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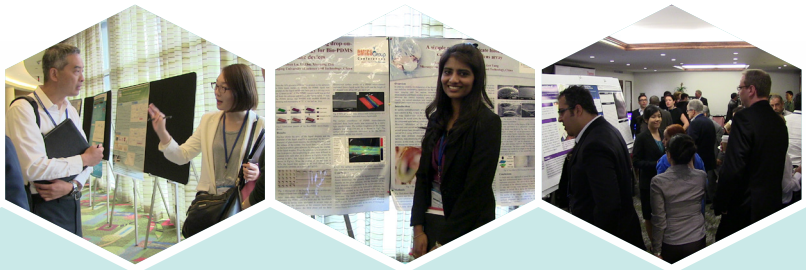

Rasha Dosh et al., J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Interleukin-1 receptor antagonist knockout mice as a model of the inflammatory bowel disease

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The inflammatory cytokine interleukin 1 (IL-1) is an important mediator of inflammation and tissue damage in inflammatory bowel disease (IBD). The activity of IL-1 is inhibited by a natural inhibitor: interleukin 1 receptor antagonist (IL-1Ra). The balance between IL-1 and IL-1Ra plays a vital role in diseases. We investigated whether inflammatory bowel disease could be induced spontaneously by the removal of IL-1Ra in mice. Histological staining was performed on BALB/C mice to characterize the morphology and enzyme activity of the small intestine from different ages and genotypes. Wild type mice served as a negative control. Twenty well oriented villi/crypt units and villus width at mid-villus in longitudinal tissue sections were measured in the jejunum and ileum. The number of goblet cells per villi was determined. Immunohistochemical staining was performed to localize and detect MUC2, MUC5AC, MMP2, MMP9, ADAMTS1, IL-1β and TNFα. The results showed that there was a significant decrease in the villi/crypts units' height in the jejunum and ileum whereas, the width of the villi was increased in the jejunum and decreased in the ileum. The number of goblet cells per villi was increased in knockout mice compared with wild type mice. Research is ongoing for the analysis of the immunohistochemistry. We conclude that IL-1Ra knockout mice could act as a model for inflammatory bowel disease highlighting the importance of IL-1 in this disorder.

Biography

Rasha Dosh has completed her MSc from Al-Mustansiriyah University and worked as a Lecturer at the University of Kufa College of Medicine, Iraq. She has published 4 papers in College of Medicine journals. She is currently a second year PhD student at Sheffield Hallam University, UK.

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Randomized clinical trial (RCT) of IFN-intolerant/ineligible (II) GT1 patients (TN or TE) including LDV/SOF failures with NS5A RAVs using SMV+SOF+/-RBV for 12/24 weeks

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Introduction: In a real-world database, retreatment of LDV/SOF failures with SMV+SOF +/- RBV for 12 or 24 weeks achieved 86% SVR [6/7], however, there was no randomization and it is unknown whether RBV was beneficial. A previous RCT of SMV+SOF for 12 weeks achieved 96% SVR [24/25] in patients with NS5A RAVs who had not failed prior DAA therapy.

Methods: We initiated an RCT in Dec 2014 using SMV 150 mg QD+SOF 400 mg QD for 12 (non-cirrhotic) or 24 (cirrhotic) weeks in GT-1 II patients. Patients were randomized 1:1 to receive SMV+SOF+RBV 1,000-1,200 mg/d or -RBV and followed at 4 weeks intervals with HCV RNA, liver tests, PEs and AE monitoring. The protocol was amended in June 2015 to include patients who failed 12 weeks of LDV/SOF and had NS5A RAVs (28, 30, 31, 32, or 93). All patients were HIV- and HbsAg- and had compensated GT-1 HCV. We defined mITT as those patients who completed the trial and we used a 2-tailed t-test for RBV vs. no RBV groups.

Results: 26 patients were screened and 24 (19 G1a and 5 G1b) were randomized from 3 US centers. 22 patients were non-Hispanic white (10M, 12F) with a mean age of 53 years. Patients qualified as II because of depression (11), prior intolerance (4), cardiomyopathy (1), and other (5). 3 patients had failed prior LDV/SOF therapy, and 8 were treatment experienced (TE) with PEG/RBV. 6/24 patients were F3-F4 and 4 of those received 24 weeks therapy. 4/15 GT1a patients had Q80K RAVs and all 3 patients who previously failed LDV/SOF had NS5A RAVs at Y93. Overall, 87.5% (21/24) of patients achieved SVR12 by ITT (mITT=91.3% [21/23]). 1 patient was LTFU, 2 relapsed and both had Q80K RAVs (1 previous LDV/SOF failure with 2 RAVs and 1 cirrhotic patient treated for 23 weeks). Of the 10 patients receiving RBV, 2 relapsed (SVR=80%). Of the 14 patients not receiving RBV, 0 relapsed, and 1 was LTFU (SVR=92.8%; p=NS). 2/3 LDV/SOF failures received RBV and 1 of these relapsed. Dose reduction or early D/C of RBV was necessary due to AEs in 4/10 and 1/10 patients. 2/10 patients receiving RBV had dose reductions due to a fall in Hgb>3 g/dl but no patient had Hgb<10 g/dl. AEs were all grades 1-2 and were nausea or other GI (13), fatigue (11), headache (5), and photosensitivity related to SMV (4). Fatigue and GI were more common in patients who received RBV.

