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Phytobezoars removal with a simple and cost-effective method: Report of 97 cases

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Phytobezoar (PBZ) is mainly composed of fibred food, commonly formed and found in stomach and can be treated with various methods. In low-resource settings such as Vietnam, the choice of treatment is strongly depended on its cost, efficacy and availability. Our retrospective study was on 97 patients with PBZ by endoscopic fragment with “modified snare” from 2013 to March 2016 at Bach Mai National Hospital. The instrument that we created to cut the masses dominates the existing trademark ones with adjustable loop diameter and low cost, moreover it is simple and easy to use. It includes a thin metal string and a small flexible plastic tube going through working channel. Each patient has a profile containing relevant data. After the mass removal, patients were re-checked by endoscopy in one day and followed-up in one week. In the study, female accounted for 59%. PBZ locations found were stomach (74%), duodenum (21%) and jejunum (5%); masses in the two later positions caused obstruction; mean (SD) dimensions of the conglomeration were 4.6 (1.6) x 3.9 (1.2) x 3.3 (1.2) cm. The successful cases with one and two/three endoscopic sessions accounted for 96% and 4% respectively. Mean cost of the “modified snare” for each patient is \$2 (1-5). Average time for each session was 30 (15-60) minutes. There were two complicated cases including one jejunum obstruction due to the fraggged masses and one gastric mucosal incision. To conclude, this method is safe and cost-effective for PBZ elimination.

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The role of the novel alarmin IL33 signaling pathway in ulcerative colitis

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ST2/IL33 signaling pathway has been related to many inflammatory disorders as well as inflammatory bowel disease (IBD). IL-33, a member of the IL-1 family, is expressed in endothelial and epithelial cells and regulates gene transcription upon its nuclear translocation. IL-33 is released during necrosis episodes and its precursor is enzymatically processed to promote an inflammatory response as a damage-associated molecular pattern or alarmin. The IL-33 receptor ST2, encoded by IL1RL1, is expressed as both a membrane-anchored receptor (ST2L) activated by IL-33 and as a soluble variant (sST2) that behaves as a decoy receptor in inflammatory conditions and we proposed as a prognostic disease biomarker. We characterized the IL33/ST2 system in mucosa from IBD patients and the effect of clinical course and therapy on sST2 content and cellular distribution as predictive markers of response to treatment, disease activity and outcome. Additional findings demonstrate the molecular and cellular mechanisms that regulate mucosa inflammation. This conference will propose cutting-edge biomedical data on recent advances in the role of ST2 in IBD.

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