaneous posterior tibial nerve stimulation and closed lateral internal sphincterotomy.

Design & Settings: The analysis involved a prospective randomized study carried out at Alexandria Main University Hospital, Egypt.

Interventions: The subjects underwent following treatment-perianal application of glyceryl trinitrate ointment, percutaneous posterior tibial nerve stimulation and closed lateral internal sphincterotomy.

Results: Forty patients were included in each group. After 8 weeks, the healing rate in percutaneous posterior tibial nerve stimulation group was 87.5% vs 65.0% in glyceryl trinitrate ointment group vs 98.5% in closed lateral internal sphincterotomy group.

Conclusions: Closed lateral internal sphincterotomy is the most effective method in treatment of chronic anal fissure.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

THE SAFETY AND EFFICACY OF SPLENIC ARTERY LIGATION IN LIVING DONOR LIVER TRANSPLANT RECIPIENTS

Yusuf Gunay[1] and **Abhinav Humar**[2]
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Introduction: Portal hypertension is one of the main cause of post-transplant graft dysfunction in living donor liver transplant (LDLT). Modification of the portal flow has been suggested to decrease portal pressure. One possible, splenic artery ligation (SAL), has been performed in recipients with elevated portal vein flow. Even though the short term results with SAL in LDLT are excellent, the long term outcomes and postoperative complications have been yet to be determined.

Methods: From August 2010 to August 2016, 87 LDLT were performed at the STI (Starzl Transplant Institute) of the University of Pittsburgh. Two patients had previous splenectomy and were excluded. Of 85 patients, 42 had SAL preformed. We compared results in patients with SAL or without SAL retrospectively after an IRB (institutional review board) approved by STI. LDLT was performed using either the right or left lobe.

Results: The study showed that SAL significantly decreased mean portal pressure (19.2±1.7 pre-SAL vs 15±1.8 post-SAL, p=0.0014). Of the 42 patients that had SAL, 7 (16.6%) developed splenic infarction as noted on routine CT imaging, but only one developed splenic abscess. No statistically difference was found in postoperative infection, postoperative wound complication and surgical complication rates between patients with/without SAL (p=0.50,p=0.166, p=0.237). Although the mortality rate was lower in patients with SAL, it was not statistically significant (11% vs 28%, p=0.059).

Conclusions: Overall, SAL is safe and effective to decrease portal pressure without increasing risk of morbidity and mortality in recipient undergoing LDLT.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

SCF^{FBXW7} LINKS INTESTINAL STEM CELLS TO EMT IN CARCINOGENESIS

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Colorectal cancer (CRC) patients develop recurrence after chemotherapy owing to the survival of stem cell-like cells referred to as cancer stem-like cells (CSCs). The origin of CSCs is linked to the epithelial-mesenchymal transition (EMT) process. Currently, it remains poorly understood how EMT programs enable CSCs residing in the tumour microenvironment to escape the effects of chemotherapy. Our recent study identifies that the microenvironment surrounding intestinal stem cells, via FBXW7/ZEB2 defects may contribute to tumour formation and progression. Using a modified yeast-2-hybrid system and 2D gel-based proteomics methods, we show that the E3-ubiquitin ligase FBXW7 directly binds and degrades the EMT-inducing transcription factor ZEB2 in a phosphorylation-dependent manner. Loss of FBXW7 induces an EMT that can be effectively reversed by knockdown of ZEB2. The FBXW7-ZEB2 axis regulates such important cancer cell features, as stemness/de-differentiation, chemoresistance, and cell migration *in vitro*, *ex vivo* and in animal models of metastasis. High expression of ZEB2 in cancer tissues defines reduced ZEB2 expression in cancer-associated stroma in patients and in murine intestinal organoids, demonstrating a tumour-stromal crosstalk that modulates a niche and EMT activation. Our study thus uncovers a new molecular mechanism, by which the tumour microenvironment promotes stemness and intrinsic resistance to chemotherapy in CRC.