Conclusions: II patients treated with 12/24 weeks of SMV/SOF+/-RBV had an overall mITT 91.3% SVR12. Relapse was seen in half of the in patients with pre-existing Q80K RAVs (2/4). RBV did not improve SVR rates although it did increase AEs and required dose reduction in some patients. SMV+SOF+/-RBV was effective in 2/3 patients who failed LDV/SOF and had Y93 NS5A RAVs and may be considered as an alternative for these patients.

Biography

Chase Skillin completed his bachelor's degree at the age of 22 years from the University of California, Los Angeles. Since graduating, he has been a Clinical Trial Coordinator for Scripps Clinic in San Diego. His studies primarily focus on Hepatitis C, Cirrhosis, and Hepatocellular Carcinoma. He has contributed to several abstracts, textbook chapters, and presentations over the past year. Chase is currently applying to medical schools across the United States, and hopes to formally begin his medical career in the fall of 2017.

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Yakira David et al., J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Clinical characteristics and survival of esophageal cancer in an immigrant Afro-Caribbean population at an urban safety net hospital

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Background & Aim: Esophageal cancer has a higher incidence and mortality in the US black population. Approximately, half of the black immigrant population in the US is of Caribbean origin where there is a lower incidence of esophageal cancer. This study sought to assess any differences in the presentation, characteristics and survival between black esophageal cancer patients who are native African-Americans compared with Caribbean migrants.

Methods: A retrospective chart review was conducted on patients with a histological diagnosis of adenocarcinoma and squamous carcinoma of the esophagus from 2005-2015. Results were statistically analyzed with Pearson's chi-square testing and survival data was compared using log rank testing.

Results: 66 patients were studied; 50 were male and 16 were female. 91% of patients were black with 64% of them being Afro-Caribbean and 36% African-American. Mean age at presentation was 61.6 years compared with the national mean of 67 years. Survival at 6 months after diagnosis was 47% which was comparable to the national average of 46% during a similar study period. Amongst those that died, median time to death was 4.7 months. There was no statistically significant difference between African-American and Afro-Caribbean patients regarding age at diagnosis (p=0.339), histological diagnosis (p=0.663), tumor stage (p=0.648) and tumor grade (p=0.347) or survival (0.140).

Conclusion: There was no significant difference in the clinical characteristics and survival in esophageal cancer between the African American and immigrant Afro-Caribbean population. This suggests that there may be undescribed negative acculturation factors that contribute to the migrant Caribbean population losing their survival advantage.

Biography

Yakira David is a 3rd year Resident in the Department of Internal Medicine at SUNY Downstate Medical Center in Brooklyn, New York. She has an interest in the racial and ethnic disparities in the clinical characteristics and outcomes across the spectrum of GI malignancies and is currently conducting research in this field as part of a team of residents and fellows under the supervision of Dr. Shivakumar Vignesh, the Program Director of Gastroenterology and Hepatology.

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Fernando Kawaguchi, J Gastrointest Dig Syst 2016, 6:6(Suppl)
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Increased in-vitro and in-vivo biological activity of lipopolysaccharide extracted from clinical low virulence vac A genotype *Helicobacter pylori* strains

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Helicobacter pylori infection in man is associated with chronic gastritis and peptic ulcer disease. The virulence factors of the species are still under investigation. Among these, the lipopolysaccharide (LPS) is a potential pathogenic factor of the micro-organism, whose biological activity can be estimated by immunological parameters. The aim of this study was to determine the ability of pure LPS extracted from clinical isolates of *H. pylori* to induce mitogenicity, secretion of tumour necrosis factor-alpha (TNF-alpha), and spleen growth in a murine model. Rough and smooth LPS from *Salmonella typhimurium* were used as controls. The results showed that, like the control LPS, all extracts of LPS induced mitogenic activity, stimulated synthesis of TNF-alpha and induced spleen growth, although the effects produced by the majority of the *H. pylori* LPS samples analysed were less intensive than those produced by the *S. typhimurium* LPS. The immunological parameters analysed allowed the detection of two types of *H. pylori* LPS: one of low biological activity and one of high biological activity. The most active LPS were extracted from strains isolated from patients with increased mucous damage associated with epithelial regeneration. Surprisingly, these strains were cagA negative and belonged to a low virulence genotype according to vacA gene (slbm2 and s2m2). The results suggest the need to re-evaluate the role of the LPSas a virulence factor for some strains of *H. pylori.*

