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Abstracts



Annual Summit on

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HEPATITIS: CARE AND CURE

Yasimo Kofi Mohammed
Hepatitis Foundation of Ghana, Ghana

Cost-effective solar water splitting requires earth abundant photocatalytic materials converting photons to working electrons Viral hepatitis is a global public health burden affecting millions of people every year. Most indigenous people who were infected long ago with HBV or HCV are unaware of their chronic infection. They are at high risk of developing severe chronic liver disease and can unknowingly transmit the infection to other people.

Viral hepatitis places a serious burden on the health care system. In many countries, viral hepatitis is the leading cause of liver transplants. Such end-stage treatments are expensive, easily reaching up to hundreds of thousands of dollars per person. The number of indigenous people living with hepatitis virus is actually increasing, despite the existence of an effective cure.

All countries in the African Region consider viral hepatitis an urgent public health issue. The burden of viral hepatitis is believed to be one of the highest in this part of the world. Hepatitis A, B, C and E are the types mostly found in the region. Given the differences in the geographic distribution, transmission, diagnosis and treatment of viral hepatitis infections, national policies and control strategies are required.

There is the first Global Health Sector Strategy on Viral Hepatitis, a strategy that contributes to the achievement of the 2030 Agenda for Sustainable Development. It covers the first six years of the post- 2015 health agenda, 2016–2021, building on the Prevention and Control of Viral Hepatitis Infection: Framework for Global Action and on two resolutions on viral hepatitis adopted by the World Health Assembly in 2010 and in 2014.

The strategy addresses all five hepatitis viruses, with a particular focus on hepatitis B and C, owing to the relative public health burden they represent. It describes the contribution of the health sector to combating viral hepatitis, towards its Elimination as a public health threat and also promotes synergies between viral hepatitis and other health issues, and aligns the hepatitis response with other global health and development strategies, plans and targets.

It positions the response to viral hepatitis within the context of universal health coverage – an overarching health target of the 2030 Agenda for Sustainable Development.

Informed by the global goals and targets, countries must develop as soon as possible, practicable ambitious national policies and strategies for 2020 and beyond, taking into consideration the country context, including the nature and dynamics of the country's viral hepatitis epidemics, populations affected, structure and capacity of the health care and community systems, and resources that can be mobilized towards achieving the 2020 & 2030 global target.

yasimo2001@yahoo.com

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SERUM BILIRUBIN IS AN IMPORTANT PREDICTOR OF CANCER MORTALITY: RESULTS FROM THE POLISH ARM OF THE HAPIEE STUDY

Vitek L[1], Hubacek JA[2], Pajak A[3], Eremiasova L[1], Danzig V[1], Stefler D[4], Bobak M[4]

[1]Charles University, Czech Republic
[2]Institute for Clinical and Experimental Medicine, Czech Republic
[3]Jagiellonian University, Poland
[4]University College of London, UK

Introduction: Bilirubin, a final product of heme catabolism in the intravascular compartment, belongs to the most efficient endogenous antioxidants. Its systemic concentrations are considered to protect from diseases mediated by increased oxidative stress, including cardiovascular, inflammatory of cancer diseases. Thus, the aim of our study was to assess the relationship between serum bilirubin concentrations and overall, cardiovascular and cancer mortality.

Methods: The study was performed on a Polish arm of the HAPIEE study (n=7688 in total, a subsample of 1870 subjects with biochemical parameters), in which the associations between the serum bilirubin concentrations and bilirubin UDP-glucuronosyl transferase (UGT1A1) promoter gene variations with overall, cardiovascular and cancer mortality were analyzed.

Results: Strong negative correlation between serum bilirubin levels and cancer mortality ($p<0.001$) was detected; this association was expressed more in men. Subjects in the lowest bilirubin quartile (again in particular men), had, as compared to other quartiles, significantly higher both overall and cancer mortality ($p<0.001$ for both comparisons). Negative relationship of bilirubin to cardiovascular mortality was surprisingly much less expressed. Similarly, negative relationship to overall and non-cardiovascular mortality was observed in men (but not women) with Gilbert syndrome phenotype (benign hyperbilirubinemia) ($p<0.01$). On the other hand, these associations were not observed with *UGT1A1* promoter gene variations, most likely due to limited penetrance of this gene mutation.

Conclusion: Serum bilirubin concentrations are a significant negative predictor of total mortality; this association is mostly driven by the effect on a cancer, and much less on cardiovascular mortality. These relationships are primarily pronounced in male population, most likely due to physiologically higher systemic bilirubin. *UGT1A1* promoter gene variations do not seem to have any major role on predicting mortality

vitek@cesnet.cz

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THE EFFICACY OF TOCOTRIENOLS IN THE TREATMENT OF NON-ALCOHOLIC STEATOHEPATITIS: A SYSTEMATIC REVIEW