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Gastro Education

September 06-07, 2018
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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

TRANSANAL TOTAL MESORECTUM EXCISION (TATME): RESULTS FROM A REFERENCE CENTER

Jarimba Aldo, Vilela Nuno, Ferreira Luis, Lopes Maria, Duarte Marina and **Martins Sonia**

District Hospital of Santarem, Portugal

Introduction/Objective: TaTME is a technique that combines abdominal and transanal endoscopic approach to overcome limitations and facilitate standard laparoscopic TME. We pretended to evaluate the results of the first years of TaTME of our institution.

Methodology: It was reviewed retrospectively the records of the all consecutive patients submitted to taTME in a single center between January 1st of 2014 and 31st May of 2018.

Results: Twenty three patients were submitted to TaTME: 21 males, 2 females, with a medium age of 66 years. Twenty of them had known comorbidities, like arterial hypertension, diabetes. Neoadjuvant chemoradiotherapy was given to 18 patients. 15 ASA II, 8 ASA III. All of the specimens had integral and incorrupt mesorectum, all R0 resections, with an average of 24 lymphatic nodes excised per person. The average hospital stay was 8.7 days. Six cases of post-operative morbidity but only two cases of re-intervention: 1 urinary retention, 3 pelvic abscesses (treated with systemic antibiotics), 1 ischemia of the descending colon (submitted to left colon excision + colostomy) and 1 case of anastomosis leakage (submitted to conservative treatment with success). Only one patient was submitted to protective ileostomy.

Conclusions: TaTME is a technically demanding but feasible technique, with apparently good results in the quality of the extracted specimen and the oncological safety of the procedure. In our series, it had an apparent low grade of complications and re-interventions. Nonetheless, we emphasise that only one patient were submitted to protective ileostomy, and that the procedure doesn't need to be done routinely.

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DOI: 10.21767/2575-7733-C2-006

EVALUATION OF CHRONIC CONSTIPATION BY COLONOSCOPY: DOES PATIENT AGE MAKE A DIFFERENCE?

Amir Mari, Fadi Abu Backer, Dan Feldman, Oren Ga, Roman Dapssames, Baruch Ovadia and **Yael Kopelman**

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Most cases of constipation do not require diagnostic evaluation examination beyond anamnesis, a rectal examination and basic laboratory tests. Existence of alarm signs mandates a more extensive evaluation including colonoscopy. The study examined the value of colonoscopy as a function of patient age, i.e. above or below the age of 50, for the detection of significant findings in the evaluation of constipation, mainly malignant processes. Retrospective observational study. Records of 3,482 patients who underwent a colonoscopy as part of a workup for constipation at the Hillel MC between 2000-2014 was reviewed. Patients divided into two age groups, below and above the age of 50. The following data were collected and recorded: additional indications for colonoscopy other than constipation and the colonoscopy findings were recorded and assessed in both patients groups. Data from 3,482 patients, 707 below the age of 50 (20%), and 2,775 above the age of 50 (80%) were summarized. Ten additional indications for colonoscopy were recorded. Normal test results were observed in 457 patients below the age of 50 (65%) and in 1,142 patients above the age of 50 (41%). Colon tumors were detected in 5 patients below 50 (0.7%) and in 54 patients above 50 (1.9%). Our conclusion, colonoscopy identified findings explaining the cause or the results of constipation in both age groups, provides the opportunity to identify the causes of constipation and to detect significant pathology, we support the approach of performing colonoscopy as part of a workup for constipation at any age.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

PRE-OPERATIVE PREPARATION OF A PATIENT WITH DISSEMINATED GIST

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Gastrointestinal stromal tumours (GIST) are non-epithelial (mesenchymal) tumours which are derived due to activating mutations of cKIT(a proto-oncogene called CD117) and less commonly platelet-derived growth factor receptor alpha (PDGFRA). The clinical behaviour is variable, and assessment of the malignancy potential is usually based mainly on the size and the proliferation characteristics of the tumour. Complete surgical excision is the treatment of choice for localized GIST. Most GISTs respond to imatinib mesylate, which selectively inhibits both KIT and PDGFRA, and is now considered as the standard systemic therapy for advanced GIST. Here, we present a 68 year old female who was diagnosed with GIST and underwent sleeve gastrectomy with omentectomy and splenectomy in view of diemmination. Subsequently her histopathology reports suggested high grade spindle cell variant of GIST.