Biography

Fernando Kawaguchi has completed his Medical Studies at the age of 26 years from Faculty of Medicine – Concepcion University- Chile (1987) and postgraduated studies from Gifu University School of Medicine-Japan (1988-1993). Pancreas and Biliar Studies from Aichi Cancer Center-Japan, includying Echoendoscopy Training (1991-1993). He obtained Clinical Digestive Oncology PhD from Gifu University (March 1993). He returned to Chile at Concepcion University Faculty of Medicine, Internal Medicine Department, Gastroenterology Unit (1993-2012). He obtained Academical degree of Associated Prof level, obtaining H Pylori National Project to identify its pathogenicity and virulence through Biomolecular and Microbiology Research (1996). Became Director of Gastroenterology Unit from Trabajador Hospital (1998-2008) introducing an Multidisciplinary group in immunopathology cancer research through Flow Cytometry analysis in fresh solid tumours. And also Echo endoscopy in diagnosis and Minimal Invasive Cancer Theraphy from Stomach, Colon and Biliopancreatic areas supporting many papers and scientific meetings in reputed nationals and Internationals journals.

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Characteristics of endo anal ultrasonography in people with wanted and unwanted anal intercourse

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Anal intercourse is rarely discussed in the scientific literature, Because of concerns about the effect of many women anal intercourse On their anal sphincter ,We decided to help clinicians are consulted in this regard by endo anal ultrasonography provide objective evidence.

we aimed to evaluate the presence of sphincter damage among women who referred from Legal institution and have complaints from anal intercourse (wanted or unwanted) with their partners.

we studied 40 female patients with mean age of 29.18+/_10.5 years old.All the patients underwent endo anal ultrasound by 360 degree/2D/3D B&K system by colorectal surgeon.

Eight of the patients (20%) had descent and 16 (40%) had internal prolapse.

Thirty two patients of 40 patients had gap in their external anal sphincter in endoanal ultrasound.

Among patients 17.5% had no external sphincter gap and 12.5% had gap site in 6→9 + 9→12 o'clock in lithotomy position.

Seven of patients (17.5%) had sphincter gap in both right and left side of the anal external sphincter.

Overall gap sites are more common in 12→6 o'clock of lithotomy position.the most common part of external sphincter disruption was in the 12→6 o'clock of lithotomy position.

According to data obtained We are pleased that this abstract to be discussed in Conference of ultrasound to help guide the clinicians.

Biography

Bahar Mahjoubi has completed MD degree at the age of 25, and general surgery at the age of 30 in IUMS, fellowship of colorectal surgery in Sydney University and NSW University of Australia. now she is Professor of colorectal surgery At IUMS ,CRRC. she has published 53 papers.

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Accepted Abstracts

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Whole gut ischemia: Diagnostic and management challenges

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Gut ischemia is not a common condition. It occurs in patients who are on certain medications or those who have cardiac abnormalities. It affects largely on the major vessels supplying part of the gut and that part will be ischemic. Here, we present a case of whole gut ischemia where all parts of the gut from the stomach to the rectum are involved by the insult which is a rare presentation. All major vessels are not palpable. Its presentation, diagnosis and management will be discussed in detail.

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Body mass index may predict the long-term outcomes of advanced gastric cancer

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Objectives: Radical gastrectomy followed by adjuvant chemotherapy for advanced gastric cancer brings about serious nutritional impairment. Recent studies have shown an association between body mass index (BMI) and perioperative outcomes of gastric cancer. However, little is known about the association between BMI and long-term outcomes of advanced gastric cancer. Our study evaluated the clinical impact of BMI on the long-term outcomes of gastric cancer staged at II and III, treated by radical gastrectomy followed by adjuvant chemotherapy.

Methods: We analyzed a total of 211 cases of advanced gastric cancer stage II and III between January 2005 and December 2010 at Chung-Ang University Hospital. The patients were divided into 4 groups according to BMI; underweight, normal, overweight and obese. In addition, they were divided into two groups (BMI-High vs. BMI-Low). We assessed age, sex, tumor location, lymph node involvement, operation method, initial cancer stage, recurrence, and survival (overall survival and disease free survival) between two groups.