Higinio T. Mappala
Jose Reyes Mem. Medical Center, Philippines

Non-alcoholic fatty liver disease (NAFLD) is one of the most common forms of chronic liver disease which may progress to non-alcoholic steatohepatitis (NASH). Currently there are no therapeutic strategies for such disease. Only lifestyle modification through diet and exercise were proven to afford some benefit in patients with NAFLD. No pharmacologic agents have so far been approved for the treatment of NAFLD or NASH. Therefore, most clinical efforts have been directed at treating the components of metabolic syndrome, namely obesity, diabetes, hypertension and dyslipidemias. Other interventions are directed at specific pathways potentially involved in the pathogenesis of NAFLD, such as insulin resistance, oxidative stress, pro-inflammatory cytokines, apoptosis, bacterial overgrowth, and angiotensin pathway. This lecture aims to show the potential of Tocotrienols as a promising therapeutic option for NAFLD. This is a Systematic Review of the effects of Tocotrienols on Non-Alcoholic Fatty Liver Disease. (NAFLD). Tocotrienols may yet prove to be an effective treatment for Non-Alcoholic Fatty Liver Disease

genemapmd@yahoo.com

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SPLEEN TRANSCRIPTOME PROFILE OF MUSCOVY DUCKLINGS IN RESPONSE TO INFECTION WITH BACILLUS CEREUS

Saeed El-Ashram, Xue Wang and Jiangdong Wu
Foshan University, China

Bacillus cereus **is a Gram-positive, spore-forming associated with food contamination. To our knowledge, no studies have been reported regarding transcriptome analysis of duckling spleen in the context of *B. cereus*. In this study, we carried out RNA-seq-based transcriptome analysis on the spleen of ducklings. Six 1-day-old Muscovy ducklings were equally divided into infected and uninfected control groups with three replicates per group. Ducks in the infected group were inoculated with 10^5 CFU B. cereus by oral gavage individually. The control group was administered with sterile phosphate buffer saline. Ducks were euthanatized and the spleen was collected on 24 h post-infection (HPI). Key genes upregulated in response to *B. cereus* infection were 60S ribosomal protein L34 (RPL34) and small conductance calcium-activated potassium channel protein 2 (KCNN2) in comparison between the *Bacillus*-infected and uninfected control ducklings. However, five genes were substantially repressed between the aforementioned groups. GO term enrichment analysis suggested that up-regulated and down-regulated DEG significantly enriched in biological processes and molecular functions. Our findings have indicated that multiple genes and pathways may play a crucial role in response to *Bacillus* infection within 24 HPI, offering candidate targets and strategies for prevention and control.**

saeed_elashram@yahoo.com

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A MODIFIED TECHNIQUE OF PANCREATICOJEJUNOSTOMY DURING PANCREATICODUODENECTOMY: IMPRESSIVE EARLY RESULTS

Hany Shoreem, Osama Hegazy, Isalm Ayoub, Taha Yassein and Khaled Abou El-Ella

Menoufia University, Egypt

Introduction: Resection of pancreas, in particular Pancreaticoduodenectomy (PD), is a complex procedure, with the morbidity rate remains high in the range of 30% to 65%. Most of these complications are related to pancreatic fistula (PF). The aim is to evaluate the feasibility of newly suggested technique for pancreaticojejunostomy (PJ) to prevent PF.

Methods: From January 2014 till June 2015, 15 cases underwent pyloric preserving PD for periampulary carcinoma with pancreaticoenteric anastomosis done by using PJ using a modified technique including: *end-to-end suturing of intestinal jejunal loop to pancreatic serosa in single interrupted layer, which then covered by reinforcing anterior second layer using "lesser omental pedicled patch" fixed over the first layer by interrupted sutures (pancreatic duct was stented in all cases)*. This group of patient was considered as (group 1) and it was compared to another group of 15 cases, previously operated using the traditional PJ technique, named (group 2) as regard applicability and efficacy of the modified technique in controlling PF.

Results: The new technique was easily applicable for all cases, tension free, and safe. With using the new technique no cases (0%) were complicated by pancreatic fistula in comparison to 3 cases (20%) had pancreatic fistula in group 2.

Conclusion: The modified technique of PJ using a second layer of "lesser omental pedicled patch" is easy and significantly decreases the pancreatic leakage and it is recommended to be used for PJ. Randomized large series will be needed to confirm the validity of these initial impressive results.

oshegazy2002@yahoo.com

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OUTCOME OF SURGICAL MANAGEMENT OF LAPAROSCOPIC CHOLECYSTECTOMY (LC)- RELATED MAJOR BILE DUCT INJURIES

Emad Hamdy Gad, Eslam Ayoup, Yasmin Kamel, Talat Zakaria, Mohamed Abbasy, Ali Nada and Mohamed Alsayed abdelsamee

Menoufiya University, Egypt

Objectives: Laparoscopic cholecystectomy (LC) - associated bile duct injury (BDI) is a clinical problem with poor outcome. The study aimed to analyze the outcome of surgical management of these injuries.

Patients and methods: We retrospectively analyzed 69 patients underwent surgical management of LC related major BDIs (MBDIs), in the period from the beginning of 2013 to beginning of 2018. Results: Regarding injury type; the Leaking, Obstructing, leaking + obstructing, leaking + vascular, and obstructing +vascular injuries were 43.5%, 27.5%, 18.8%, 2.9%, and 7.2% respectively. However, the Strasberg classification of injury was as follow: E1=25, E2=32, E3=8, and E4=4. The definitive procedures were as follow: End to end biliary anastomosis with stent, hepaticojejunostomy (HJ) with or without stenting, and RT hepatectomy plus biliary reconstruction with stenting in 4.3%, 87%, and 8.7% of patients respectively. According to time of definitive procedure from injury; the immediate (before 72 h), intermediate (between 72 h and1.5months), and late (after1.5 months) management were 13 %, 14.5 %, and 72.5 % respectively. The hospital and 1month (early) morbidity after definitive treatment was 21.7 %, while, late biliary morbidity was 17.4 % and the overall mortality was 2.9%, on the other hand, late biliary morbidity free survival was 79.7%. On univariate analysis, the following factors were significant predictors of early morbidity; Sepsis at referral, higher Strasberg grade, associated vascular injury, RT hepatectomy with biliary reconstruction as a definitive procedure, intra-operative bleeding with blood transfusion, liver cirrhosis and longer operative times and hospital stays. However, the following factors were significantly associated with late biliary morbidity: Sepsis at referral, end to end anastomosis with stenting, Reconstruction without stenting, liver cirrhosis, operative bleeding and early morbidity. Conclusion: Sepsis at referral, liver cirrhosis and operative bleeding were significantly associated with both early and late morbidities after definitive management of LC related MBDIs, so it is crucial to avoid these catastrophes when doing those major procedures.

