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Poster Presentation

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Antepartum ornithine transcarbamylase deficiency: A case report

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Ornithine transcarbamylase deficiency (OTCD) is the most common type urea cycle enzyme deficiencies. This syndrome results from a deficiency of the mitochondrial enzyme ornithine transcarbamylase, which catalyzes the conversion of ornithine and carbamoyl phosphate to citrulline. Our case was a 28-year-old female diagnosed with OTCD following neurocognitive deficit during her first pregnancy. Although hyperammonemia was suspected as the cause of the patient's mental change, there was no evidence of chronic liver disease. Plasma amino acid and urine organic acid analysis revealed OTCD. After combined modality treatment with arginine, sodium benzoate and hemodialysis, the patient's plasma ammonia level stabilized and her mental status returned to normal. At last, she recovered without any damage remained.

Biography

Hitoshi N has completed his PhD at the age of 29 years from Hirosaki University and postdoctoral studies from Hirosaki University School of Medicine. He is now the Professor of General Medicine Toho University, Toho Medical Center Omori Hospital Faculty of Medicine Toho University. He has published more than 10 papers in reputed journals and has been serving as a society councilor member of reputed gastroenterology related societies.

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Disseminated rectal tuberculosis in an HIV-seropositive patient: A case report

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The risk of developing tuberculosis (TB) is estimated to be between 16-27 times greater in people living with HIV than among those without HIV infection. The gastrointestinal (GI) tract has been increasingly affected by tuberculosis, especially in immunocompromised patients. Although strict rectal involvement is rare, the GI site mostly affected is the ileocecal region. Thus, tuberculosis should always be considered in the differential diagnosis of perianal and rectal lesions, and more so in patients infected with the HIV virus. The author presents the case of a man presenting a long-term history of fever, night sweats, weight loss, bloody diarrhea, fecal incontinence, tenesmus, and rectal pain. HIV serology was positive. The patient stool sample stained by the Ziehl-Neelsen method, which disclosed the diagnosis of rectal tuberculosis.

Biography

Hoda Namdari Moghadam has completed her master at 28 years from Azad university and more than 10 years supervision of Firozgar Hospital-Tehran center of Gastroenterology Tehran-Iran.

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Hepatotoxicity and related risk factors of severe hepatotoxicity among HIV-1 infected individuals initiated on Highly Active Antiretroviral Therapy in Cameroon

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Aim: Hepatotoxicity due to highly active antiretroviral therapy (HAART) has gained prominent attention since it can be affected by many factors. The aim of this study was to determine the prevalence of hepatotoxicity and related risk factors for severe hepatotoxicity following HAART initiation.

Methods: One hundred naive HIV-1 patients were recruited and followed up for 24 weeks. They were placed on either Tenofovir(TDF) + Lamivudine(3TC) + Efavirenz(EFV) or Zidovudine(AZT) + Lamivudine + Nevirapine(NVP) or Zidovudine + Lamivudine + Efavirenz regimen. Venous blood samples were collected to measure trans-aminotransferases (ALT and AST) and alkaline phosphatase (ALP), using colorimetric enzymatic reaction which was used to classified hepatotoxicity based on age and sex.

Results: A total of 38(38%) and 55(55%) patients presented with hepatotoxicity while 15% and 28% of patients of them had severe hepatotoxicity at 4 and 24 weeks respectively. Serum levels of all enzymes increased significantly ($p<0.05$) with increased treatment duration. Univariate analysis revealed that the risk factor of developing severe hepatotoxicity was significantly ($p<0.05$) greater in patients <30years, males, low BMI, low monthly income earners and patient on AZT+3TC+ NVP regimen. While multivariate analysis showed that age <30 years, Low BMI, low monthly income and the use of AZT+3TC+NVP was an independent risk factor.

Conclusions: Low BMI, <30years, low monthly income and the use of AZT+3TC+NVP regimen were identifiable risk factors for the development of severe hepatotoxicity. As such these factors should be considered as an important strategy by clinicians in preventing the hepatotoxicity.