Results: We classified them into 4 groups according to BMI; underweight, normal, overweight, and obese. There was no difference in overall survival between normal, overweight, and obese group. However, there was significant difference between underweight group and the other groups. As for disease free survival, similar findings were observed. Among 211 patients, 154 patients (72.9%) were included in BMI-L (body mass index <25), whereas 57 patients (27.1%) in BMI-H (body mass index ≥25). There was no difference in age, sex, tumor location, stage, lymph node involvement, operation method, recurrence, and cancer-related death between two groups. When classified into 4 groups as stage II in BMI-H, stage II in BMI-L, stage III in BMI-H, and stage III in BMI-L, overall survival showed significant difference in stage, however, no difference between BMI-H and BMI-L was observed. Disease free survival showed no significant difference in stage and BMI, especially, no significant difference between stage II in BMI-L and stage III in BMI-H.

Conclusion: Our findings suggest that preoperative BMI may predict the long term outcomes of advanced gastric cancer after radical surgery and chemotherapy.

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Predictors of mortality in patients with liver cirrhosis admitted at Intensive Care Unit at Cardinal Santos Medical Center, Philippines: A retrospective cross-sectional analytical study

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Cirrhotic patients who need critical care support show high morbidity and mortality rates compared with other critically ill patients. Their prognosis is influenced by both the severity of the underlying hepatic disease and the worsening of extra-hepatic organ function. Patients with cirrhosis are admitted at the Intensive Care Unit (ICU) for complications of portal hypertension culminating in multiple organ failure in a large portion of patients. The objective of the study is to identify predictors of mortality of patients with cirrhosis admitted to ICU of Cardinal Santos Medical Center and to compare these predictors to that established liver specific (Child-Pugh Score, MELD and MELD-Na) prognostic models. A total of 51 cirrhotic patients were admitted from June 1, 2009 to June 30, 2015. The results are presented as Mean Standard Deviations and confidence intervals of 95% for quantitative variables and as percentages for categorical variables. It was found that hepatitis B is the most common cause of cirrhosis. Although Child-Pugh score indicates the severity of underlying liver disease, it cannot be considered as the best tool for predicting mortality. Among patients admitted at the ICU, encephalopathy is a complication involving low survival. Among the clinical parameters, the use of mechanical ventilator; the need for inotropic support; and the need for renal replacement therapy are associated with increased mortality. Among the laboratory parameters, lower venous pH and bicarbonate values are significantly associated with mortality. Hence, the prognosis for cirrhotic patients admitted to the ICU is poor.

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Gastroesophageal reflux disease (GERD) care pathway: Indian expert panel recommendations

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Gastroesophageal reflux disease (GERD) is defined as symptoms or complications resulting from the reflux of gastric contents repeatedly into the esophagus or beyond (into the oral cavity, larynx or lung). GERD is one of the most common diseases encountered not just by gastroenterologists but by primary-care physicians, consulting physicians, and other specialists. This presentation presents consensus recommendations to identify the best therapeutic options in GERD which were collectively formulated by an expert panel consisting of experts from various disciplines (gastroenterologists, physicians, cardiologists and diabetologists) across India. The expert panel provided recommendations for various aspects of GERD including the importance of lifestyle modifications (weight loss, smoking cessation, limited intake of tea, coffee, restricted fatty and spicy food intake, avoiding larger meals and avoiding meals at late night); recommendations for appropriate use of PPIs in the treatment of GERD (consumption of PPIs 30-60 min prior to breakfast, maintaining treatment for a period of 8 weeks). The panel suggests adequate use of step up and step down of PPIs to avoid over use of the medication in patients. Adequate duration of treatment (8 weeks in most cases) is important. Adequate treatment of GERD should be able to achieve this objective, but no pharmaceutical agent can fully correct the multiple mechanisms involved, like motor dysfunction, weak sphincter, acid pocket, night-time regurgitation responsible for acid reflux into the esophagus. Acid suppression remains the most effective way to relieve symptoms and to promote healing of esophagitis in patients with GERD. Addition of proper adjuvant therapy may be required depending on pathogenesis.

