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Crohn's disease (in adults)

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Introduction: Crohn's disease (CD) is of idiopathic etiology which is characterized by transmural inflammation of the various parts of the gastrointestinal tract (most common location is terminal part of the ileum and ascending colon). Crohn's disease involvement in various parts of GIT are as follows:

Clinical manifestations: Patients can have symptoms for many years prior to diagnosis

Abdominal pain: Most common presentation is crampy abdominal pain in right lower quadrant or in the peri umbilical region. Pain is often relieved by defecation.

Diarrhea: Prolonged diarrhea without bleeding is suggestive of inflammatory bowel disease (IBD). Diarrhea is due to bile salt malabsorption due to an inflamed or resected terminal ileum which often leads to steatorrhea.

Bleeding: Bleeding associated with diarrhea is uncommon in CD. (10% patients occasionally may show microscopic levels of blood in guaiac or immunochemical test). Aphthous ulcers is most common earliest clinical manifestation. Mass and tenderness in right iliac fossa is observed.

Other gastrointestinal involvement: Esophageal involvement may present with odynophagia and dysphagia. Gastroduodenal CD, may present with upper abdominal pain and symptoms of gastric outlet obstruction. Reduction in the bile acid to cholesterol ratio increases the risk of formation of pigmented gallstones due to impaired bilirubin metabolism.

Systemic symptoms: Fatigue is a common feature of CD. Weight loss and loss of appetite may also be related to malabsorption and the degree of diarrhea.

Extraintestinal manifestations: 1) Arthritis - Most common extra intestinal manifestation of CD includes arthritis of large joints. Central or axial arthritis, such as sacroiliitis, or ankylosing spondylitis can be seen. 2) Ophthalmic involvement - Ophthalmic involvement includes uveitis, iritis, and episcleritis. 3) Skin changes - Erythema nodosum and pyoderma gangrenosum. 4) Pulmonary involvement - Pulmonary manifestations of CD include bronchiectasis, chronic bronchitis, interstitial lung disease, bronchiolitis obliterans with organizing pneumonia (BOOP), sarcoidosis, necrobiotic lung nodules, pulmonary infiltrates with eosinophilia (PIE) syndrome, serositis, and pulmonary embolism. 5) Primary sclerosing cholangitis is observed. 6) Fistulas - 1/3rd of the patients present with fistulas. More commonly perianal. 7) Secondary amyloidosis is seen in severe forms of CD that leads to renal failure and multi organ dysfunction. 8) Venous and arterial thromboembolism resulting from hypercoagulability. 9) Renal stones due to severe malabsorption are common. 10) Bone loss and osteoporosis due to impaired Vitamin D and Calcium absorption is also observed. 11) Vitamin B12 deficiency leads to pernicious anemia.

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Bariatric surgery and diabetes

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Egyptians are the fattest Africans, says WHO. Approximately 90 percent of type 2 diabetes mellitus (T2DM), the most common form of diabetes, is attributable to excessive body fat. Bariatric/metabolic surgery is a legitimate and cost-effective approach to the treatment of type 2 diabetes in obese patients in cases where treatment with diet, exercise, and medications have proved to be insufficient, bariatric/metabolic surgery can be an alternative and/or additional treatment for obesity and type 2 diabetes.

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