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Clinical experience of endoscopic feather in human parasite

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A parasite is an organism that lives on or in a host and gets its food from or at the expense of its host. Parasites can cause disease in humans. The burden of these diseases often rests on communities in the tropics and subtropics, but parasitic infections also affect people in developed countries. We live in southeastern Taiwan, which located on subtropical area. Parasites normally enter the body through the skin or mouth. Close contact with pets can lead to parasite infestation as dogs and cats are host to many parasites. Other risks that can lead people to acquire parasites are walking bare feet, inadequate disposal of faeces, lack of hygiene, and close contact with someone carrying specific parasites, and eating undercooked or exotic foods. Due to poor health knowledge, relatively low socioeconomic status, high rates of alcohol abuse, and limited access to healthcare in the past, the cases of parasite infection are more than other area in Taiwan. Most of them are caused by eating undercooked or exotic foods. In our clinical experience, we had some clinical cases of parasite infection, which were found from endoscopic studies, such as Tapeworm, *Capillaria philippinensis*, Hook worm, *Trichuris trichiura*, *Enterobius vermicularis*, and *Strongyloides stercoralis*. Some of them were found due to abdominal pain, anemia, chronic diarrhea, and weight loss. Some of them were noted with symptoms free. We also had detail review about Tapeworm and *Capillaria philippinensis* infection of Taiwan and southeastern Taiwan. However, the cases of parasite infection are less than before because of improved medical care and public healthcare. Here, we share our clinical experience of parasite infection.

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Results of gastric bypass as revision bariatric surgery

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Background: Gastric bypass is one of the most effective procedures for treatment of morbid obesity. The conversion to Roux en Y gastric bypass can rescue weight loss failure in purely restrictive bariatric procedures such as adjustable gastric banding and vertical banded gastroplasty and in failed of primary gastric bypass procedure.

Materials & Methods: A retrospective review off all gastric banding (AGB) and vertical banded gastroplasty (VGB), sleeve and gastric bypass (GBP) that were revised to Roux en Y gastric bypass due to inadequate weight loss, was performed.

Results: A total of 75 revisions to gastric bypass for failure to loose weight were undertaken between 2009 and 2013. The conversions to gastric bypass included: 47 AGB, 9 sleeve, 7 VGB and 12 GBP. Revision surgery was performed laparoscopically. Major morbidities included one anastomotic leak. No mortality was recorded. Mean EWL was 36% after six months and 61% after 12 months, 64% after 18 months, and 68% after 24 months.

Conclusion: Gastric bypass is an effective revision procedure for inadequate weight loss following gastric band, vertical banded gastroplasty, sleeve and gastric bypass.

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