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Etiology, clinical profile, and predictors of mortality of acute-on-chronic liver failure in a tertiary hospital: A retrospective study

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Acute-on-chronic liver failure (ACLF) is an increasingly recognized entity defined as a clinical syndrome in which two insults to the liver are operating simultaneously, one of them being ongoing and chronic, and the other, acute. The objective is to determine the causes and clinical profiles of ACLF at Cardinal Santos Medical Center in the Philippines, and in doing so, it helps the physicians to predict mortality. This retrospective study was conducted at the Department of Internal Medicine of Cardinal Santos Medical Center. This study included all the patients who met the inclusion criteria of ACLF based on the Asia Pacific Association for the Study of the Liver (APASL) criteria from 2013-2015. Comparison between the survivors and non-survivors was done using the Mann-Whitney U test as a statistical tool. Associations of sex, encephalopathy, ascites and acute insults to mortality were determined by the Fisher-exact test. Logistic regression was used to determine the important factors to predict mortality. The leading acute insult identified was alcohol accounting for 25.8%. Mortality is associated with the following: Elevated bilirubin, elevated INR, low PT % activity, elevated AST, elevated ALT, elevated creatinine, elevated MELD and elevated MELDNa. Significant association between encephalopathy and mortality was detected at 5% level of significance. The probability of death in patients with ACLF increased with the rise in bilirubin, INR, AST, ALT or creatinine levels. Encephalopathy is associated to "death due to ACLF". Based on initial analysis, the following factors are the significant predictors of mortality: MELD, MELDNa and INR.

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Importance of autoantibody screening in diagnosis of celiac disease

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Background: Small bowel biopsy is considered as the gold standard for diagnosis of celiac disease (CD) and detection of autoantibodies is usually the initial step in diagnosis of CD.

Objective: This study was performed to assess the performance of each celiac specific auto antibody against the gold standard.

Methods: This retrospective study included 267 patients with clinical suspicion of CD who underwent investigations for diagnosis of CD between March 2011 and June 2014 at the King Khalid University Hospital, Riyadh. The panel of celiac specific antibodies was tested which comprised of anti-gliadin IgG and IgA, anti-tissue Transglutaminase IgG (anti-tTGG) and IgA (anti-tTGA), anti-endomysium and anti-reticulin antibodies. Anti-endomysium and antireticulin antibodies were tested by immunofluorescence and the others were assessed by ELISA.

Results: Out of the all, only 61 patients including 35 females and 26 males (mean age 26±11 years) were subjected to small bowel biopsy testing with 37 positive and 24 negative results. Among the six autoantibodies assessed, anti-tTGA had a sensitivity of 97.3%, specificity of 83%, positive predictive value (PPV) of 90% and a negative predictive value (NPV) of 95%. Anti-endomysium antibody had a sensitivity of 62.1%, specificity of 95.7%, PPV of 95.8% and NPV of 62.2%. None of the other autoantibodies displayed any notable performance. Receiver operator curve analysis also confirmed the diagnostic accuracy of anti-tTGA with 90.3% area under curve (AUC) followed by anti-endomysium antibody with 70% AUC.

Conclusion: In the presence of relevant history, anti-TGA as a single test can be used as an initial screening test for CD.

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Association of suppressor of cytokine signaling 3 polymorphisms with liver fibrosis progression in Moroccan patients with chronic hepatitis C

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Context: Infection with hepatitis C virus (HCV) is one of the most important risk factors of hepatocellular carcinoma (HCC). HCV is suspected to induce HCC primarily through chronic inflammation and promotion of cirrhosis. However, the pathogenesis of insulin resistance (IR) in hepatitis C infection is a very intriguing problem. In fact, the HCV is now recognized responsible for direct interference with the insulin signaling pathway. In addition, HCV-related IR has been shown to have a remarkable clinical impact on the progression of hepatic fibrosis and development of HCC. In the liver, HCV core protein up-regulates suppressor of cytokine signaling (SOCS-3) and (SOCS-1), which are known to inhibit insulin signaling by causing ubiquitination of insulin receptor substrate (IRS-1) and (IRS-2) proteins. Genetic variations affecting this gene can induce insulin resistance and decrease the response to interferon, both can accelerated the process of liver carcinogenesis.

Objective: This study aims to evaluate the association between SOSC-3 polymorphisms and progression liver fibrosis in chronic hepatitis C infected patients.

Materials & Methods: In this study, 208 patients chronically infected with HCV (92 patients with moderate fibrosis and 116 patients with advanced fibrosis) were genotyped for 4874 A/G (rs4969170) and A+930-->G (rs4969168) variants using the real time PCR.

Results: A significant difference in genotype distribution of rs4969168 and rs4969170 were detected between mild and advanced fibrosis group. Although these results of SNP genotyping showed that the AA and GA genotypes are increased in advanced fibrosis patients compared to mild fibrosis patients for both SNPs.

Conclusion: These findings indicated that recipient genetic factors play a role in HCV-related fibrosis progression. Molecular studies of these pathways may elucidate the pathogenesis of fibrosis progression and provide risk prediction markers.