emadgadsalemaa@yahoo.com

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PATTERN OF MICROBIOLOGY CULTURES BILIARY STENTS IN PATIENTS UNDERGOING PANCREATICODUODENECTOMY(PD)

Umer Farooq
Shaukat Khanum Memorial Cancer Hospital And Research Center, Pakistan

Routine use of biliary drainage with stents before pancreaticoduodenectomy (PD) remains controversial. Stents have been shown to increase the rate of septic complications after surgery. This observational study assessed the patterns of bacterial cultures of stents retrieved during surgery , their sensitivities with commonly used antibiotics and also cultures of any wound or organ space infections. From the period of December 2014 to may 2018 a total of 161 patients were considered amenable for resection at Shaukat Khanum memorial cancer hospital and research center (SKMCH&RC) .Pre operative stenting was performed in 127 patients. 122 patients underwent PD whereas a de functioning bypass procedure was performed in 28 patients, while 11 patients were deemed unresectable. Out of these 122 patients who had PD, 98 patients were pre operatively stented. Stents were retrieved from 81 patients. Cultures of stents showed E.coli to be the most common bacteria (69.7%) followed by enterococcus (32.5%) and klebsiella (23.6%). 55.6% patients had poly microbial infection. Candida was isolated from a single patient while one patient had no growth of any microorganism on stent tip cultures. Antibiotics sensitivities showed that 57% cultures were sensitive to piperacillin/tazobactum group while 85.7% were sensitive to carbapenem group. Wound related complications were seen in around 45 % patients. Cultures from wounds showed concordance with the cultures obtained from stents in majority of the cases. Conclusion : Patients who were stented preoperatively have high incidence of poly microbial postoperative infections. Combination of drugs can be used prophylactically in early postoperative period to counter varied spectrum of antibiotic sensitivities and resistance. Stents should be sent for cultures in all patients undergoing PD after pre operative biliary stenting. Wound cultures should be obtained.

umerrawasia@gmail.com

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12 WEEKS HEPATITIS C VIRUS ANTIVIRAL REGIMEN IS A BETTER CHOICE THAN 24 WEEKS REGIMEN IN NORTH REGION OF PAKISTAN

Tanveer Ahmed[1], Mashhood Ali[1], Faisal Rasheed[2]

[1]Shaheed Zulfiqar Ali Bhutto Medical University, Pakistan
[2]Pakistan Institute of Nuclear Science and Technology, Pakistan

Background: Hepatitis C Virus (HCV) infection is an important health issue and leading cause of chronic liver disease in developing countries including Pakistan. Therefore, the current study was aimed to assess the treatment responses of available antiviral regimens.

Methods: A total of 144 chronic HCV positive patients by real time PCR were enrolled from Department of Gastroenterology, Pakistan Institute of Medical Sciences (PIMS), Islamabad (North Region), Pakistan. Treatment responses among chronic HCV positive patients were observed for antiviral regimens. These antiviral regimens were Sofosbuvir + Ribavirin (24 weeks) and Sofosbuvir + Daclatasvir (12 Weeks). Sofosbuvir (400 mg), (Sovaldi , Gilead Sciences, USA) and Daclatasvir (60 mg), (MyDekla, Mylan , USA/Dacklinza, Bristo Myers Squibb, USA) were prescribed to take orally once a day. In addition, Ribavirin (Xolox, Ferozsons, Pakistan), (400 mg or 600 mg) had been advised to take orally twice daily on the basis of weight of patients. The end of treatment response (ETR) after completion of treatment and sustained virological response (SVR) after 12 weeks of cessation of treatment were assessed by the detection of HCV RNA in sera of treated patients.

Results: The high ETR and SVR were achieved with Sofosbuvir + Daclatasvir (12 weeks), (92.26%, 71/73) when compared with Sofosbuvir + Ribavirin (24 weeks), (84.50%, 60/71) among chronic HCV positive patients.

Conclusions: In conclusion, the 12 weeks HCV antiviral eradication regimen i.e., Sofosbuvir + Daclatasvir was more effective, economic and a better choice than 24 weeks regimen 'Sofosbuvir + Ribavirin' in our region.

ahmedtanveer17@yahoo.com

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STUDY OF PLATELET INDICES IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

Rania M. Elkafoury, Abdelrahman A. Kobtan, Taher E. Attia, Amal H. Abdelhamed

Tanta University, Egypt

Context: Ascites is a pathological collection of fluid within the peritoneal cavity and the most common complication of liver cirrhosis. Spontaneous bacterial peritonitis (SBP) is an infection that develops in cirrhotic ascitic patients. Platelets release prothrombotics and proinflammatory agents and participate in induction and advancement of vascular and inflammatory disorders.

Aims: To study platelet indices as non-invasive predictors for diagnosis of spontaneous bacterial peritonitis in cirrhotics.