Biography

Lem Edith Abongwa a Medical Microbiologist is an assistant lecturer of the University of Bamenda and a PhD student in Kenyatta University. Her interest is on HIV and Hepatitis B virus. She is interested in the identification and assessment of risk factors that expose communities to these infections and possible solutions to prevent and control them as well as parasite strain diversity and severity to infectious infection. Prior to medical research, she was the head, a public health non-governmental organization assessing the implementation of Option B+ in two regions of Cameroon sponsored by a PEPFAR HIV/AIDS project in Cameroon Department of Biological Sciences, Faculty of Science, University of Bamenda, PO Box 39,Bambili, NW The region, Cameroon.

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Oxytocin as an alternative to vasoactive treatment in variceal upper digestive hemorrhage in a Malagasy hospital

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The management of variceal upper digestive hemorrhage is focused on vasoactive drugs; the most common are somatostatin, octreotide, terlipressin. Unfortunately, those latter are unavailable in Madagascar; during the past years, we noticed that the oxytocin was used as an alternative. The oxytocin participates in the regulation of blood pressure and can also induce vasoconstriction. The aim of this study was to assess the effect of oxytocin on hemodynamic parameters and management in variceal digestive hemorrhage. A retrospective single-center study was carried out in the surgical intensive care unit at the Andrianavalona University Hospital, Antananarivo, from January 2010 to December 2014 (60 months). Patient records presenting variceal upper gastrointestinal bleeding, with or without therapy with oxytocin, were analyzed. This molecule was administrated by continuous infusion (10 to 15 IU). The Pearson correlation test was used (XLSTAT® 10.0). During this period, 175 cases were studied, was 47.5±13.6 yo, mostly men (sex ratio: 2.3). The average dose of oxytocin was 11.2±2.5 IU, from day 1 until day 12 of hospitalization. The use of oxytocin significantly decreased the mean arterial pressure ($p=0.01$) and heart rate ($p<0.0001$). Moreover, oxytocin limited the administration of crystalloids ($p<0.0001$), colloids ($p=0.029$) and red blood cells ($p<0.0001$). Thirty-two patients died (18.3%) without correlation with the use of oxytocin. Due to the unavailability of the main vasoactive agents in the management of variceal upper digestive hemorrhage, the use of oxytocin seems to be interesting and may be an alternative in Malagasy context.

Biography

Aurelia Rakotondrainibe is an anesthetist and intensivist working in Antananarivo-Madagascar. After studying in the Faculty of Medicine of Antananarivo, Bordeaux, and Paris, her work is essentially focused on anesthesia and intensive care of digestive pathologies, perioperative pain, and postoperative recovery.

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Accepted Abstracts

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Acute brainstem syndrome secondary to malnutrition from functional dyspepsia

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Brain stem syndrome is a condition commonly characterized by limb weakness, ophthalmoplegia, and gait disturbances. The common causes of brain stem syndrome are ischemia, neoplasia, demyelination, infective and hamartomatous lesions in the brain. Imaging ideally with an MRI scan is usually diagnostic in most cases and possibly following other investigations to identify systemic abnormality or CSF changes before appropriate therapy can be introduced. A 42yr old Caucasian lady presented with non-specific symptoms like lethargy, malaise, was off food for a couple of months and had lost a considerable amount of weight (4 stones = 25.4kgs). She was admitted to the hospital with nausea and vomiting for a few weeks and complained of a lump in her throat. Gastroscopy was unremarkable. She also complained of sudden onset of double vision for the last few days and examination showed vertical Nystagmus. She also complained of unusual sensation in her feet and soreness in the bottom of her feet when she stood up. There was no obvious limb ataxia, absent lower limb tendon jerks but flex or planters and intact objective peripheral senses. Gait was unsteady while walking with eyes open but was better with eyes closed. The patient was lucid the whole time. During the course of the stay in the hospital, the patient developed Oscillopsia. She underwent an MRI scan which was unremarkable. She was investigated for autoimmune cause including GQ1b for miller Fischer syndrome and Paraneoplastic screen to investigate the weight loss. Lumbar puncture which was performed which showed a protein of 0.69 and the rest of the values are normal. She was transferred to a tertiary neurology center. Based on her clinical examination finding and MRI report she was diagnosed with brain stem syndrome secondary to malnutrition due to functional dyspepsia. She was seen by the dieticians and NG feed was started.

