



conferenceseries.com



conferenceseries.com
725th Conference

8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Scientific Tracks & Abstracts **(Day 1)**



8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Gastrointestinal endoscopic innovation from China

Bing-Rong LiuThe 2nd Affiliated Hospital of Harbin Medical University, China

Endoscopic Retrograde Appendicitis Therapy (ERAT): Inspired by the success of emergency endoscopic retrograde cholangiopancreatography (ERCP) in treating acute cholangitis, we developed a minimally invasive method named ERAT to diagnose and treat acute appendicitis. We first reported this technique in DDW 2011. At present, there are more than 20 medical centers in China to carry out the ERAT technique. ERAT provide a new procedure for the treatment of acute appendicitis with rapid pain relief and short recovery time.

Liu Peroral Endoscopic Myotomy (Liu-POEM): Peroral endoscopic myotomy (POEM) has emerged as one approach to treat esophageal achalasia. Tunnellization and the myotomy are the key procedures. Submucosal tunneling requires one-third to one-half of the total operation time. For improvement of POEM procedure, we performed myotomy and tunneling as one step and then closed the entry site as before. We performed the modified procedure more than 60 cases.

Endoscopic Fenestration: The treatment of pancreatic pseudocyst is challenging and difficult. Although endoscopic therapy of pancreatic pseudocyst is considering first line therapy, there are some cases requiring surgical intervention or repeated endoscopic drainage procedures. We described endoscopic fenestration for treatment of large pancreatic pseudocyst in 3 cases. Endoscopic fenestration could be obtaining sufficient drainage which avoids pancreatic pseudocyst recurrence. The pseudocyst cavity was gradually reduced and healed after endoscopic fenestration.

Transrectal Gallbladder-Preserving Cholecystolithotomy (TRGPC): Transcolonic NOTES was not used in human cases due to the fecal contamination. We have developed a detachable balloon to keep the distal colonic cavity sterile and performed cholecystolithotomy and polypectomy with gallbladder preserved in 36 patients by the end of May 2016. Transrectal NOTES gallbladder-preserving operation provides a novel alternative approach of treating gallbladder polyps and stones.

Endoscopic Submucosal Dissection for Losing Weight: The gastric endoscopic submucosal dissection (ESD) as a new bariatric technique can affect weight gain. Previous animal experimental study suggested that ESD of one thirds of the stomach fundus can effectively and durably decrease the volume of stomach, thus significantly affect weight gain.

Biography

Bing-Rong Liu has completed his MD in 2002 from Chongqing Medical University. He was appointed as the Director of Gastrointestinal Department of the Second Affiliated Hospital of Harbin Medical University in June 2004. He has developed so many endoscopic new techniques and published more than 20 papers in reputed journals.

bingrongliu@qq.com

Notes:

Demethyleneberberine attenuates isoniazid-induced-liver injury by reducing CYP2E1 expression and preventing endoplasmic reticulum stress

Lulu Xu¹, Xiaoyan Qiang^{1,2} and Yubin Zhang¹

¹China Pharmaceutical University, China

²Virginia Commonwealth University, USA

Introduction: With the wide clinical application of isoniazid (INH) for tuberculosis treatment, its hepatotoxicity is emerging as a most common adverse effect. Demethyleneberberine (DMB) is a natural product existing in Chinese herb, which plays an important role in protecting against liver disease.

Aim: To investigate the potential effect of DMB against INH-induced liver injury by reducing CYP2E1 expression and preventing endoplasmic reticulum stress.

Methods: To investigate the potential effect of DMB against INH-induced liver injury, 8-week-old male C57 mice were given INH (150 mg/kg) for 3 weeks. The mice were administrated DMB (10 and 20 mg/kg) or a positive control drug tiopronin (50 mg/kg) via enterocelia concurrently. Serum levels of aspartate aminotransferase (AST), and liver homogenate glutathione (GSH), malondialdehyde (MDA), total cholesterol (TC) and triglyceride (TG) were measured. The expression levels of CYP2E1 and ER stress associative protein were determined. Section of livers was collected for photographic and microscopic observation by hematoxylin and eosin (HE) staining.

Results: DMB protected the liver function with significantly low serum AST level. Lipid-lowering effect of DMB was observed with reductions in liver TG and TC, which consisted of HE stained sections (with the observation), reflected that DMB dose-dependently reversed the INH-induced-liver injury, as there were much less lipid droplets depositing inside the parenchyma cells. The benefits of DMB were associated with increased GSH and decreased MDA activity and CYP2E1 expression in the livers. Furthermore, DMB remarkably inhibited ER stress by down-regulating UPR (GRP78) and ATF4-CHOP pathway.