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DOI: 10.21767/2575-7733-C2-006

BRAIN AND MICROBIAL FLORA: THE ROLE OF GUT MICROBIOTA IN THE GUT-BRAIN AXIS

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The human gut host 1014 bacterial organisms, an amount that exceeds the cells within the body. Microbiota is the bacteria living both inside and on the human body (a community collectively known as, dwelling in the human microbiome), mostly are friendly, outnumber the somatic and germ cells of the body by a factor of 10. Specific to the human gut is the commensal microflora, that enters into an important symbiotic association with the human host beginning with the colonization of the gastrointestinal (GI) tract by the bacteria within half an hour after delivery and continues to develop depending on many factors, this is developmental process which begins at birth, continues through early development, and remains for life. This developmental processing is actually active during vulnerable or sensitive developmental periods and thus exert influences that impact on the structure and function of organs (brain) that last throughout life. However, although the colonization of microbiota is due to postnatal environmental factors and is also affected by genetics, it is consistent and is difficult to change after reaching the adult form. It has a pre and post-natal effect on developing infant brain. The microbiota is essential to the proper development of the mucosal and systemic immune systems and in nutrient uptake and metabolism as an important contributors in making the individual's physiology and influence the function of the central nervous system (CNS) and behavior. Of particular interest is the impact on the functional development of the infant (mammalian) brain. The developing brain is susceptible to internal and external cues during its perinatal life, an important point when considering the association between common neurodevelopmental disorders (e.g. autism, schizophrenia) and microbial pathogen infections during this same period. Breast feeding and probiotics are now being recognized in the brain-gut axis interaction .

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DOI: 10.21767/2575-7733-C2-006

PATHOPHYSIOLOGY AND MANAGEMENT OF ESOPHAGEAL VARICES IN CURRENT PRACTICE

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Esophageal Varices: Esophageal varices are dilated submucosal distal esophageal veins connecting the portal and systemic circulations. This happens due to portal hypertension (most commonly a result of cirrhosis), resistance to portal blood flow, and increased portal venous blood inflow. The most common fatal complication of cirrhosis is variceal rupture; the severity of liver disease correlates with the presence of varices and risk of bleeding.

Bleeding esophageal varices: No single treatment for bleeding esophageal varices is appropriate for all patients and situations. An algorithm for management of the patient with acute bleeding is presented in this article. The options for long-term, definitive therapy and the criteria for selection of each are discussed.

Pathophysiology and management of esophageal varices: Esophageal varices are one of the most common and severe complications of chronic liver disease. New aspects in epidemiology, pathogenesis, and treatment of varices are reviewed. Sclerotherapy is the first-line treatment for acute hemorrhage. Prevention of first or recurrent bleeding is still unsatisfactory. β-Blockers are slightly superior to sclerotherapy with regard to prophylaxis of first bleeding. β-Blockers or sclerotherapy may be used for prophylaxis of recurrent bleeding. However, prophylactic treatment regimens do not have a major impact on survival. Combination treatment, new drugs, or new devices may help to improve the efficacy of prophylactic measures.

Endoscopic Therapy for Esophageal Varices: Among therapeutic endoscopic options for esophageal varices (EV), endoscopic variceal ligation (EVL) has proven more effectiveness and safety compared with endoscopic sclerotherapy and is currently considered as the first choice. In acute EV bleeding, vasoactive therapy (either with terlipressin or somatostatin) prior to endoscopy improves outcomes; moreover, antibiotic prophylaxis has to be generally adopted. Variceal glue injection (cyanoacrylates) seems to be effective in the treatment of esophageal as well as in gastric varices. Prevention of rebleeding can be provided both by EVL alone or combined with non-selective β-blockers. Moreover, EVL can be adopted for primary prophylaxis, with no differences in mortality compared with drugs, in subjects with large varices and unfit for a β-blocker regimen.