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Achalasia

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A 58 years old man was admitted with the complaints of prolonged dysphagia and regurgitation of food and saliva. The patient had some weight loss but no anorexia. Barium swallow esophagus showed marked dilatation of the esophagus with regular tapering of its lower end. The patient was diagnosed as achalasia and advice for esophago-cardiomyotomy operation. Literature was reviewed to compare currently available therapies for achalasia and it is recommended that the patient should undergo laparoscopic myotomy and partial fundoplication (to prevent free reflux of gastric acid into the esophagus) for better remission. Other treatment modalities such as Botulinum toxin injection and pneumatic dilation can offer dysphagia control, but they are temporary and reversible measures. The objective of this case report is to review the currently available treatment modalities for the management of achalasia.

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The spectrum of gastroenterology and liver disease at The Aga Khan University Hospital: Results from the gastroenterology outpatient discharge diagnosis

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Background: The prevalence of GI and liver disease in the Pakistani population has increased remarkably over the recent years, reflecting an elevated burden on healthcare systems. Optimized health management and effective resource utilization in Healthcare facilities are based on timely documentation and reporting of disease patterns.

Aims: To present data from the GODD (gastroenterology outpatient discharge diagnosis) registry, comparing annual trends of GI & liver disease incidence among patients presenting to the Aga Khan University Hospital.

Methods: A review of electronic records was performed for all patients presenting to the Gastroenterology clinic, AKUH between 2013 and 2016. Collected information included patient characteristics and outpatient discharge diagnosis (primary and associated), based on a list of 72 approved diagnosis categories related to gastrointestinal and Liver Diseases. Annual variation in this data is presented in this paper. A single visit is counted for a specific year for each patient.

Result: A total of 28,493 new patients were seen in the gastroenterology clinic. The mean age of the patients was 44.6+15.8 years with an overall higher representation of males (58%). The number of patients was seen to gradually increase during the study period from 6410 in 2013 to 8138 in 2016. Overall, 15,956 (56%) patients presented with GI disease which comprised APD(78.4%), FGID (14.98%) and others(6.62%), while patients with liver diseases were 12,535 (44%) and included HCV(50.3%), HBV(20.3%),HDV(7%),Hepatitis A(0.79%), Hepatitis E(0.59), NBNC(4.22%), NASH(5%), Hepatoma (1.80%), Others(10%).

Conclusion: This report highlights annual trends in outpatient data from a major tertiary care center in Karachi, Pakistan. The analysis suggests a higher frequency of GI disorders, the majority of which is comprised of APD, GERD, gastritis. Among liver disorder, HCV, HBV was highest in our setting. Further efforts should focus on prioritization and effective management of these most commonly observed ailments.

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Effect of topical Tranexamic Acid in the treatment of peptic ulcer bleeding

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Background: Upper gastrointestinal bleeding due to peptic ulcer disease is one of the most common emergencies that gastroenterologists encounter. The aim of this study is evaluating the effect of local Tranexamic Acid via endoscopic procedure for control of peptic ulcer bleeding.

Materials and Method: In this study, 100 eligible patients with upper GI bleeding due to peptic ulcers enrolled and divided to two equal groups: in the first group epinephrine injection plus Argon Plasma Coagulation applied as standard treatment (control group), in the second group Tranexamic Acid solution sprayed in addition to standard treatment(intervention group). Estimated blood loss volume, the necessity of blood transfusion, hemoglobin drop, blood pressure, heart rate, need to the second endoscopy, mortality rate, need to surgery, admission duration, and drug effectiveness regarding the ulcer location (duodenum or stomach) were evaluated in both groups and the differences expressed statistically.

Results: The mean average ages of intervention and control groups were 62.8±19.6 and 63.1±17.8, yrs respectively estimated blood loss and need for transfusion were lower in the intervention group compared with the control group (p-value <0.05). 8 patients (16%) in the intervention group and 17 (34%) in the control group had rebleeding and underwent endoscopy (p=0.038). But hemoglobin drop, blood pressure, heart rate, mortality rate, need to surgery, admission duration, and drug effectiveness regarding the ulcer location (duodenum or stomach) hadn't statistically differenced in two groups (P-value>0.05)

Conclusion: Tranexamic Acid is a useful additive treatment for control of upper gastrointestinal bleeding and can be used in addition to standard treatment.