Methods and Material: Patients were divided into Group (I) which included 52 cirrhotic ascitic patients with SBP, and Group (II)which included 34 cirrhotic ascitic patients without SBP, in addition to a control group (group III) consisting of 20 healthy individuals. A complete blood count analysis was executed with the use of Erma PCE-210 hematology analyzer. Platelet count, mean platelet volume (MPV) and platelet distribution width (PDW) were registered for all the participants.

Results: In this study there were differences in MPV and PDW between the three groups. MPV showed significant elevation in SBP in comparison to ascitic patients and control subjects (11.39±1.08, 10.39 ± 1.32 and 9.47 ± 1.29 fl respectively), p value < 0.001. Likewise the PDW was greater in SBP patients compared to those in groups II and III but with no significant difference (14.14 ± 2.01, 13.96 ± 3.58 and 12.90 ± 3.13) respectively.

Conclusions: MPV measurement is an inexpensive, fast, easily used test capable of predicting development of SBP in cirrhotic ascitic patients.

dr_ranon3000@yahoo.com

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SINGLE NUCLEOTIDE POLYMORPHISMS IN MTTP GENE AS RELEVANT HOST FACTORS IN HEPATITIS C VIRUS INFECTION

Mariana C. Magri, Thamiris V.G. Prata, Dayane S.R. Silva, Bianca P. Dantas, Caroline Manchiero, Celso C. Mazza, Arielle Karen S. Nunes, Edson Abdala, Fatima M. Tengan

Universidade de Sao Paulo, Brazil

Hepatitis C virus (HCV) infection can influence the serum levels of glucose and lipids, resulting in a high prevalence of insulin resistance and hepatic steatosis. The aim of this study was to evaluate the influence of the MTTP -164T/C (rs1800804), -400A/T (rs1800803) and H297Q (rs2306985) single nucleotide polymorphisms (SNPs) on insulin and lipid levels, and on steatosis. This work was supported by the São Paulo Research Foundation (FAPESP), grant #2016/19690-5. Genotyping was undertaken in 236 HCV monoinfected Brazilian patients. 56.4% were female and the mean age was 55.5 years. The frequencies of mutated alleles in the -164T/C, -400A/T, H297Q, I128T and Q95H SNPs were 0.30, 0.41, 0.50, 0.30 and 0.09 respectively. The genotype distributions of these SNPs were in Hardy-Weinberg equilibrium ($p \geq 0.05$). Linkage disequilibrium analysis were performed and the results have demonstrated strong linkage disequilibrium between -164T/C and I128T ($D' = 0.97$). The -164T/C SNP was associated with high insulin levels in the three genetic models studied (TT vs TC vs CC; TT vs TC/CC; TT/TC vs CC, $p < 0.05$) (Figure 1), these associations were not observed in -400A/T SNP. Elevations in insulin levels were also associated with H297Q SNP in the dominant model (HH vs HQ/QQ, $p = 0.049$) (Figure 1). Polymorphisms in the MTTP gene seems to have important implications in insulin levels. No association was observed between lipid levels alterations and these SNPs. This study identified a significant interaction between the presence of mutated alleles in the MTTP -164T/C and -400A/T SNPs and HCV genotype 3 ($p = 0.004$ and $p = 0.032$, respectively) (Table 1 and 2), suggesting that host factors in conjunction with viral factors may increase the risk of developing steatosis in patients with chronic hepatitis C. Based on these findings, HCV association with host factors may influence the development of HCV-related comorbidities such as insulin resistance and hepatic steatosis.

mariana.magri@hc.fm.usp.br

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LIVING DONOR LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA BEYOND UCSF CRITERIA: CAN WE ACHIEVE A MODEST LONG-TERM SURVIVAL? A SINGLE CENTER RETROSPECTIVE ANALYSIS OF USING EXTENDED CRITERIA

Ashok Thorat and Long-Bin Jeng
China Medical University Hospital, Taiwan

Hepatocellular carcinoma (HCC) is the fifth most common cancer and the third most frequent cause of cancer deaths worldwide. After its introduction for liver transplantation (LT) in HCC patients, Milan's criteria were universally validated and, also, was accepted as allocation criteria of UNOS in 2001 & Eurotransplantation in 2006. However, due to restrictive nature of the Milan's criteria and ever-increasing HCC patient cohort, UCSF criteria was introduced which was first modest attempt to expand the criteria. In this study, we present our experience of LDLT for HCC patients beyond the UCSF criteria.

Materials and Methods: From September 2002 to September 2017, a total of 859 living donor liver transplantation (LDLT) surgeries were performed at China Medical University Hospital, Taiwan. Database of the 403 patients of HCC that underwent LDLT was analysed and patients with HCC beyond the UCSF criteria were (n=176) were further studied for long-term outcome. At our center, only extrahepatic metastasis was considered absolute contraindication. Major vascular invasions single regional LN metastasis or adrenal gland metastasis only was considered as a relative contraindication. The level of AFP, size and No of tumor was not considered as exclusion factor. The patients were categorized as per the degree of differentiation of the tumor on histopathological examination (HPE).