A meta analysis of endoscopic variceal ligation for primary prophylaxis of esophageal variceal bleeding: Despite publication of several randomized trials of prophylactic variceal ligation, the effect on bleeding related outcomes is unclear. We performed a meta analysis of the trials, as identified by electronic database searching and cross referencing. Both investigators independently applied inclusion and exclusion criteria, and abstracted data from each trial. Standard meta analytic techniques were used to compute relative risks and the number needed to treat (NNT) for first variceal bleed, bleed related mortality, and all cause mortality. Among 601 patients in 5 homogeneous trials comparing prophylactic ligation with untreated controls, relative risks of first variceal bleed, bleed related mortality, and all cause mortality were 0.36 (0.26 0.50), 0.20 (0.11 0.39), and 0.55 (0.43 0.71), with respective NNTs of 4.1, 6.7, and 5.3. Among 283 subjects from 4 trials comparing ligation with β blocker therapy, the relative risk of first variceal bleed was 0.48 (0.24 0.96), with NNT of 13; however, there was no effect on either bleed related mortality (relative risk [RR], 0.61; confidence interval [CI], 0.20 1.88) or all cause mortality (RR, 0.95; CI, 0.56 1.62). In conclusion, compared with untreated controls, prophylactic ligation reduces the risks of variceal bleeding and mortality. Compared with β blockers, ligation reduces the risk for first variceal bleed but has no effect on mortality. Prophylactic ligation should be considered for patients with large esophageal varices who cannot tolerate β blockers. Subsequent research should further compare ligation and β blockers to determine the effect on mortality, and measure ligation's cost effectiveness.

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J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

HAEMATEMESIS AND MELAENA: 10 YEARS' EXPERIENCE

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Statement of the Problem: Haematemesis and melaena are amongst the serious complications of advanced liver cirrhosis which is a common disease in Egypt due to prevalence of HCV infection, but many other causes can lead to haematemesis and melaena as chronic peptic ulcer, non-steroidal anti-inflammatory drugs, overdose of Marevan & chronic use of Aspocid in patients suffering from C V (Cardiovascular) disease or C V Stroke or even chronic renal dialysis in patients who took heparin during dialysis.

Aim: This clinical study analyzed the causes of haematemesis & melaena among people living in Damietta, Egypt.

Patients & Methods: We retrospectively analyzed 567 patients who were admitted to our endoscopy unit at Damietta specialized hospital from April 2017 to November 2017. All are subjected to upper endoscopy within 8-10 hours after resuscitation by blood, IV fluids, coagulants, vit.k, Sandostatin IV infusion & proton pump inhibitors.

Results: Sex: - Male 350 patients, female 217 patients. Age:- from 19y to 80y. The most common cause was bleeding esophageal varices (275/567), 48.5%. Gastritis & gastric erosions was the second cause (150/567), 26.4%.

Conclusions: Complications of liver cirrhosis still common in Egypt especially haematemesis due to esophageal varices. Band ligation is still standard treat for esophageal varices. There is rapid increase in the rate of incidence of haematemesis due to non-steroidal analgesics (misuse of drug). Marevan & Aspocid lead to many cases of bleeding in cardiac patients & CVS (ICU patients).

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EuroSciCon

14th International Conference on

Gastro Education

September 06-07, 2018
London, UK

J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

SPECTRUM OF GASTEROENTEROLOGY AND LIVER DISEASE: A CHANGING TRENDS

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Background: The prevalence of GI and liver disease in the Pakistani population has increased remarkably over the recent years, reflecting an elevated burden on healthcare systems. Optimized health management and effective resource utilization in healthcare facilities is based on timely documentation and reporting of disease patterns.

Aim: The aim of this study is to present data from the GODD (gastroenterology outpatient discharge diagnosis) registry, comparing annual trends of GI & liver disease incidence among patients presenting to the Aga Khan University Hospital (AKUH).

Methodology: A review of electronic records was performed for all patients presenting to the Gastroenterology Clinic, AKUH between 2013 and 2016 respectively. Collected information included patient characteristics and outpatient discharge diagnosis (primary and associated), based on a list of 72 approved diagnosis categories related to gastrointestinal and liver diseases. Annual variation in this data is presented in this paper. A single visit is counted for specific year for each patient.