Conclusion: DMB exerts protective effect against INH-induced-liver injury in mice, which may be associated with its regulation of lipid metabolism, reduction of CYP2E1 expression and inhibition of ER stress.

Biography

Lulu Xu is an MD-PhD working at the China Pharmaceutical University, China. She has completed her Bachelor's degree from China Pharmaceutical University, China.

994516225@qq.com

Notes:

Endoscopic treatment of biliopancreatic diseases in children: Analysis of 31 patients

Raúl A Brizuela Quintanilla, Julián F Ruiz Torres, Juan Yerandy Ramos Contreras, Jorge García-Menocal Hernández, Norberto Alonso Contino, Samira Becil Poyato and Ramón Villamil Martínez

National Center of Minimal Access Surgery, Cuba

An observational, descriptive study of the records of 53 endoscopic retrograde cholangiopancreatography (ERCP) performed on 31 patients of pediatric age with suspected biliopancreatic disorders at the National Center for Minimal Access Surgery was performed over a period of 2 years and 7 months, from 11 February 2013 to 28 July 2015. Of the total, 8 patients (27%) were male, and 22 (73%) female; 14 (26%) were diagnostic and 39 (74%) therapeutic. The primary indication was to study pain with elevated enzymes in 27 (50%), and the main diagnosis was postoperative benign common bile duct-anastomosis stricture in 14 patients (26%), followed by 10 normal ERCP (19%). The intervention used was endoscopic sphincterotomy (16) for placement of prosthesis (7), followed in frequency with stone extraction (6). There were complications in 2 cases, one (2%) in 21 therapeutic procedures, and one (2%) at diagnosis. Mortality was zero. Our results showed a higher diagnostic usefulness and therapeutic success of ERCP with minimal risk and complications in pediatric patients.

Biography

Raúl A Brizuela Quintanilla has completed his Medical Doctor studies in the Havana University School of Medicine, PhD in the Sciences Academy of Cuba and Post-doctoral studies from Havana University School of Medicine. He is the Head of Therapeutic Endoscopy and Gastroenterology Department in the National Center of Minimal Access Surgery, Havana, Cuba, a Titular Professor of Medicine from Havana University School of Medicine. He has published more than 51 articles in reputable journals and contributed in 4 textbooks. He has presented more than 50 papers in national and international events and is a member of the Cuban Society of Minimal Access Surgery and Gastroenterology.

raulab@infomed.sld.cu

Notes:

New therapies for GI cancer under the track gastrointestinal oncology

Zubair A khan

GI & LIVER Clinic Doost Medical Complex Multan, Pakistan

New treatments are emerging in field of gastroenterology oncology and it includes advancements in gastroesophageal colorectal, pancreatic and anal canal carcinomas. FDA has approved angiogenesis inhibitor ramucirumab in unresectable, advanced or metastatic gastric and gastroesophageal junction tumors after therapy with fluoropyrimidines and platinum drugs. Trastuzumab is approved for locally advanced and metastatic HER-2neu positive gastroesophageal cancer only and PD-1 inhibitor, pembrolizumab, in heavily pre-treated patients with metastatic gastric cancer. The major findings were that it is feasible. In terms of toxicity, it is feasible with pembrolizumab to achieve a decrease in tumor size. Adjuvant imatinib has become a standard treatment in all patients with significant risk for recurrence after resection of primary GISTs. FDA also approved erlotinib hydrochloride in combination with gemcitabine for the treatment of patients with locally advanced, unresectable or metastatic pancreatic carcinoma. In colon cancer, the antiangiogenic agent bevacizumab is approved in combination with other agents. EGFR-1 (epidermal growth factor receptor 1) signaling pathway is thought to play a pivotal role in tumor growth and progress of colorectal cancer. Cetuximab targets an epidermal growth factor receptor (EGFR), which is found in about 80 percent of colorectal cancers and it's effective in patients with NO K-ras mutation. Erbitux is effective even if EGFR is not found in an individual tumor. In treatment of anal canal cancer traditionally treated with abdominoperineal resection, resulting in high rates of morbidity and local recurrence. Pioneering work led to the finding that radiation therapy (RT) combined with 5-fluorouracil (5-FU) and mitomycin results in high rates of local control and disease-free and colostomy-free survival without surgery.