Results: 176 patients (43.67%) had the HCC beyond the criteria whereas 227 patients (56.32%)were within UCSF criteria. 5-year survival achieved in patients beyond UCSF was 48.68% versus 74.65% 5-year survival for patients within UCSF criteria (201 within Milan's criteria, 26 beyond milan but within UCSF criteria). The study cohort was further categorized depending upon the degree of differentiation of HCC. 78 patients (44.31%) had HCC that was well to moderately differentiated whereas in 98 patients (55.68%) the tumor HPE showed poorly differentiated HCC. 5-year survival for the well differentiated HCC patients was 69.08% where as the outcome was inferior in poorly differentiated HCC with a 33.99% 5-year survival (Figure 1). Patients with AFP >1000 ng/ml showed a dismal prognosis with a 5-year survival of only 21% patients. For the patients with AFP< 1000, the 5-year survival was 58%.

Conclusions: Extended criteria for HCC in LDLT can achieve a modest long-term survival. features of biological tumor behavior, such as tumor grading and vascular invasion have impact on recurrence of HCC after LDLT. Tumors with well differentiated morphology increases long-term survival even further for patients beyond the UCSF criteria.

ashsurg@gmail.com

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NOVEL THERAPIES FOR HBV

Julio C Aguilar
Center for Genetic Engineering and Biotechnology, Cuba

Alternative treatments for CHB are subject of in¬tense research worldwide, one of the most studied has been therapeutic vaccination. Important clinical trials combining therapeutic vaccination and antiviral treatments have failed in their attempt to reach the study endpoints. The rationale favoring vaccination under viral suppression is based in the observation that a decrease in HBV load seems to precede the detection of HBV specific T-cell responses. This has been evidenced, both in patients resolving natural infections and in those displaying flare-ups of hepatitis associated with HBeAg seroconversion during chronic infection. Also, the reduction in HBV load by antiviral chemo¬therapy may, therefore, increase the responsiveness of HBV-specific T cells which are hypo-responsive in cases of persistent HBV or viral antigen stimulation.

ON the other hand, taking into account the immunology of the liver, there are some theoretical disadvantages from immu¬nizing patients under long-term antiviral treatment. The induced immune response needs to migrate to the liver, in order to exert their function. However, the liver is under non-inflammatory con¬ditions, as evidenced by the sustained reduction in ALT levels in most patients under antiviral treatment. Important publica¬tions support that hepatocytes only express HLA class II in pro-inflammatory conditions. Inflamma¬tory mediators or the HBV infection itself have been proposed as eliciting agents. The elimination of the virus and the normalization of ALT during long term antiviral therapy further reduce the inflammatory mediators and, consequently, the expression of HLA class II and the CD4+ T helper activity. On the other hand, the reduction of the replication has been linked to a lower intracellular expression of viral antigens, mainly cytoplasmic HBcAg. Taken together, it is expected a reduced intracellular expression of viral antigens in the virally suppressed patients, together with the absence of HLA class II ex¬pression and a reduced presentation of viral peptides to vaccine-induced T cells by both HLA class I and II. A second opportunity appears for therapeutic vac¬cination after antiviral treatment cessation: the natu¬ral reactivation of the immune response represents a solid and effective factor that may further potentiate the vaccine-induced immune response.

julio.aguilar@cigb.edu.cu

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PROMISING NATURAL COMPOUNDS FOR TREATMENT OF HEPATITIS C VIRUS AND ITS COMPLICATIONS

Mahmoud F. Elsebai
Mansoura University, Egypt

As many as 200 million people worldwide are infected with hepatitis C virus (HCV) and more than 350,000 people die yearly from hepatitis C-related diseases (WHO, June 2011). There is no preventive vaccine available for HCV due to its highly mutable nature evidenced by the presence of more than 50 subtypes of HCV. In the present study, the water extract of the leaves of the wild Egyptian artichoke (WEA) (*Cynara cardunculus* L. var. sylvestris (Lam.) Fiori) showed improvement of HCV infection symptoms through the clinical investigation of WEA extract on some infected Egyptian patients. The results showed outstanding activity against HCV and its complications such as ascites and jaundice by measuring the PCR, and liver functions such as ALT, and AST[1]. The phytochemistry of the WEA extract and its subsequent evaluation of inhibition capacity *in vitro* using cell-culture derived HCV resulted in the identification of two potent sesquiterpene lactones showing *in vitro* activity against all genotypes[2]. Their structural elucidation was done by extensive spectroscopic tools such as NMR and HR-MS spectroscopy. The absolute configuration was determined by TDDFT ECD calculations and comparison with the experimental CD spectra. Cynaropicrin and grosheimol showed EC_{50} at 1.03 µM, and 1.27 µM, by using a luciferase-carrying reporter virus. Time-of-addition experiments revealed that these compounds inhibited HCV virus at a time-point during entry. Finally, the results showed that compounds cynaropicrin and grosheimol inhibited HCV particles from genotypes 1a, 1b, 2b, 3a, 4a, 5a, 6a and 7a indicating that these compounds inhibit HCV cell entry independently of viral genotype or subtype. Most important is that compound cynaropicrin can inhibit HCV through many important mechanisms: cell-entry inhibitor, inhibition of cell to cell coinfection, antihyperlipedemic and antitumor activities[3]. There is a plenty of publications confirmed that cynaropicrin is a very promising drug as antitumor agent3.

elsebai72@yahoo.com

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EPIDEMIOLOGICAL - PATHOLOGICAL IMMUNOHISTOCHEMICAL STUDY OF HEPATOCELLULAR CARCINOMA IN ALGERIA

Tabebibel Souraya
University Constantine, Algeria

Introduction: The hepatocellular carcinoma (HCC) is the most common malignant tumor of the liver that typically occurs in the setting of cirrhosis.