Results: A total of 28,493 new patients were seen in gastroenterology clinic. The mean age of the patients was 44.6+15.8 years with an overall higher representation of males (58%). The number of patients was seen to gradually increase during study period from 6410 in 2013 to 8138 in 2016. Overall, 15,956 (56%) patients presented with GI disease which comprised APD (78.4%), FGID (14.98%) and others (6.62%), while patients with liver diseases were 12,535 (44%) and included HCV (50.3%), HBV (20.3%), HDV (7%), Hepatitis A (0.79%), Hepatitis E (0.59), NBNC (4.22%), NASH (5%), Hepatoma (1.80%), Others (10%) .

Conclusions: This report highlights annual trends in outpatient data from a major tertiary care center in Karachi, Pakistan. The analysis suggests a higher frequency of GI disorders, majority of which comprise of APD, GERD, gastritis. Among liver disorder, HCV, HBV were highest in our setting. Further efforts should focus on prioritization and effective management of these most commonly observed ailments.

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EuroSciCon

14th International Conference on

Gastro Education

September 06-07, 2018
London, UK

J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

AMBOVEX ORAL SUBLINGUAL SPRAY AS IMMUNO-THERAPY TRIAL FOR HCC AMONG EGYPTIAN PATIENTS

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Introduction: Novel immunotherapy strategies that may be employed to render a cancer more immunogenic, generate antigen-specific or nonspecific immune activation, and/or manipulate the tumor micro-environment. A number of immunotherapeutic trials have been performed to evaluate the efficacy of immunotherapy for the treatment of HCC (hepatocellular carcinoma). Ambovex is a botanical medicine derived from the plants belonging to the family Ranunculaceae and having immune-modulating effect. In this pilot study we used Ambovex as an immunotherapy trial for treating Egyptian patients with unresectable HCC.

Patients & Methodology: We included 148 patients with post-HCV liver cirrhosis and HCC. Their HCC was diagnosed by Ultrasound/CT and AFP >400 ngm and was unfit for any of the available treatment modalities. They were divided into 2 groups: group 1 (88 patients) for treatment and group 2 (60 patients) as a control group. After getting their informal consent, we gave for group 1 Ambovex sublingual oral spray (20 buffs sublingual tid) for 4 months. For group 2, sub- lingual glucose-saline sublingual spray as a placebo. Both groups were followed up for one year.

Results: There were no side effects apart from taste changes in 25% of patients in group I. In group I there was tumor regression and significant decrease in AFP in 36 patients (40.9%), and 25 patients (28.4%) showed stable tumor size and AFP level and 27 patients (30.7%) showed disease progression. In group II, no patients showed tumor stabilization. At one year follow-up 61 patients (69.3%) were still living in group I compared to only 21 patients (35%) in group II.

Conclusions: From this pilot study, we could conclude that Ambovex with its immune- modulating effect have initial promising results in treating Egyptian patients with HCC. Further controlled, randomized, multicenter studies are needed to confirm these results.

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DOI: 10.21767/2575-7733-C2-006