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Can use Golgi protein 73(GP73), as a serum biomarker for early surveillance of hepatocellular carcinoma in the first stage and chronic liver diseases in Saudi Arabia patients

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This study was performed to quantify the expression of Golgi protein-73 (GP73) in healthy controls and in patients with liver disease, and to evaluate the correlations between GP73 and other serum markers in different liver diseases. Study the sensitivity and specificity of Golgi Glypican-73 (GP37) as new biomarker useful in early prediction for Hepatocellular Carcinoma in hepatitis viruses (HBV, HCV) and in chronic liver Cirrhosis; Also in chronic liver diseases. Serum GP73 was measured in 478 healthy controls and 296 patients with different types of liver disease. Quantitative hepatitis B virus (HBV) DNA was determined in two chronic hepatitis B (CHB) groups. Other serum liver fibrosis markers were measured in the liver fibrosis group and α-fetoprotein (AFP) was measured in hepatocellular carcinoma (HCC) group. The correlations between GP73 and these markers were evaluated. The GP73 value in hepatitis B-e-antigen (HBeAg)-positive CHB group, HBeAg-negative CHB group, liver fibrosis group and HCC group was significantly higher ($p<0.001$) than that in healthy controls. GP73 showed significant correlation with other markers in the liver fibrosis group and with AFP in the HCC group. Compared with healthy controls, GP73 in patients with liver disease was significantly increased. With the progression of liver disease, GP73 showed a significantly increasing trend. These results suggest that GP73 might be used as a serum marker for the diagnosis of liver diseases and for monitoring disease progression

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Vedolizumab for Inflammatory Bowel Disease: for now only rescue therapy in the Republic of Srpska

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Introduction: Vedolizumab (VDZ) is a humanized monoclonal antibody α4β7 integrin-receptor antagonist indicated for the treatment of patients with moderately to severely active ulcerative colitis or Crohn's disease. We want to show our modest experience with the use of vedolizumab as a rescue therapy when other medical therapies have failed.

Methods: An observational study was carried out on patients with inflammatory bowel disease treated with VDZ for at one year. An evaluation was performed on the activity indices, fecal calprotectin, and C-reactive protein levels.

Results: Our study included 7 patients (5 CD, 2 UC, mean age 40 years). Previous treatment failures with ≥ 2 anti-TNFs. At one year, in all patient maintained the clinical response and remission. The C-reactive protein and fecal calprotectin decreased significantly in both CD and UC patients.

Discussion: Our experience indicates that a long-term effect can be achieved, even beyond 1 year of treatment. Vedolizumab is generally well tolerated. Vedolizumab may be used as a rescue therapy in patients with medically refractory ulcerative colitis or Crohn's disease.

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The mucosal loss is the critical mechanism of esophageal stricture after mucosal resection: A pilot experiment in a Porcine Model

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Background and Aim: Esophageal stricture is a major complication of large area endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD). To date, the critical mechanism of esophageal stricture has not been fully elucidated. Here, we designed this experiment to explore the role of mucosal loss in esophageal stricture after mucosal resection in a porcine model.

Material and Methods: Twelve swine were used for this study and randomly divided into two groups. Firstly, in all the swine, two submucosal tunnels were made of 5 cm in length and 1/3rd in width on the anterior and posterior wall of the esophageal circumference. After that, the covered mucosa was resected along the lateral edges of the tunnel in the group 1. The meanwhile covered mucosa was incised on the midline of the tunnels in the group 2. The process of stricture formation was evaluated by endoscopy after one, two and four weeks respectively. Anatomical and histological examinations were performed after euthanasia.

Result: Ulcer formation was observed on endoscopy after one week. Group 1(mucosa resected) developed mild to severe esophageal stricture with dysphagia and weight loss, whereas no esophageal stricture was evident in the ones of group 2 (mucosa incised) after two and four weeks respectively. Macroscopic appearance showed severe esophageal stricture and shortening of the esophagus in the group 1 while no evident esophageal stricture and shortened esophagus was found in the group 2. Inflammations and fibrous hyperplasia of the submucosal layer were observed in both groups, on histological examination.

Conclusion: The loss of esophageal mucosa might be the crucial factor for esophageal stricture after mucosal resection. Fibrosis followed by inflammation may slightly attribute toward esophageal stricture formation but is not the main mechanism of the post-resection stricture. These results have significance for developing a suitable treatment for esophageal stricture.

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