Methodology : This retrospective and analytical study concerns 50 patients (35 men and 15 women) with hepatocellular carcinomas post-cirrhosis C, collected from the Gastroenterology service of the Regional Military University Hospital of Constantine (HMRUC) and the Gastroenterology and Oncology service of University Hospital of Constantine Ibn Badis - Algeria.

Results and discussion: The averageage of the sample is 68.5 years with a sex ratio of M/W 2.33. The results indicated that amino-transferases are 2-fold higher than normal in 78% of cases, these results are associated with an increase of GGT, PAL and total bilirubin levels in 82%, 36% and 40% of cases respectively. An hypoalbuminemia was observed in 34 subjects, ie 68% and a low prothrombin (TP) in 13 of the cases, ie 26%. Concerning underlying cirrhosis, half of the patients are classified as Child pugh B. The medical imaging (ultrasound, MRI or CT) showed a nodular appearance observed in all cases, 24 of the patients (48%) showed a solitary nodule whereas 13 of the subjects (36%) have diffuse nodules and 20 Patients (40%) have nodules located on a single segment. The hepatocellular carcinoma is a severe disease, the prognosis of this ailment remains one of the worst, because it is most often detected too late; it is generally discovered occasionally in diagnostic or examinations of chronic liver disease.

sourayatebibel@yahoo.fr

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MINIMALLY INVASIVE AND ENDOSCOPIC METHODS OF TREATMENT OF POSTNECROTIC PSEUDOCYSTS OF PANCREAS

Nazar Omelchuk
Ivano-Frankivsk national medical university, Ukraine

Statement Of The Problem: Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14,7 – 26,4 %.

The Purpose: The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of postnecrotic pseudocysts of pancreas.

Methodology And Theoretical Orientation: For diagnostics were used ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening. Endoscopic interventions were applied by duodenoscopes “Olympus” under control of X-ray machine “Siemens BV 300”. Cystodigestive fistulas were created by prickly papilotoms. For providing of long passability of cystodigestive fistula were used two endoprostheses like “pig tail” sized 10 Fr with length 5 – 6 sm. For transpapillary drainage were used pancreatic endoprostheses like “pig tail”, sized 5 – 7 Fr with length 5 sm.

Findings: In 62 (68,2%) patients were applied minimally invasive methods of treatment. Percutaneous external drainage in 33 (53,2 %) patients, endoscopic transmural drainage of postnecrotic pseudocysts in 11 (17,7%) patients. Combined endoscopic interventions were applied in 18 (29,1%) patients. In particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in 11 (61,1%) patients, endobiliary stenting with temporary stenting of pancreatic duct in 3 (16,67%) patients, temporary stenting of pancreatic duct in 3 (16,67%) patients, endoscopic transmural drainage with percutaneous external drainage in 1 (5,56%) patient.

Conclusion and significance: Usage of combined minimally invasive methods of treatment of acute necrotic pancreatitis complicated by postnecrotic pseudocysts help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

dr.nazaromelchuk@gmail.com

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A CRITICAL REVIEW STUDY OF PRAKRITI VIGHATA CHIKITSA IN MANAGEMENT OF CHRONIC INFECTION OF ALIMENTARY TRACT ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO ROLE OF SUDARSHANA CHURNA IN MANAGEMENT OF VIRAL B HEPATITIS

Nishanth Shukla
Shree Gulabkunverba Ayurveda Mahavidyalaya, India

Krimi refers to all types of infectious agents – microscopic or macroscopic. These agents produce diseases in the body. Ayurvedic scholars described three treatment modalities for them. Prakiti Vighata is one of them, and is a unique approach of Ayureda for the treatment of chronic infections. Prakrti Vighata management refers to changing the histopathological atmosphere in such a manner that is not favorable to the growth and development of Krimi. Krimi grows and multiplies by Kapha and Purisha Vrudhikar Nidans. That means by correcting the histopathological atmosphere, which arrests the growth of these agents, cures the disease. This practice is more useful in chronic infections where the long-term use of antibiotics may have adverse effects. For Viral B infection, chronic infections of alimentary tract, the only means of management of the disease is to stop the progression, which may be done by immunization. Antiviral drugs are found to have a very limited role in curative treatment. Ayurveda by the use of the principal of Prakriti Vighata provides a better curative management. Details of Krimi and fundamentals of its management will be discussed in this paper.

nishantvd@rediffmail.com

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SHOCKING LINK OF RAPID RISE IN EARLY DECOMPRESSIVE LIVER DAMAGE AMONG THE HEALTHY ADULTS IN PHARMACEUTICAL INSTITUTION PUNE UNIVERSITY INDIA LIVING WITH LOW OXYGEN AND POOR SANITATION ENVIRONMENT: AFFORDABLE TREATMENT RATE THREE-TIMES OVER

Rahul J
National AIDS Research Institute, India

It is a truth about liver damage. But something it has known deep down all along. People who seem perfectly healthy get liver damage. All the time. It has nothing to do with smoking or excessive drinking. Or even a lack of exercise. It has out to lunch with friends. The next? Sitting in a doctor's office hearing the words no one wants to hear "You have liver damage" The warning signs have there. It just did not know it. Irritability, fatigue, fading memory, constipation, bad breath, allergies. But these have not stand-alone conditions. And they have not just a nuisance. They could be early window-launch liver damage symptoms. Researcher suggests that a common, but little known, bug one that most doctors write off as a minor annoyance could be the real culprit behind skyrocketing liver damage rates. And could be the reason every day, healthy people have getting liver damage. Early liver damage has no coincidence. It might even be more. So it does not matter if man or a woman. It is called candida a type of yeast that lurks in intestinal tract. But it could be doing way more damage than ever thought possible. A recent review study in Critical Reviews in Microbiology admits that it is capable of promoting liver damage by several mechanisms." Pioneering theorized that liver damage is "neither the result of a virus nor the consequence of an inherited gene defect." His research identified candida as the real cause and that can be due to low uptake of oxygen. Now consider the fact that as many as 70% of Indians have infected with this secret liver damage bomb, according to some estimates.