IMPACT OF DEPLOYING A GENETIC APPROACH TO STEM CELLS OPENS-UP NEW FACETS IN THE BLANK SLATES OF OUR BODY

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Since the dawn of the Post-Genomic era (25 years back), applying a genetic approach to solving various intricate problems/issues in research has taken-off even more swiftly than ever before. Spatio-temporal cues defined for certain critical components in a particular developmental pathway (involved in causing/progression of certain disease) provide a firm basis for detecting the order, hierarchy and "switching-off or on" of genes that regulate it. The various time-points, at which genes are switched on/off, clearly determines the fate of what a cell does in terms of being functional or non-functional, due to disruption of that specific pathway. Recent research-work in this area (Bhojwani, 2015) provides strong evidence, toward identifying such components (associated with Wnt-signaling involved in Colorectal Cancer-CRC disease). These crucial elements indeed determined the genetic transformation of a "blank-slate" ("cells of origin" and/or putative "cancer stem cells") or "primitive-state" epithelial cells to an intermediate adenoma/polyp (dyspastic), and later to a proliferative (hyperplastic) or cancerous (neoplastic) state. The idea is to re-iterate the power of genetics, in solving and filling the missing links of any developmental pathway involved in progression of a disease (in this case, CRC). A critical temporal requirement of certain molecules [Caesin-Kinase I (CKI) and Human-Discs-large (hDlg)] was finally established and these proteins were identified as "early" and "late" acting molecules respectively, in a very crucial developmental event, that basically transforms "polyps" to full-fledged "carcinomas" (epithelial cancers) in COLORECTAL tumors. The detection of these genetic and developmental parameters, served as a focal-point and a prominent diagnostic feature, for detection of effects, ie. gain/loss of other components involved during progression of CRC disease. Coincidentally, the chromosomes on which these genes reside have been found to be dense and rich in SNPs (hot-spots), the details of which were published in a separate report (Patidar & Bhojwani, 2013). This work harnessed the potential of Genetics, Developmental Biology and Bio-Informatics tools to solve a long-standing puzzle in pin-pointing some genetic factors that were critically involved in the progression of CRC disease. The report has created enough impact, in terms of authentically suggesting, that it is only when we deploy a combinatorial approach towards certain complicated biological problems, can we successfully unveil the underlying mechanisms in greater details. However, it is now conceived that, at the heart of every tumor lies a rare sub-population of cells (Cancer Stem Cells-CSCs), which give rise to most of the Cancers and are now the targets of investigation. Since no definitive markers or efficient labeling tools are available, this population of cells still remains elusive in both cancer and stem cell biology. Therefore, it would be critical to understand molecular differences between stem cells and cancer cells, which might be helpful in providing novel insights into the mechanism of tumorigenesis as well as potential therapeutic targets, in foreseeable future. We have come a long way in the stem cell advances over time. Very recent breakthroughs include: (a) The tuning and genetic re-programming of stem cells (iPS cells) by a handful of genetic factors (Takahashi et al, 2006, 2007; discussed in Bhojwani, 2008) and; (b) The transformation of cancerous cells to normal cells by reversing the genetic changes involved and also restricting the awry cancerous cells by using microRNAs (http://yournewswire.com/breakthrough-scientists-find-way-to-change-cancer-cells-into-healthy-cells/). My talk would shed light on how we could intelligently utilize these efficient tools together, to attack the "Bad seeds" in ways to cure the myriad diseases, like Cancer.

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EuroSciCon

14th International Conference on

Gastro Education

September 06-07, 2018
London, UK

J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

A NONINVASIVE PANEL FOR DIAGNOSIS OF ESOPHAGEAL VARICES IN PATIENTS WITH COMPENSATED CIRRHOSIS

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Background & Aim: Varices are present in 30-40 % of patients with compensated cirrhosis (Child-Pugh class A). Although screening endoscopy for esophageal varices (O.V.) is recommended to all patients with cirrhosis, this recommendation is not a result of evidence– based data. We studied the association of (platelet count/spleen diameter ratio, insulin resistance and splenoportal index) and the presence of O.V. in patients with compensated cirrhosis.

Patients & Methodology: 124 patients with compensated liver cirrhosis due to chronic HCV were studied. After clinical, laboratory ultrasound examinations, all patients underwent screening endoscopy and O.V were reported as present or absent. According to presence or absence of varices; two groups were described. group I without varices and group II with varices.

Results: Among 124 patients with mean age of (51.81±12.94), 2 groups were described: group I (30 patients) and group II (94 patients) with a male majority (20 patients in group I and 66 patients in group II). In group I and group II: the mean platelet count/spleen diameter ratio was (1022.6±73.36, 608.76±58.44) respectively, the mean insulin resistance value was (2.426±0.618, 3.081±0.474) respectively. The mean splenoportal index (SPI) value was (2.878± 0.870, 6.349±0.514) respectively.

Conclusions: Low platelet count/spleen ratio and high SPI are very useful non invasive predictors for the presence of O.V. that could be used either separately or combined to decrease the number of upper GIT endoscopies needed in cirrhotic patients management, However insulin resistance as a non invasive predictor is still in need for further evaluation.