Biography

Zubair A khan has completed his MBBS from Nishtar Medical College and Post-doctoral studies from Sheikh Zayed Hospital Lahore. Currently, he is working as a Consultant Gastroenterologist at GI & LIVER Clinic Doost Medical Complex Multan, Pakistan. He has published more than 15 papers in reputed journals.

drzubairgastroenterologist@gmail.com

Notes:

conferenceseries.com

conferenceseries.com
725th Conference

8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Workshop (Day 1)



8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

**Antonio Iannetti***Honorary Member of UNIGASTRO, Italy*

The management of gastroesophageal reflux disease: medical, surgical and endoscopic therapy. A clinical review and scientific literature

The incidence of Gastro-Esophageal Reflux Disease, in the population of industrialized countries is high and ranges from 20 to 40%, in the age groups between 45-64 years, with a further increase in the incidence in the age between 64- 74. The natural history of the disease requires continuous recrudescence alternated with quiescent phases. In view of these epidemiological data, it is clear the importance of the social problem and the high health costs. It follows the interest of Pharmaceutical Companies, the Companies of Electromedical and producing toolkits endoscopic and surgical Companies.

Objective of the workshop: In this session, I intend, with the participation of colleagues internists and surgeons, make a brief stock of the situation, about the gastro-esophageal reflux disease. I will make a tour of the clinical presentation, the increase of incidence, especially of so-called atypical forms and symptoms of gastro-pharyngeal reflux (high reflux), emphasizing how many patients are refractory to therapy. Patients who benefit from medical treatment, they become dependent on care. Whereas many are young and that medical therapy has adverse side effects, such as anemia, osteoporosis, and infections, is the need for alternative therapies. Physiotherapy global posture, for example, can be a transient and partial support. The ultimate solution is or should be to surgical.

Considerations: Surgical therapy makes use of minimally invasive or laparoscopic method, which shortens the hospital stay. But an endoscopic surgery, easy, repeatable, free from postoperative complications, can be performed in day surgery, would be ideal for this type of chronic disease. In reviewing the different techniques, that have been proposed over the last twenty years, I relate the considerations, derived from the international literature. Conclude by presenting a last device, manufactured in Germany, derived from its precursor, the NDO Plicator, which, making use of the addition of heads polytetrafluoroethylene (PTFE), which retain the suture threads from the traction, exerted by the tissues, seem to improve the seal in time.

Conclusions: I carry scientific studies that have compared the operations, performed with GERD-X Plicator, to surgical interventions of fundoplication, with satisfactory results. My invitation is to continue to seek solutions with endoscopic surgery, which is the most appropriate technique for this type of pathology.

Biography

Antonio Iannetti received his degree in Medicine and Surgery and Specialties in "Gastroenterology" and "Internal Medicine" at the University of Rome. 1980-1983 University of Los Angeles (USA), he is interested endoscopic sclerosis of esophageal varices and retrograde cholangiopancreatography-endoscopically. University Professor - Chair of Gastroenterology - University of Rome. Head of the Digestive Endoscopy Service of the University Hospital Umberto I in Rome. Professor of "Endoscopy" and "Digestive System Diseases" at the Faculty of Medicine, University of Rome - "La Sapienza." Lecturer in E.C.M. Courses (Continuing Medical Education), national and international. Expert of the Ministry of Health for Gastroenterology.