rahulhajare@rediffmail.com

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ENDOSCOPIC TREATMENT IN DIFFICULT TO TREAT PANCRATIC STONES AND STRICTURES

Rajesh Puri
M.N.A.M.S, India

Background: There is paucity of data about endoscopic pancreatic sphincteroplasty (EPS} after endoscopic pancreatic sphincterotomy (EPST)in the treatment of chronic pancreatitis.

Aims: Aim of this study was to establish the indications for endoscopic pancreatic sphincteroplasty, complications related toit andto see its effectiveness in managing chronic pancreatitis after a year of follow-up.

Methods: We evaluated the safety and efficacy of the use of pancreatic balloon dilationcoupled with sphincterotomy for the treatment of chronic pancreatitis.The technicalsuccess rate of balloon dilation, stone clearance,frequency of pancreatic stenting and procedure-related adverse events were recorded.

Results: Out of 736 patients who underwent pa ncreatic endotherapy betweenJuly 2014 and December 2016, there were 124 patients who underwent EPS.The meanage was 36 ± 12 years,75% (n=93) were males. (Table 1) The common indications were removal of large radiolucent stones in 48 patients;unyielding radiopaque stones post extracorporeal shock wave lithotripsy (ESWL) in 28 patients and pancreatic duct stricture combined with stones in 48 patients. EPS could be successfully completed in96 % (n-120) patients.Complete ductal clearance ina single session was achieved inonly 36 patients,while 40 patients required two sessions.A ll cases of strictures required graded dilation with a mean of 2.5 sessions (maximum 4 sessions).In four patients,stricture did not dilate adequately after 4 sessions and underwent surgery.There were fifteen adverse events of pain requiring admission for more than 24 hours andthree procedure related bleeding,all of which were ma naged conservatively.The patients had an average follow-up of 8 months (6-12 months) and allthe patients were pain free.

Conclusions: Endoscopic pancreatic sphincteroplasty is a relatively safe procedure with a lowincidence of complications and a high rate of treatment success.

purirajesh1969@gmail.com

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NUTRITIONAL THERAPY IMPROVES QUALITY OF LIFE IN LIVER CIRRHOSIS WITH MINIMAL HEPATIC ENCEPHALOPATHY-RANDOMIZED CONTROLLED TRIAL

Sudhir Maharshi[1] and Barjesh Chander Sharma[2]

[1]SMS Medical College and Hospitals, India
[2]G B Pant Hospital, India

Background & Aims: Minimal hepatic encephalopathy (MHE) impairs health related quality of life (HRQOL), predicts development of overt hepatic encephalopathy (HE) and associated with poor prognosis. There are limited data on nutritional therapy for HRQOL in patients with MHE. We assessed the effects of nutritional therapy on cognitive functions and HRQOL in patients of cirrhosis with MHE.

Methods: A randomized controlled trial conducted in a tertiary care setting on patients of cirrhosis with MHE who were randomized to nutritional therapy (group A: 30-35 kcal/kg/day and 1.0-1.5 gram of vegetable protein/kg/day) and no nutritional therapy (group B: diet as patients were taking before) for 6 months. MHE was diagnosed based on psychometry hepatic encephalopathy score (PHES). HRQOL was assessed by sickness impact profile (SIP) questionnaire. Primary endpoints were improvement in HRQOL and improvement or worsening in MHE.

Results: 120 patients were randomized to group-A (n = 60, age 42.1±10.3 yr, 48 men) and group-B (n = 60, age 42.4±9.6 yr, 47 men). There was no significant difference in baseline characteristics between the two groups. Baseline PHES (-8.12±1.32 vs -8.53±1.38; p=0.08) and SIP score (14.25±5.8 vs 15.44±5.03; p=0.85) were comparable in both the groups. Improvement in PHES (ΔPHES 3.86±3.58 vs 0.52±4.09; p=0.001) and HRQOL (Δ SIP 3.24±3.63 vs 0.54±3.58; p=0.001) were higher in group A compared to group B. Reversal of MHE was also higher in group A (71.1% vs 22.8%; p=0.001).

Conclusions: Nutritional therapy is associated with improvement in HRQOL and effective in treatment of MHE.

sudhir.maharshi@gmail.com

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ASSOCIATIONS OF LOW 25 HYDROXY VITAMIN D AND HIGH PARATHYROID HORMONAL LEVELS WITH OBSTRUCTIVE SLEEP APNEA AND NON-ALCOHOLIC FATTY LIVER DISEASE IN ASIAN INDIANS

Surya P Bhatt, Randeep Guleria and Naval K Viram

All India Institute of Medical Sciences, India

Objective: We looked for any associations of 25 hydroxy vitamin D [25(OH) D] and PTH levels with clinical, anthropometric, biochemical and body composition parameters in Asian Indians with OSA and NAFLD and compared these with either of these disorders alone.