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Feasibility study of a diarrhea rotavirus in pediatric hospital of Kingasani on the introduction of the vaccine in DRC/objective 2017

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After malaria, respiratory infections, and meningitis, severe diarrhea is one of the major causes of public health problems worldwide. According to the current statistics of the WHO, the disease causes more or less 483,000 child death per year. Children with the aforementioned age are permanent victims of this very deadly disease. Note here that the vaccine against rotavirus gastroenteritis is already operational in some developed countries whose main objective remains that of reducing its impact. Rotavirus diarrhea remains a paramount concern among public health problems in underdeveloped countries and developing ones; it is the case particularly in Latin America and in sub-Saharan Africa. To get the best strategy adopted unanimously by all parties that addictive when that resolution was to target three sentinel sites namely: our Kingasani Pediatric Hospital, and the Pediatric Hospital Kalembe Lembe for the pool Kinshasa, including Sendwe, the hospital in Lubumbashi. Note again that the choice made for the adoption of these three hospital sites was based on their expertise and specialties in the care of sick children. To explain the impact of the supervision of different cases registered in our pediatric service, we will insert data collected among children from 0 to 59 months hospitalized cases of rotavirus diarrhea. This is an exploratory study based on semi-structured direct interviews with parents of sick children in our pediatric service. That is to say, we looked at these parents around the inclusion criteria different registered cases. The targets of our monitoring are children aged from 0 to 59 months supported during our investigation period Pediatric Hospital Kingasani, whose population of this health area is $236,584 in this children who suffered from rotavirus diarrhea account for 55% of the population. During the last five years, surveillance of rotavirus has made progress in our pediatric hospital in Kingasani simply by collecting stool specimen and the ELISA test, but also the presence of a motivated and trained staff in the site can explain this success. From August 2009 until December 2014, we recorded 1204 cases of severe acute diarrhea. It remains to note that all these stool samples were collected and analyzed by a test immun-Ologiegique for rotavirus, and 656 samples were positive rota virus (55%). In our study, 55% of children hospitalized for severe rotavirus diarrhea those whose age varies between 0 and 59 months is attributed to rotavirus infection in our sentinel site. The results show the need to introduce the vaccine against rotavirus gastroenteritis in our country to help reduce the high rate of prevalence and mortality of children between 0-59 months without ignoring the death due to the same disease. Since the seasonality is high time cases of rotavirus diarrhea, it is possible to introduce the vaccine so that it has full coverage through synchronization throughout the country. This study is a big step in our activities in our pediatric hospital in Kingasani since a case of an epidemic is now a global threat.

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Lipidomic-based investigation into the regulatory effect of schisandrin B on palmitic acid level in non-alcoholic steatotic livers

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Schisandrin B (SchB) is one of the most abundant and bioactive dibenzocyclooctadiene derivatives found in the fruit of Schisandra chinensis. Here, we investigated the potential therapeutic effects of SchB on non-alcoholic fatty-liver disease (NAFLD). In lipidomic study, ingenuity pathway analysis has highlighted palmitate biosynthesis metabolic pathway in the liver samples of SchB-treated high-fat-diet-(HFD)-fed mice. Further experiments showed that the SchB treatment reduced expression and activity of fatty acid synthase, expressions of hepatic mature sterol regulatory element binding protein-1, tumor necrosis factor-α and hepatic level of palmitic acid which is known to promote progression of steatosis to steatohepatitis. Furthermore, the treatment also activated nuclear factor-erythroid-2-related factor 2 which is known to attenuate the progression of NASH-related fibrosis. Interestingly, in fasting mice, a single high-dose SchB induced transient lipolysis and increased the expressions of adipose triglyceride lipase and phospho-hormone sensitive lipase. The treatment also increased the plasma cholesterol levels, 3-hydroxy-3-methylglutaryl-CoA reductase activity and reduced the hepatic low-density-lipoprotein receptor expression in these mice. Our data not only suggested SchB as a potential therapeutic agent for NAFLD, but also provided important information for a safe consumption of SchB, because SchB overdosed under fasting condition will have adverse effects on lipid metabolism.

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Evaluation of the impact of pre and post-transplant metabolic derangements on the neurological complications following liver transplantation

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Neurologic complications after liver transplantation are a major source of morbidity and mortality and proper prediction for those at risk may help in improving the outcome. The results of our study showed that severity of end stage liver failure prior to transplantation might be the most common risk factor for the development of post-transplant neurological complications and careful evaluation of other risk factors may be required for those patients in order to decrease the incidence of complications. Still the use of tacrolimus is associated with risk of neurological complications and reduction or discontinuation of tacrolimus lead to improvement of neurological complications. According to our study, electrolytes and metabolic derangements are not risk factors for development of neurological complications. Although the risk of neurological complications in our series is high but there was no impact on the survival.

