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Endoscopic management of gastro-esophageal reflux disease GERD

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Gastro-esophageal reflux disease (GERD) is a complex disorder resulting from multiple contributing factors, including acid production, lower esophageal sphincter tone and location, and anatomic barriers to reflux created by the angle of His and the diaphragmatic hiatus. The high prevalence of (GERD) together with drug dependence, intolerance and side effects was the driving force for development of interventional procedures. The laparoscopic fundoplication was the only option for many years in spite of being unfavorable by the patients. The unchallenged practice released many reports of various types of complications and unwanted results. That paved the way for emerging of less invasive trans-oral endoscopic procedures for (GERD). The three available competing techniques are Stretta, Esophyx and MUSE. Every procedure is evolved during the last years into new generations with more safety and efficacy after many modifications in precision. Size and quality of tool, the decision to do endoscopic management and choosing between the available procedures should be perfectly tailored to individual patients. The interpretation of symptomatology score and Endoscopic findings together with high resolution manometry HRM and 24 hour impedance PH metry results decides the treatment path for the patients. A major guidelines shift occurred in the last years towards endoscopic management of GERD. Some limitations have been set for such managements as the age and size of hiatus hernia, however defective esophageal clearance is not very much an obstacle as in the case of Nissen fundoplication. Many factors affecting the contradicting outcome reports about efficacy of each procedure, collecting subjective and objective measurements for every procedure will help for prioritization and setting standards of care for GERD, the procedures have financial obstacles towards wide range application for patients.

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Ecosystem versus dysbiosis who, where and what?

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In ecology, an ecosystem refers to the combination of a community of living creatures and their environment (the biotope). Our intestine contains numerous ecosystems. The human gut microbiota is made of just over 1,000 species of bacteria. Each of us is host to more than 200, and each individual has his or her own unique microbiota. Despite a high biodiversity, they serve a very similar role from one healthy person to the next. The total sum of genes within our gut microorganisms known as metagenome has a genetic potential 100 times higher than that of human genome. They control a whole range of physiological and sometimes pathological functions i.e. balanced ecosystem that constantly regulates itself. The fragile balance may be upset if the microbiota comes under attack and the term dysbiosis was introduced and the imbalance was associated with harmful consequences for the host. After many research into gut microbiota, it becomes much easier to explain "Gut microbiota: Who are you, where are you and what are you doing".

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