Methods: 180 overweight/ obese subjects [body mass index (BMI>20kg/m2), 74 with OSA with NAFLD (group 1), 35 with OSA without NAFLD (group 2), 42 without OSA and with NAFLD (group 3) and 29 without OSA and without NAFLD (group 4) were evaluated. Degree of NAFLD was based on abdomen liver ultrasound and of OSA on overnight polysomnography. Subjects with an AHI>5/hour were considered to have OSA. Clinical, anthropometric, body composition, biochemical parameters, fasting insulin levels, value of HOMA- IR, serum 25(OH) D, calcium and PTH levels were measured.

Results: Blood pressure, WC, HC, subscapular, LT, suprailiac, BF and BF, fasting blood glucose (FBS), serum triglycerides (TG), total cholesterol (TC) and alanine aminotransferase (ALT) were significantly higher in the group 1 as compared to other groups. Subjects with OSA and NAFLD had lower serum 25(OH) D and higher serum PTH levels as compared to other three groups. We observed significantly high values of systolic blood pressure (p=0.002), diastolic blood pressure (p=0.003), BMI (p=0.04), WC (p=0.005), FBS (p=0.005), TG (p=0.002), TC (p=0.002), ALT (p=0.03), fasting insulin (p=0.02) and HOMA-IR (p=0.03) in the lowest 25(OH) D quartile. Multivariable-logistic regression showed that low serum 25(OH) D [OR (95%CI): 4.31 (2.25-6.90), p=0.0001] and high PTH [OR (95%CI): 2.65 (1.59- 3.40), p=0.0001] level were independently associated with OSA and NAFLD.

Conclusion: Low serum 25(OH) D and high PTH levels were independently associated with the presence of OSA and NAFLD in Asian Indians.

suryaprakash@gmail.com

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TRANSABDOMINAL SONOGRAPHY OF THE GALL BLADDER & ITS HEPATIC & PERITONEAL PERFORATIONS

Vikas Leelavati Balasaheb Jadhav
D.Y.Patil University, India.

TransAbdominal Sonography of the Gall Bladder can reveal Hepatic & ExtraHepatic & Peritoneal Perforations of the Gall Bladder, whether it is impending perforations, frank perforations, sealed perforations, concealed perforations & its complications. It can also demonstrate adhesions in the Gall Bladder Fossa at the Right Upper Quadrant. All these cases are compared & proved with gold standards like Laparoscopic & Open surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected Gall Bladder impending perforations, frank perforations, sealed perforations, concealed perforations & its complications, so should be the investigation of choice.

drvikasjadhav@aol.com

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STATEMENT OF THE PROBLEM: DIABETES TYPE1, TYPE 2 AND TYPE 3 COMPLICATIONS

Vivek Kamath
Healer and Past Life Regression, India

As most of us are aware Type 2 diabetes can be controlled and cured completely with the diet, workouts (yoga), effective stress management and other healing methods. However, Type 1 and Type 1.5/3/LADA diabetes healing or complete cure is a big challenge because of our body's immune system issue.

With type 1/1.5 diabetes, the body's immune system attacks part of its own pancreas. Scientists are not sure why. But our immune system mistakenly sees the insulin-producing cells in the pancreas as foreign, and destroys them. This attack is considered as "autoimmune" disease. These pancreatic cells – called "islets" are the ones that sense glucose in the blood and, in response, produce the necessary amount of insulin to normalize blood sugars.

How do we protect that these "Islets" and how can we ensure that these cells produce enough insulin hormones? Using Reiki Distant Healing and telepathy techniques I have reduced 2 patients glucose level. One was type1 case of a nine-year-old boy with high fasting glucose level (350 mg/dL) and a very high random glucose level (450 to 500 mg/dL) despite of taking high dosage insulin on daily basis for nearly 2 years it was not going down. With the reiki healing techniques, it has come down to normal level within a month or so. The same experiment repeated recently on another young gentleman 38 years old patient who was suffering from Type 1.5/3/LADA disease. His FB glucose level was around 350 to 400 mg/DL from the last 8 years despite of taking strong dose of insulin on daily basis; glucose level was not going down. Within a month after initialing Reiki healing treatment, his FB glucose level came down to 190 mg/DL. He is showing recovery from diabetes. The conclusion from our healing study are that these healing and cure works mainly on 1) Energy level of the healer 2) Belief in self for the patients 3) Belief in Reiki Channel and universal energy 4) Intention and thought process/brain wave frequency in alpha state matching between healer and patients. If all of these things are perfect, any disease can be healed. We have made an initial breakthrough in terms of reducing their glucose level. The above study has been followed on other healing such as Lumbar L5 Spine disk pain healing. It worked amazingly and patient has shown drastic improvement in their pain relief. 80% relief on pain has been felt. We are continuing with our research on this healing for various other chronic disease cure not only type1/3 diabetes. The recent healing on Type 2 Diabetes provides us information that even if the patient has any psychological problems, it could hamper the glucose level. A Type 2 Diabetic patient's PPBS was not going down from 290 mg/dl although his Fasting blood glucose was showing normal. We were not able to find the reason behind it. When we did the detailed consulting with the patient he was suffering from Insomnia problem. We immediately healed his insomnia problem and within few days his PPBS level came down to 110 mg/dl from 290 mg/dl. Based on this findings, it is very clear now, doctors need to find the stress factor in patient. It could be anxiety, phobia, insomnia, greed, morbid jealousy, vengeance, insecurity, depression or any chronic psychological diseases.

vivek.kamath@healtheworld.in