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Isolated polycystic liver disease: A rare entity case report

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The presence of hepatic cysts sparing kidneys is very rare and thereby must be assumed as a different clinical entity. This describes a case of an isolated multiple hepatic cysts without renal involvement. Here we report a case of a 59-year-old female patient presented with dyspepsia, epigastric pain and mass in the right hypochondrium, she was operated for the same complaint eight months back. Abdominal ultrasound revealed multiple cystic liver lesions with of varying sizes. The CT confirmed the presence of multiple cysts only in the liver. Cystectomy was done, histology showed multiple cysts lined by cuboidal to columnar epithelium. Diagnosis of isolated adult polycystic liver disease was given.

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Healing after a gastrectomy: Bridging the body and mind after trauma with psychosomatic research

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In 2005, a mild stomach ache led to a total gastrectomy 48 hours later. In this presentation, I will be serving as my own case study. How does psychological trauma affect the body and how can it inform both medical and mental health professionals? At 17, I was sexually abused for eight months, causing severe stress, invoking the "freeze" response in trauma. With holding this secret caused severe anxiety and panic attacks. Two weeks after I finally disclosed my secret, I developed a blood clot on the mesenteric artery leading to gangrene of the intestines. My stomach literally burst to the ceiling of the OR, both my lungs collapsed, I required 122 units of blood, and I was in a coma for months. 27 surgeries later, and six full years unable to eat or drink, I was reconstructed with the intestines that remained. How can stress lead to such physical traumas? How can the mind so dramatically affect the physical body? Psychological stress has a profound effect on the body and illness. When stress occurs, the hypothalamus secretes CRH that signals a reaction through a hormone signal pathway. ACTH is then released, but when this chain of events is turned on repeated in times of high stress like PTSD, the organs can't rest, inducing various physical illnesses and tissues damage. There is a large effect that this has on the stomach and intestines, causing various digestive problems. Mental disorders can also be caused when stress quickly activates our system, causing quick alarmed reactions that can lead health damage. Stress plays a significant role in affecting the sympathetic nervous system. The sympathetic nervous system affects digestion and cardiovascular function. The sympathetic nervous system is fast and short-term, but when stimulated repeatedly as in post-traumatic stress syndrome, can have a significant effect on the human body. In this way, stress can interact with the digestive system to increase the risk of ulcers and also affect the cardiovascular system. This is evident in individuals affected with PTSD from sexual abuse, as shown, for example, by the study performed by Norman and Means-Christensen (2006). Many digestive diseases that can be caused by the body's chronic stress response. Common digestive problems include heartburn/Gastroesophageal reflux disease (GERD), inflammatory bowel diseases (IBD), and Irritable Bowel Syndrome (IBS). Symptoms may include bloating, diarrhea, gas, stomach pain, and stomach cramps. Treatment includes a combination of medication and lifestyle changes. Inflammatory bowel disease can cause symptoms such as abdominal cramps, bloody diarrhea, fever, and sometimes weight loss. Crohn's disease is a chronic inflammatory disease of the digestive tract. Symptoms include abdominal pain and diarrhea, sometimes bloody, and weight loss. Crohn's treatment consists of lifestyle changes, such as exercise and a healthy diet, as well as over-the-counter antidiuretics and prescription anti-inflammatory medication. Ulcerative colitis (UC) is a type of inflammatory bowel disease that causes sores in the colon. Symptoms include abdominal pain and diarrhea, sometimes bloody. Treatment for UC may be a combination of over-the-counter anti-diarrheic and prescription steroids or amino salicylates.

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Endoscopic evaluation of upper gastrointestinal in Iranian patients with familial adenomatous polyposis

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Background & Aim: Familial adenomatous polyposis (FAP) is an autosomal dominant disease which is characterized by over 100 adenomatous polyps in colon and rectum. The prevalence of gastroduodenal polyps in FAP patients and the progression of the polyps to cancer (especially, those in the papilla of duodenum) seem to be higher than general population. In this study the prevalence of gastroduodenal polyps in Iranian FAP patients has been evaluated.

Methods: 28 patients affected by FAP (from 23 families) were invited to undergo front-view and side-view endoscopy (the diagnosis of FAP was based on the presence of multiple adenomatous polyps in colon and rectum and APC gene study). Papillary biopsies were performed in all patients (with normal or 2 abnormal appearance). Finally the results of upper GI endoscopy procedure including: location of polyps, number and size of polyps, and the polyps of periampullary area and pathology study, in addition to patient general information (based on gender, age, age of patients at the time of diagnosis of FAP, family history of FAP or colorectal cancer and gastroduodenal polyps) were analyzed.

Results: 28 patients affected by FAP (10 females and 18 males) with an average age of 38 year old, participated in this study. The outcomes were as follows: Gastric polyp in 39.28 % of patients (11 patients), was seen. (72.7% of patients with gastric polyps had fundic gland polyp and 36.36% had hyperplastic polyp); Duodenal adenoma in 25% of patients (7 patients) was seen. (57.13%: tubular adenoma with low grade dysplasia, 42.8% tubulovillous adenoma with low grade dysplasia); Normal endoscopy (no polyp was seen in endoscopy); 39.28% (11 patients) one patient (3.56%) had both gastric and duodenal polyps at the same time. There was no patient with duodenal or gastric cancer. Only one 22 year patient had a polyp in the papilla of duodenum that it was in stage one of spigelman stage classification. Desmoid tumor was seen in one 36 year female patient, (3.56%) in the left ureter and forehead. she had no significant upper GI complaint, but there was one small sessile polyp in D2 (Tubuvillous adenoma with low grade dysplasia).

Conclusion: The prevalence of gastroduodenal polyps in Iranian FAP patients is high and dysplasia has been seen in duodenal polyps of these patients.

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Hemangiopericytoma of the greater omentum with pelvic metastasis: A very rare occurrence; case report

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Hemangiopericytoma arising from the greater omentum is very rare, and only few case reports were found in the English literature. Here we report a case of hemangiopericytoma arising from the greater omentum with pelvic metastasis. The case was a 45 year old male patient admitted at our hospital with abdominal pain and swelling. Abdominal ultrasound and computer tomography detected a huge heterogeneously enhancing predominantly solid central abdominal mass with cystic changes. Laparotomy and excision of huge freely mobile highly vascularized mass arising from the greater omentum and multiple deposits on the anterior wall of the rectum was performed. Histological findings confirmed a diagnosis of hemangiopericytoma of the greater omentum with secondary deposits in the pelvis.

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Marital status and survival in patients with primary liver cancer

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Objective: Marital status is viewed as an independent prognostic factor for survival in various cancer types. However, its role in primary liver cancer hasn't been thoroughly explored. In this study, we aimed to investigate the impact of marital status on survival outcomes among liver cancer patients.

Methods: We used the surveillance, epidemiology and end results (SEER) database to identify 40,809 patients diagnosed with primary liver cancer between 2004 and 2012. Kaplan-Meier analysis and Cox regression were performed to identify the influence of diverse marital status on overall and liver cancer-specific survival.

Results: We finally identified 40,809 eligible liver cancer patients between 2004 and 2012, including 21,939 (53.8%) patients were married at diagnosis and 18,870 (46.2%) was unmarried (including the divorced/separated, the widowed, and the single). Married patients had better overall and cause-specific survival outcomes compared with patients who were divorced/separated, widowed, single, respectively. The benefit associated with marriage still persisted even after adjusted for other confounders. Widowed individuals were at greater risk of overall and cancer-specific mortality compared to other groups. Similar associations were observed in subgroup analyses according to SEER stage.

Conclusions: Our results indicated that marital status was a prognostic factor for better survival outcomes in liver cancer patients. We speculated that social support may contribute better survival outcomes, especial for the widowed. More social supports and care should be provided for unmarried patients in our clinic practice.

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Association between clinical sign and colorectal mucosal lesion severity in patients with inflammatory bowel disease

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Inflammatory bowel disease (IBD) is an idiopathic inflammatory disease in gastrointestinal tract. The clinical signs of IBD include chronic diarrhea, with or without mucous and/or with or without rectal bleeding. It hasn't surely been known that there is a positive correlation between clinical sign and colorectal mucosal lesion severity in the IBD patients. This study aims to determine the relationship between clinical sign in inflammatory bowel disease patients with the varying colorectal mucosal lesion. The study was conducted in a retrospective cross section using the medical record data from both inpatient and outpatient with IBD at the Sardjito General Hospital from January 2012 until July 2014. From 65 data (42 men, 23 women and age 18 to 97 years old (49.94±18.25)), there was an insignificant weak positive correlation between clinical signs and lesion severity in IBD (p=0.0916, r=0.211), also in proctitis (p=0.1543, r=0.2876). Meanwhile, in left-sided colitis, the correlation is insignificant and has a very weak positive correlation (p=0.9518, r=0.0125). The only significant and stronger correlation is the correlation between rectal bleeding and lesion severity in the proctitis patients with p=0.0053 and r=0.5310. So, it can be concluded that there was an insignificant weak positive correlation between clinical signs and lesion severity in IBD, except for the proctitis, where the correlation between rectal bleeding and lesion severity was rather high. From this conclusion we can assume that clinical signs only, cannot reflect the disease severity of IBD, with the exception of proctitis where the severity of rectal bleeding can also depict the severity of the lesion.

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