antonio@iannetti.it



conferenceseries.com



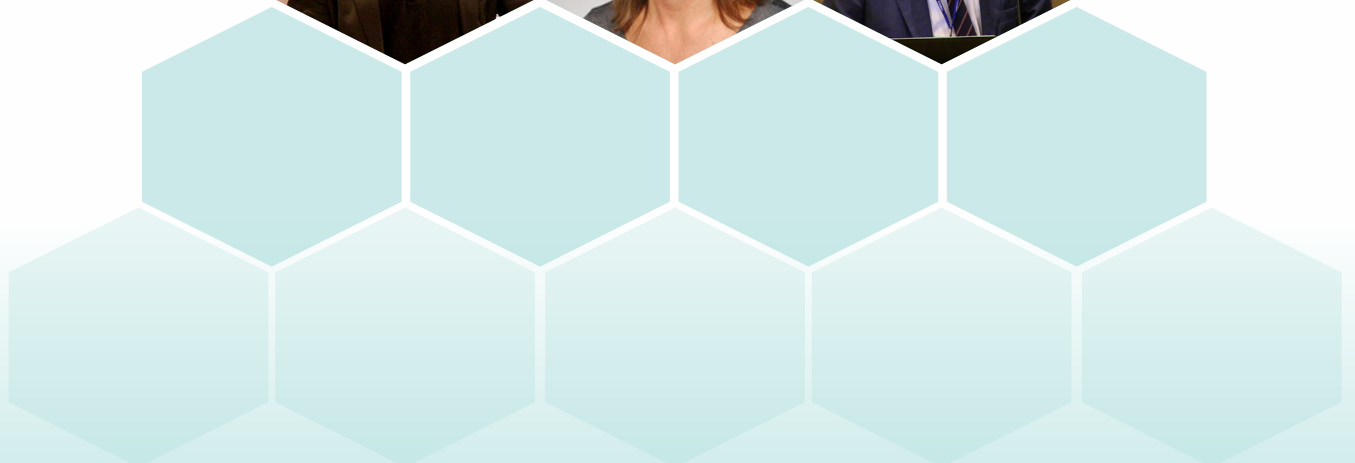
conferenceseries.com
725th Conference

8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Workshop (Day 2)



8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada



Indran Indrakrishnan

Clinical Professor of Medicine, USA

Update on proton Pump Inhibitors

Proton pump inhibitors (PPIs) are one of the most commonly prescribed classes of medications and are bought by the public over the counter very frequently. Proton pump inhibitors were introduced in 1980's and they have demonstrated gastric acid suppression superior to that of previous block buster drug histamine H₂-receptor blockers. The first proton pump inhibitor was Omeprazole, and later Lansoprazole and Rabeprazole were introduced. Esomeprazole and Dexlansaprazole came in to the market in the last decade as purified Isomers. Proton pump inhibitors have enabled improved treatment of various acid-peptic disorders, including GERD, peptic ulcer disease, and NSAID drug-induced gastropathy. In the first two decades, proton pump inhibitors were thought to have minimal side effects and few significant drug interactions, and they were generally considered safe for long-term treatment. However, the landscape has changed lately and current knowledge of the proton pump inhibitors will be discussed.

Biography

Indran Indrakrishnan is a Clinical Professor of Medicine at the Emory University School of Medicine and the Medical Director of GDC Endoscopy Center LLC & Gwinnett Digestive Clinic PC in Atlanta GA. He was the Former President and currently on the Board of Directors of Georgia Gastroenterological and Endoscopic Society. He has served and has been serving on numerous committees including American College of Gastroenterology, American College of Physicians, Medical Association of Georgia and AAAHC International. He has organized and spoken at many CME conferences across the country and has won many distinguished awards from national and international scientific organizations. He has published several Clinical and Basic Science research articles and is in the Editorial Boards of peer review journals. He has a special interest in the Management and Public Education of Colorectal Cancer and is on the Board of Directors of Fight Colorectal Cancer, a national non-profit patient advocacy organization.

bindrak@emory.edu



conferenceseries.com



conferenceseries.com
725th Conference

8th International Conference on

Clinical Gastroenterology & Hepatology

October 03-05, 2016 Toronto, Canada

Scientific Tracks & Abstracts **(Day 2)**



Novel in vitro three dimensional cultures of human intestinal cell lines to develop 3D model for inflammatory bowel disease

Rasha Dosh, Nicola Jordan-Mahy, Christopher Sammon and Christine Le Maitre
Sheffield Hallam University, UK

In order to develop an in vitro 3D cell culture model which mimics the natural environment of the small intestine, pNIPAM-Laponite hydrogel system was investigated. Human colonic adenocarcinoma cell lines: Caco-2 and HT29-MTX have been widely used in in vitro 3D culture system as these cells have the ability to differentiate into enterocyte-like cells and mucus producing goblet cells respectively; and exhibit the properties of intestinal epithelia. For these reasons each cell line and co-cultures were investigated in suspension and layered cultures using the novel pNIPAM hydrogels, cultures were maintained under static culture or dynamic culture for up to 8 weeks. Cell viability was assessed using Alamar Blue assay, and histological stains: H&E, Alcian Blue-Periodic Acid Schiffs (PAS) were used to investigate cellular morphological and matrix production. Scanning electron microscopy (SEM) was also used to assess the morphology of cells within the hydrogel. Both cell types remained viable and those cultured in layered cultures under dynamic culture formed villus like structures and produced both acidic and neutral mucins. SEM analysis showed the presence of cells within/on the surface of the hydrogel, where cells formed circular clusters of cells forming mosaics with each cell having microvilli. We conclude that the pNIPAM-Laponite hydrogel could provide a novel 3D intestinal *in vitro* model.