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EuroSciCon

14th International Conference on

Gastro Education

September 06-07, 2018
London, UK

J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

UNEXPLAINED PRURITIS MANAGEMENT AND RECOMMENDATIONS

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Pruritus is a common disorder that may affect all human beings at any given time in life. The pathogenic mechanisms that lead to the sensation of pruritus are not fully understood. The signals of itch sensation are transmitted from peripheral unmyelinated slow velocity C-nerve fibers to neurons in the spinal cord activating multiple brain sites including sensory motor and emotion. A variety of neural mediators may be involved in this process. Pruritic disorders can be classified as dermatologic, systemic, neurologic, or psychogenic causes. Systemic disorders should be considered if no evidence of primary skin lesion in patients presenting with generalized itch, some of which are associated with significant morbidity, and mortality. Itch may be the initial sign of disease in patients with hematologic malignancies, cholestasis, thyroid disorders and connective tissue diseases. Pruritus of lymphoma is the common prototype of paraneoplastic itch and can precede other clinical signs by five years. In any case with high index of suspicion a thorough work-up is required. This review highlights the association between itch and systemic disorders and presents general recommendations for evaluating patients with unexplained pruritis and their management.

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EuroSciCon

14th International Conference on

Gastro Education

September 06-07, 2018
London, UK

J Clin Gastroenterol Hepatol 2018, Volume 2
DOI: 10.21767/2575-7733-C2-006

WHICH KIND OF ENDOSCOPIC DOCTORS SHOULD RECEIVE ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) TRAINING? ESD TRAINING IN THE NANJING DRUM TOWER HOSPITAL OF CHINA

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Background & Aims: Endoscopic submucosal dissection (ESD) is a new safe and effective technique of endoscopy which is minimally invasive. This technique makes the en-bloc resection of larger lesions finished more safely and effectively, and provides complete specimen for pathological diagnosis so as to prevent recurrence. It is the first choice for the management of premalignant lesions and early gastric cancer. The elevated risk of compications and technical complexity of endoscopic submuscosal dissection has limited its implementation in our medical system. How to improve the level of ESD training effectively, that more endoscopists could master this technique and benefit to more patients, becomes the attention focus of the endoscopists. Firstly, how to choose the appropriate doctor to receive ESD training aroused the focus of more and more endoscopists. Therefore, our study aimed to investigate the prerequisites for those endoscopic doctors who were suitably chosen to attend the ESD training.

Methods: Our study was enrolled in 41 fellows from various cities of China who attended ESD training in the endoscopic center, the affiliated Drum Tower Hospital of Nanjing Medical University. The general information was collected in the forms including name, age, gender, the individual performed gastroscopy cases, the individual performed colonoscopy cases, the use of Narrow band image (NBI) technique, the use of magnifying endoscopy (ME), and uses of Endoscopic Mucosal Resection (EMR), Endoscopic Ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP), etc. Then each fellow must finish four animal model experiments in vitro (pig esophagus or pig stomach). And the average performance time was then calculated including cutting time and dissection time. And the average area of specimen was then recorded by measuring the length and width of specimen. Finally, the performance speed was acquired by dividing the performance time (min) and the average area (cm2).

Results: Among the 41 ESD fellows, the male fellows were 26 doctors and the female covered 15 doctors. And the average age was 36.07±4.44 year old ranging from 27 to 53 years old. The performing method was single and not double. According to linear regression analysis, the individual gastroscopy cases (N>5000), the individual colonoscopy cases (N>3000), the detected early cancer cases in upper GI tract (N>30), the detected early cancer cases in lower GI tract (N>10), and the uses of ME and EMR technique were statistically correlated with the performance speed of ESD fellows (P<0.05). Carrying out NBI, ERCP and EUS techniques before training was not statistically correlated with the performance speed of ESD fellows (P>0.05).

Conclusions: The individual gastroscopy cases, the individual colonoscopy cases, the detected early cancer cases in upper GI tract, the detected early cancer cases in lower GI tract, and the use of ME as well as EMR technique were statistically correlated with the performance speed of ESD fellows (P<0.05). The uses of NBI, EUS and ERCP technique were not statistically correlated with the performance speed of ESD fellows (P>0.05). Therefore, this study provided the enough theoretical basis for us to select the appropriate ESD fellow in the future.

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