Biography

Rasha Dosh has completed her MSc from Al-Mustansiriyah University and worked as a Lecturer at 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.

rasha.h.dosh@student.shu.ac.uk

Notes:

Expanding and characterizations of colon cancer-derived stem cells

Kianosh Vahedi

Shahid Beheshti University of Medical Science, Iran

Background: Increasing and spreading out of cancer stem cells as spheroids were verified in our previous studies. But, capability of primary tumor-derived stem cells to keep their unique properties *in vitro* is still doubtful. So, the goal of this study was to segregate, expand and characterize the colon cancer-derived stem cells.

Materials & Methods: In the present work, colon cancer stem cells indicators including CD44 and EPCAM in spheroid and parental cells were analyzed by flow cytometry. The appearance levels of stemness genes in both spheroid and parental cells were investigated using real-time PCR. Tumorigenic potential of spheroid cell was evaluated and used for the implantation of tumor xenografts into nude mice.

Results: The earned data showed 75% of spheroids were CD44+/EpCAM+, while parental cells only expressed 18% of CD44/EpCAM markers ($p < 0.01$). In comparison with the parental cells, the expression levels of stemness genes, like *Sox2*, *Oct4*, *Nanog*, *C-myc*, and *Klf4* were significantly increased in spheroid cells ($p < 0.05$). Furthermore, as little as 1000 spheroid cells were sufficient to obtain tumor growth in nude mice, while 1×10^6 of parental cells was needed to generate tumor.

Conclusion: Sphere formation test is a useful method to enhance cancer stem cells. Spheroid cells showed increasing manifestation of stemness genes and tumorigenic activity in nude mice.

Biography

Kianosh Vahedi is a student of Oncology at the Shahid Beheshti University of Medical Science, Iran. He is pursuing his PhD from Shahid Beheshti University of Medical Science, Iran. He has published more than 15 papers in reputed journals and has been serving as an Editorial Board Member of reputed.

educationfirst280@gmail.com

Notes:

Cost-effectiveness analysis of ultrasonography screening for non-alcoholic fatty liver disease in metabolic syndrome patients

Pochamana Phisalprapa
Mahidol University, Thailand

Background & Aims: Non-alcoholic fatty liver disease (NAFLD) can be early diagnosed by noninvasive ultrasonography. Currently, there is no cost-effectiveness analysis of ultrasonography screening with intensive weight reduction program in metabolic syndrome patients. This study aimed to estimate costs and clinical outcomes of such program in Thailand.

Methods: A cost-effectiveness analysis using decision tree and Markov models to estimate lifetime costs and health benefits of screening program versus no screening based on a cohort of 509 Thai metabolic syndrome patients from the largest university hospital in Thailand under societal perspective was done. Effectiveness and utility parameters were based on literatures, while costs and mortality parameters were determined using Thailand database. Costs were presented as year 2014 United States Dollar (USD) values. The results were reported as incremental cost-effectiveness ratios (ICERs) in USD per quality-adjusted life year (QALY) gained with discount rate of 3%. A series of sensitivity analyses including a Monte Carlo simulation were performed to assess the influence of parameter uncertainty on the results.

Results: Ultrasonography screening of 50 years-old metabolic syndrome patients with intensive weight reduction program was cost-effective with ICERs of 958 USD/QALY gained when compared with no screening. According to willingness-to-pay of Thailand (4,848 USD/QALY gained), the probability of being cost-effective was 67%. Screening at ages before 45 years was cost-savings while screening at age between 45-64 years was cost-effective.

Conclusion: For patients with metabolic syndromes, ultrasonography screening for NAFLD with intensive weight reduction program is a cost-effective program in Thailand. Our findings can be used as part of evidence-informed decision making.

Biography

Pochamana Phisalprapa is a Gastroenterologist and Medical Instructor at Faculty of Medicine Siriraj Hospital, Mahidol University. She has completed her MSc in Health Economics and Health Care Management at Chulalongkorn University, Thailand. She has published more 10 papers in reputed journals.

coco_a105@hotmail.com

Notes: