

conferenceseries.com 877th Conference

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Scientific Tracks & Abstracts (Day 1)



Digestive Diseases 2016

Sessions:

Day 1 December 08, 2016

Advances in Digestive Diseases | Gastrointestinal Surgery | Gastrointestinal Oncology | Gastrointestinal Immunology | Gastrointestinal Oncology

Session Chair

Mohammad Hayssam Elfawal
Bariatric Surgery Clinic, Lebanon

Session Co-Chair

Muhammad S Niam
Brawijaya University School of Medicine, Indonesia

Session Introduction

Title: Duodenal Diversion and Surgical Treatment of Type 2 Diabetes in Midly Obese Patients: What Metabolic Surgery has to Learn from General Surgery

R C Luiciani, Groupement Hospitalier Les Portes du Sud, France

Title: Eosinophilic Colitis: Think Out of The Box

Mariam AlQurashi, King Fahd University Hospital, KSA

Title: Laparoscopic anterior resection with natural orifice specimen extraction (NOSE) for rectal cancer

Muhammad S Niam, Brawijaya University School of Medicine, Indonesia

Title: Reduced Port TME

Ali Al Ghrebawi, Coloproctology Center-Haren, Germany

Title: Laparoscopic management of an unusual cause of massive upper gastrointestinal bleeding

Brianna Twomey, St Vincent's Hospital, Australia

Title: A comparative study of Duplex Doppler ultrasound and blood indices as noninvasive predictors of oesophageal varices in cirrhotic patients

Marwa El-Hossarya, Tanta University, Egypt

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Duodenal diversion and surgical treatment of type 2 diabetes in mildly obese patients: What metabolic surgery has to learn from general surgery?

R C Luciani and K Tardy

Groupement Hospitalier Les Portes du Sud, France

Many recent prospective studies have undoubtedly proven metabolic surgery to be the most effective treatment of T2DM compared with medical management. Therefore bariatric surgeons have now to question the best surgical procedure to achieve diabetes improvement or even resolution not only in severely obese patients but also in mildly obese ones without exposing them to the risk of malnutrition. To achieve this goal, metabolic surgery can surely benefit from the previous results of general surgery in regards to the very different effects of the various types of reconstruction after gastrectomy (Billroth I versus Billroth II and Roux en Y) both in diabetic and non diabetic patients. This presentation reviews the results of general and oncological gastric surgery and their implications in the field of diabetology. According to these data duodenal diversion reconstruction after gastrectomy significantly improves T2DM in diabetic patients while it seems on the opposite to worsen glucose metabolism in non diabetic ones. These conclusions should lead to exclude restrictive procedures without duodenal diversion in the surgical management of T2DM avoiding much malabsorption and weight loss in thin diabetic patients

Biography

R C Luciani has completed PhD from the University Claude Bernard Lyon France in 1988. He has published papers in the field of Laparoscopy including colo-rectal surgery nephrectomy and hepatectomy since 1991. He has been a Speaker at IRCAD WebSurg Stasbourg France and a Founding Member of MGB /OAGB club. He is at present mostly involved in Bariatric Metabolic Surgery.

r.c.luciani@orange.fr

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International Conference on

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Eosinophilic colitis: Think out of the box - A case report

Khalifa Almulhim and Mariam AlQurashi
King Fahd University Hospital, KSA

Case Report: 19 years old male was presented with symptoms and signs mimicking abdominal TB. His workup showed marked Eosinophilia and an inflammatory mass in the right side of the colon. Pathology obtained by colonoscopy confirmed active eosinophilic colitis and treated accordingly by gastroenterologist. Nevertheless, his condition worsened in the form of intestinal obstruction. Radiologic investigations showed obstructed cecal lesion with apple core appearance and right hemicolectomy was performed. Final result has been proved to be gastro-intestinal basidiobolomycosis.

Biography

Khalifa Almulhim has completed his PhD from College of Medicine in King Faisal University, Dammam. He has completed Saudi board in General Surgery in 2005 and obtained Saudi Fellowship in Colorectal Surgery. He is working as a Consultant Colorectal Surgeon. He is the Member of Review Board in Oman Medical Journal and also Member of the Saudi Colorectal Surgery Society.

khalifamulhim@yahoo.com
qurashmm@hotmail.com

Notes:

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Laparoscopic anterior resection with Natural Orifice Specimen Extraction (NOSE) for rectal cancer

Muhammad S Niam

Brawijaya University, Indonesia

Laparoscopic colorectal cancer resection requires another abdominal incision to extract the resected specimen. We describe a technique for laparoscopic resection of an upper rectal cancer in a 50-year-old man followed by transanal specimen delivery, hence avoiding the need for making any additional abdominal incisions for retrieval of the specimen. Pneumoperitoneum was created, followed by medial-to-lateral mobilization of the sigmoid colon and take down of the splenic flexure and division of the inferior mesenteric vessels laparoscopically. The rectum distal to the tumor was tightly bounded extra-luminally by gauze tape and transected after distal intraluminal irrigation through anal opening under direct vision by transanal rigid endoscopy. The proximal stump was extracted transanally via an opening in the rectal stump. The proximal colon was then transected extra-corporeally and the anvil of the circular stapler inserted before returning it to the pelvic cavity. The distal rectal stump was circularly sutured and the colorectal anastomosis was then completed intracorporeally. The patient with an annular rectal cancer 10cm from the anal verge underwent that procedure. Postoperative recovery was uneventful. He has resumed normal daily activities 1 week after surgery. Histopathology confirmed a moderately differentiated T3N0 upper rectal adenocarcinoma. In the effort to minimize surgical trauma and postoperative pain, natural orifice specimen extraction techniques have been attempted. This procedure may be applicable to benign tumors and early colorectal cancer and serves as an intermediate step between laparoscopic and natural orifice endoscopic surgery.

Biography

Muhammad S Niam is a General Surgeon, a Consultant in Digestive Surgery and also an Endoscopic and Laparoscopic Surgeon. He is a Lecturer and Medical Staff of Saiful Anwar General Hospital/Brawijaya University School of Medicine, Malang, Indonesia. He is a Chairman of Indonesian Society of General Surgery of Malang Region, National Faculty Member of Indonesian Society of Endo-laparoscopic Surgery, National Faculty Member of Indonesian Society of Coloproctology and Committee of Asian Society of Colorectal Surgery.

m2sniam@gmail.com

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December 08-09, 2016 Dubai, UAE

Reduced port TME

Ali Al Ghrebawi

Coloproctology Center-Haren, Germany

Most of the surgeons are now convinced of the benefits of the laparoscopic approach in colorectal surgery. The laparoscopic approach for benign and malignant colon disease is safe, feasible and effective. More challenging is the adoption of this approach while addressing colorectal cancer disease and maintaining oncological principles. After performing a standard laparoscopic surgery technique in benign and malignant diseases for several years, we are now moving one step forward. The laparoscopic approach was used for all benign and malignant colorectal diseases. To reduce the number of trocars and avoid a 5cm incision for specimen extraction, we started to utilize the "Reduced Port" technique while dealing with rectal cancer. Performing the TME safely, respecting all oncological principles whilst following the surgical guidelines of the European surgical societies, the OCTO-Port® was utilized at the site of the Loop Ileostoma, which was marked before the operation. In addition, a 5mm Transport® trocar was inserted in the lower third of the abdominal wall. The operation steps are generally equivalent to a standard Laparoscopic approach. At the end of the operation, the specimen is extracted through the wound retractor of the OCTO-Port®, negating the need for an additional incision. The anastomosis is performed with a Compact CS®. According to the latest and most relevant study, COLOR II which involved 30 Hospitals in 8 countries, along with our own study, we can approve the safety and accuracy of this approach in comparison with the classic open approach when dealing with rectum cancer.

Biography

Ali Al Ghrebawi is currently working in Colorectal Surgery Department, Meppen-Germany.

alikitani@yahoo.com

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International Conference on

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December 08-09, 2016 Dubai, UAE

Oesophageal perforation - A life threatening complication of balloon tamponade with a sengstaken-blakemore tube for bleeding oesophageal and gastric varices

Brianna Twomey

St Vincent's Hospital, Australia

Introduction: Balloon tamponade using a Sengstaken- Blakemore (SB) tube is an effective lifesaving option in the management of acute oesophageal and gastric variceal bleeding. The procedure is often used as a temporising measure to achieve short term haemostasis by applying direct compression to varices until more definitive treatment can be instituted. However, the use of a Sengstaken-Blakemore tube has been associated with a number of complications including aspiration pneumonia, airway obstruction, and oesophageal erosion and perforation.

Case Report/Method: We present a case of a patient who developed an oesophageal perforation following the insertion of a Sengstaken-Blakemore tube and performed a literature review of similar cases.

Results: A 53 year-old male presented with haematemesis and melena on the background of Child-Pugh B cirrhosis secondary to hepatitis C virus. The patient was commenced on Octreotide and Pantoprazole infusions, and endoscopic band ligation of oesophageal varices was later performed. Following the procedure, the patient suffered ongoing haematemesis and was transferred to the intensive care unit for resuscitation and urgent intervention. Rapid endotracheal intubation was followed by a gastroscopy that revealed fresh blood in the stomach. A Sengstaken-Blakemore tube was inserted and the gastric balloon inflated following confirmation of tube position with auscultation. A subsequent chest radiograph revealed a round radiolucent area corresponding to the gastric balloon projecting over the right hemi-thorax. The gastric balloon was immediately deflated and removed. A full thickness oesophageal tear was further confirmed by a repeat gastroscopy and computed tomography imaging.

Conclusions: Oesophageal perforation secondary to Sengstaken-Blakemore tube misplacement is a relatively rare complication, however it carries a high incidence of associated mortality. This case supports the literature and illustrates that auscultation alone is not an adequate method to confirm Sengstaken-Blakemore tube placement. We recommend the use of routine chest radiography or ultrasonography before and after balloon inflation. Endoscopic guided insertion is another method that can be utilised to ensure correct balloon positioning.

Biography

Brianna Twomey is currently working in St. Vincent's Hospital, Melbourne, Australia

briannatwomey@hotmail.com

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International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

A comparative study of Duplex Doppler ultrasound and blood indices as noninvasive predictors of oesophageal varices in cirrhotic patients

Marwa El-Hossarya, Mona Shehataa, Lobna A Abo Alia and Khalid El-Shafeyb
Tanta University, Egypt

Background: Endoscopic surveillance of oesophageal varices (OV) in cirrhotic patients is expensive and uncomfortable for the patients. Therefore, there is a particular need for noninvasive predictors for OV.

Objective: The aim of the present study was to evaluate the accuracy of ultrasound indices and blood indices as noninvasive OV predictors among cirrhotic patients. Patients and methods A total of 61 cirrhotic patients were enrolled in this study and were divided into two groups: 21 patients without OV and 40 patients with OV who were further subdivided into 24 patients with small OV and 16 with large oesophageal varices (LOV). P2/MS, serum fibrosis markers (APRI, FIB4, Lok score, and Forns index), abdominal ultrasonography [portal vein diameter (PVD), splenic index], platelet count/spleen diameter ratio (PC/SD), and Doppler ultrasonography [portal vein velocity, splenoportal index, hepatic and splenic impedance indices, and hepatic venous waveform (HVWF)] were assessed in all patients.

Results: P2/MS was the best predictor of OV and LOV [area under the curve (AUC) 0.88 and 0.787, respectively] followed by PC/SD (AUC 0.77 and 0.715, respectively). PVD, serum fibrosis markers, and serum albumin had the least accuracy for OV prediction. For LOV predictions, Lok score had good accuracy (AUC 0.785) followed by serum albumin, PVD, APRI, and Forns index (AUC 0.72, 0.738, 0.734, and 0.738, respectively). Monophasic HVWF showed a good positive predictive value (85%) and specificity (80.95%) for prediction of OV and good sensitivity (81.25%) and negative predictive value (81.25%) for LOV.

Conclusion: P2/MS can identify OV and LOV in cirrhosis with high accuracy followed by PC/SD. Monophasic HVWF is a good noninvasive predictor of OV and LOV in cirrhotic patients.

Biography

Marwa El-Hossarya is currently working in Department of Tropical Medicine, Tanta University, Tanta, Egypt

dody_toty278@yahoo.com

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Young Researcher Forum (Day 1)



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YRF Judge

Mohamed Amin El Gohary

Burjeel Hospital, UAE

R C Luiciani, Groupement

Hospitalier Les Portes du Sud, France

Session Introduction

Title: Evaluation of human epidermal growth factor receptor (Her-2/neu) in gastric adenocarcinoma: A study from South Asia region

Asma Shabbir, Jinnah Sindh Medical University, Karachi, Pakistan

Title: Effect of ethanolic extract of coconut (Cocos nucifera) on aspirin-induced gastric ulcer in albino rats

Madiha Amjad, Avicenna Medical College, Pakistan

Title: Calretinin expression in Hirschsprung disease – A potential marker of ganglion cells

Mishal Sikandar, Avicenna Medical College, Pakistan

Title: The Efficacy of Laparoscopic Heller's Myotomy in Achalasia Patients – A University Hospital Experience

Nouf Alballa, King Saud University, KSA

Title: Case report on colonic Dieulafoy's lesion: A rare cause of lower gastrointestinal hemorrhage

Hemant Atri, Fortis Escorts Hospital, India

International Conference on

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Evaluation of human epidermal growth factor receptor (Her-2/*neu*) in gastric adenocarcinoma: A study from South Asia region

Asma Shabbir, Muhammad Asif Qureshi, Talat Mirza and Abdullah Bin Khalid
Jinnah Sindh Medical University, Pakistan

Background & Study Aim: Gastric cancer is the third leading cause of cancer mortality worldwide. Human epidermal growth factor (Her-2/*neu*) has shown strong therapeutic implication in breast cancer. Expression of Her-2/*neu* in gastric cancer has been reported from across the world, it is still unknown from South Asia region. The aim of this study is to evaluate Her-2/*neu* expression in gastric adenocarcinomas and to correlate with various clinico-pathological variables.

Patients & Method: A total of 95 consecutive patients undergoing endoscopic biopsy or gastrectomy were recruited in this study after institutional ethical approval. Clinico-pathological parameters of all patients were recorded and hematoxylin and eosin (H&E) staining was performed. Expression of Her-2/*neu* was investigated by immunohistochemistry using α -Her-2 antibody. Hofmann validation scoring system was used and its association was seen with various clinicopathological variables including age, gender, histopathological type, grade and stage of the tumor.

Results: Her-2/*neu* over expression was found in 21 (22.1%) cases from the total of 95 gastric adenocarcinomas. Her-2/*neu* was significantly expressed in low grade gastric cancer ($p=0.030$). Although there was no significant difference between Her-2/*neu* expression and other variables, Her-2/*neu* score 3+ was higher in females, age > 60 years, Laurens intestinal type & IIIC stage.

Conclusion: Her-2/*neu* is expressed in a limited group of gastric cancer patients in Pakistani population. Our findings indicate a significant strong association of Her-2/*neu* expression with low grades of gastric cancer.

Biography

Asma Shabbir has a passion towards research and concerned for better prognosis and also adores to teach the medical students. Her dissertation work involved evaluation of Her-2/*neu* in gastric and colorectal adenocarcinomas. The basis of which arised from the use of targeted therapy (α -Her-2) in breast cancer patients. Similarly, α -Her-2 therapy in gastric and colorectal cancer might give another treatment option for better prognosis to these patients in this new era of personalized medicine.

drasma52@gmail.com

Notes:

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Effect of ethanolic extract of coconut (*Cocos nucifera*) on aspirin-induced gastric ulcer in albino rats

Madiha Amjad

Avicenna Medical College, Pakistan

Statement of problem: The integrity of stomach mucosa is maintained by defense mechanism e.g. mucous secretion, mucosal blood flow, bicarbonate secretion, scavenging of free radicals and gastric mucosal barrier against these damaging and aggressive factors. The peptic ulcer developed when the balance between aggressive and defensive factors occurs and situation favors aggressive factors enough to cause mucosal damage and lead to ulceration. Aspirin is extensively used as an analgesic and anti-inflammatory drug. It is safe in therapeutic doses but it is toxic in over dosage or in chronic injudicious use, when it causes acute or chronic toxicity respectively. Acute toxicity causes gastric ulceration and bleeding. Many antioxidants have been trying to study their protective effects of NSAIDS induced gastric ulcers. Coconut and its products are known for their antioxidant, antibacterial, antidiabetic, antithrombotic and antiulcerogenic effects. Present study was designed to observe the effect of ethanolic extract of coconut on aspirin induced gastric ulcer in male albino rats. Two different studies are documented about the effect of ethanolic extract of coconut on Indomethacin induced gastric ulcers. Both are paradoxical and show controversy at different doses of extract. The present study, therefore, designed in an attempt to observe the effects of high doses of ethanolic extract of coconut on aspirin induced gastric ulcers. This study was conducted at University of Health Sciences Lahore.

Methods: Thirty (30) rats, weighing 175-220gm, were divided into six groups and treated with different doses of Ethanolic extract of coconut for 14 days and was sacrificed on 15th day of experiment. Methodology involved staining of stomach with H&E and Masson Trichome staining and observed for desquamation, mucosal congestion, inflammatory cells and necrosis. Blood samples were drawn for serum analysis of Super Oxide Dismutase (SOD).

Findings: The results showed that ethanolic extract of coconut helps to heal the stomach ulcers and gives best results at 400mg/kg dose and also helps to reduce oxidative stress which also helps to heal ulcers.

Conclusion & Significance: It was concluded that ethanol extract of coconut provides a very reliable and cost effective adjunctive therapy to be routinely used in patients who take aspirin and aspirin induced gastric ulcers as well.

Biography

Madiha Amjad is a Doctor and obtained MBBS degree from Dalian Medical University, China in 2010. He then worked as House Officer in Medicine and Surgery from 2011-2012. He worked as a Demonstrator of Anatomy for one year and started Post-graduation in Anatomy in 2014 from UHS, Lahore, Pakistan. He is also pursuing MHPE (Master's in Health Professional Education) from UHS. His research interests are gastrointestinal pathologies, female genital tract pathologies, breast cancer and autoimmune diseases.

dr.madihaamjad@gmail.com

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International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Calretinin expression in Hirschsprung disease – A potential marker of ganglion cells

Mishal Sikandar

Avicenna Medical College, Pakistan

Statement of Problem: Hirschsprung disease (HSCR) or congenital intestinal aganglionosis is a birth defect characterized by complete absence of neuronal ganglion cells from a portion of the intestinal tract, mostly in a segment of rectum and variable length of contiguous proximal, causing functional obstruction and colonic dilation proximal to affected segment. Routine diagnostic modalities like Hematoxylin & Eosin (H&E) and Acetylcholine Esterase (AChE) staining as well as radiology-based clinical techniques have been conventionally used for identification of aganglionosis and presence of hypertrophic nerve trunks in the affected segment as primary indicators of HSCR. However, these conventional methods have their inherent deficiencies as H&E requires multiple trans-mural biopsies and the interpretation of ganglion cells is often very difficult. Similarly, AChE requires fresh frozen section for which the chances of technical error are very high and this facility is not commonly available in Pakistan. The number of misdiagnosed results with potential overtreatment stands in need for reliable staining to prevent harm from unnecessary surgery and mortality. Recently, Immunohistochemical markers are being increasingly used and evaluated in Pathology laboratories. No immunohistochemical marker, either alone or in combination, has emerged from those researches that are as promising as calretinin. Hence, this study was designed with an aim to observe the immunohistochemical expression of Calretinin as a marker for aganglionosis and to detect ganglion cells in the affected areas for better and more accurate diagnosis of the disease.

Methodology: This study was conducted at University of Health Sciences Lahore, Pakistan from February to September, 2016. Colonic Biopsy Specimens from 73 patients were collected mostly from Mayo Hospital, Lahore with established histopathologic diagnosis of HSCR considered for the study. Age range was 0.1-120months. There were 48 (65.8%) cases who were ≤ 12 months old, 20 (27.4%) were 12.1-60 months old and 5 (6.8%) of the cases were 60.1-120 month old. The mean age of patients was 12.52 ± 9.21 months. There were 52 (71.23%) male and 21 (28.77%) female patients. The male to female ratio in this study was 2.48:1. According to sign and symptoms and clinical examination, 69 (94.5%) cases had mostly long standing constipation, 47(64.4%) cases had fever, 68(93.2%) cases had vomiting, 31(42.5%) cases had failure to thrive, 20(27.4%) cases had Enterocolitis and 63(86.3%) of the patients had palpable abdominal masses. Methodology involved staining of fresh sections with H&E procedure for provisional histological diagnosis. The biopsies were then processed for immunohistochemical staining with Calretinin and were observed for presence of ganglion cells.

Findings: All the ganglion cells took brownish-black stain and were easily identified, which were not being identified on H&E. Ganglion cells were present and absent in 42(57.53%) and 31(42.47%) respectively. The study revealed that the Calretinin immunohistochemistry was very sensitive and specific for detecting ganglion cells.

Conclusion & Significance: It was concluded that Calretinin provides a very reliable and cost effective adjunctive test to be routinely used with H&E in the evaluation of Rectal Section Biopsies (RSBs) for HSCR. The use of Calretinin may help the Pathologists in making accurate and reliable diagnosis for HSCR and consequently eliminating the need for repeated biopsies and unnecessary surgeries.

Biography

Mishal Sikandar is a Doctor and obtained MBBS from UHS, Pakistan in 2012. He worked as House Officer in Medicine, Cardiology and Obs & Gynae in 2013. He then worked in Obstetrics and Gynecology for one year and started Post-graduation in Morbid Anatomy and Histopathology, from UHS, Lahore, Pakistan. His research interests are cardiology, female genital tract pathologies, carcinoma breast, gastrointestinal pathologies, bone cancer and Hirschsprung's Disease. He has published articles in *Biomedica*, an official publication of University of Health Sciences.

mishal_sikandar@yahoo.com

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

The efficacy of laparoscopic Heller's myotomy in achalasia patients: A university hospital experience

Nouf Suliman Alballa, Sami Alnassar, Afaf Almutairi, Sarah Aljabri, Munira Almehsen, Kholoud Aldosari, Iftikhar Ahmed and Waseem Hajjar
King Saud University- Medical City, Saudi Arabia

Aim: Aim of this study is to determine the impact of laparoscopic Heller myotomy on patients' symptoms with esophageal achalasia by evaluating pre-operative and post-operative Eckardt's score.

Method: The patients involved in this study were diagnosed with esophageal achalasia and underwent laparoscopic Heller myotomy (LHM) between 2008 and 2015, at King Saud University- Medical City, Saudi Arabia. Record of 25 patients who underwent LHM was reviewed; out of these only 19 patients met the inclusion criteria who were included to conduct a retrospective cohort designed study. Patients' demographic data, time of admission, hospital stay and surgical complications were obtained through Hospital Information System (HIS). Clinical symptoms were assessed using the Eckardt's score, which is the sum of the individual symptom score for dysphagia, regurgitation, retro-sternal pain and weight loss. The pre-operative score was collected before the surgery in the surgical clinic. The post-operative score was collected by contacting the patients via telephone. The post-operative Eckardt's score was recorded twice; first, between 3 to 6 months after the surgery and second, at the time of the phone call (January 2016).

Results: A total of 19 patients were included in the study with a mean age of 36.6 years, 13 of them were males (68.4%). The mean of the pre-surgical Eckardt's score was 6.2 which was improved to 1.3-2.5 after laparoscopic Heller myotomy ($P < 0.01$), with a clinical remission of 84.2% after the surgery.

Conclusion: Laparoscopic Heller myotomy is an effective procedure in achalasia patients with clinical remission of 84.2%.

Biography

Nouf Suliman Alballa is a 4th year Medical Student at King Saud University, Riyadh, Saudi Arabia. His research project has been supervised by Dr. Sami Al-Nassar, Head and Division of Thoracic Surgery at King Saud University- Medical City, Saudi Arabia. He is working on two other research projects.

Nouf.alballa@gmail.com

Notes:

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

Case report on colonic Dieulafoy's lesion: A rare cause of lower gastrointestinal hemorrhage

Hemant Atri

Fortis Escorts Hospital, India

Dieulafoy's lesion is a relatively rare, but potentially life-threatening, condition. It accounts for 1-2% of acute gastrointestinal (GI) bleeding, but arguably is under-recognized rather than rare. Extra-gastric Dieulafoy's lesions are even more uncommon. We report the case of a 92-year-old male who presented with gastrointestinal bleeding from a transverse colonic Dieulafoy's lesion. He presented with multiple episodes of melena followed by one episode of fresh blood per rectum. In addition, there was associated pre-syncope and anemia. Upper GI endoscopy was negative for an upper GI source of bleeding but on colonoscopy an actively oozing Dieulafoy's lesion was identified in the ascending colon. Bipolar cautery and two hemostatic endoclips were applied to achieve hemostasis. Clinicians should consider this rare entity as a potential cause of potentially life-threatening lower gastrointestinal bleeding.

Biography

Hemant Atri has completed his MBBS from P.D.U. Medical College, Rajkot, Gujarat and currently pursuing Post-graduation in DNB Surgery at Fortis Escorts Hospital, Faridabad, India.

atri_hemant@yahoo.in

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International Conference on

Digestive Diseases

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Scientific Tracks & Abstracts (Day 2)



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Clinical Nutrition in Gastrointestinal Diseases | Bowel Diseases | Obesity and Nutrition | Colorectal Diseases | Functional GI and Motility Disorders

Session Chair
Mohamed Amin El Gohary
Burjeel Hospital, UAE

Session Co-Chair
R C Luiciani
Groupement Hospitalier Les Portes du Sud, France

Session Introduction

- Title: The incidence of laparoscopic cholecystectomy after laparoscopic sleeve gastrectomy in Lebanon**
Mohammad Hayssam Elfawal, Bariatric Surgery Clinic, Lebanon
- Title: Bleeding after gastric bypass surgery: The possibility of using balloon enteroscopy in the postoperative period**
Maria Solovyeva, The Federal State Budgetary Institute, Russia
- Title: Perioperative Anaesthetic Considerations of the "Obese" for Bariatric and Metabolic Surgery**
Baris Cankaya, Marmara University Medical Faculty Training Hospital, Turkey
- Title: Predictors of difficult laparoscopic cholecystectomy**
Nagendra Prasad, Maxcure Hospitals, India
- Title: Primary endoscopic therapies for obesity and metabolic disease**
Mahmoud Saad Berengy, Al-Azhar university
- Title: Management of Complications Post Laparoscopic Sleeve Gastrectomy**
Hussam Adi, King Salman Armed Forces Hospital, KSA
- Title: Management of chronic hepatitis C: A single center experience**
Monir Hussein Bahgat, Mansoura University, Egypt
- Title: Sedation for pediatric patient with end stage hepatic disease outside operating room**
Emad Salem, Hepatology Unit, Mansoura General Hospital, Egypt
- Title: Long Term Results of Sacral Nerve Stimulation (SNS) in Spina Bifida**
Ali Al Ghrebawi, Coloproctology Center-Haren, Germany
- Title: Lap management of huge diaphragmatic defects**
Faheem A Elbassiony, Kasr El Aini Hospital, Egypt
- Title: Endoscopic finding of minimal change esophagitis and its Role in the diagnosis of NERD patients**
K Abdelwali, Sheikh Zayed Al Nahyan general and specialized hospital, Morocco
- Title: Gastro-intestinal & Hepato-biliary Disorders During Pregnancy**
Assem shaik, Ain Shams Universit, Egypt

International Conference on

Digestive Diseases

December 08-09, 2016 Dubai, UAE

The incidence of laparoscopic cholecystectomy after laparoscopic sleeve gastrectomy in Lebanon

Mohammad Hayssam Elfawal, Bassem Safadi, Ramzi Alami and Houssam Abtar
Bariatric Surgery Clinic, Lebanon

Background: Rapid weight loss is a recognized risk factor for cholelithiasis. The incidence of gall stone formation after gastric bypass and gastric banding had been studied. To our knowledge, in the literature, there are no studies to analyze the incidence of symptomatic gall stones requiring cholecystectomy developed after sleeve gastrectomy.

Methods: A retrospective chart review of patients who underwent LSG between January 2009 and May 2012 at two bariatric centers in Lebanon. Patients who had concomitant cholecystectomy, previous bariatric surgery or documented gall stones before surgery were excluded from the study. The outcome measure was the development of symptomatic gallstones requiring cholecystectomy.

Results: A total of 370 LSG was done in the study period, of which 292 met the inclusion criteria. 23 patients developed symptomatic gall stones requiring cholecystectomy.

Conclusion: The overall incidence of cholecystectomy after sleeve gastrectomy is 7.9%. Concomitant cholecystectomy should not be done as a routine viewing the low incidence of symptomatic gall stone after sleeve gastrectomy. Abdominal ultra-sound may not be a necessary part of the preoperative work up.

Biography

Mohammad Hayssam Elfawal is a faculty in the Arabic University of Beirut since the year 2005. He obtained a Diploma in Hepato-biliary and Transplant Surgery from University of Paris VI, France in year 2003. He is a Fellow in the American College of Surgeons since 2011.

hayssamfawal@gmail.com

Notes:

International Conference on

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Bleeding after gastric bypass surgery: The possibility of using balloon enteroscopy in the postoperative period

Solovyeva M O, Velikorechin A S, Dvoryankin D V and Machs V M

The Federal State Budgetary Institute - The Nikiforov Russian Center of Emergency and Radiation Medicine, Russia

One of the possible complications after bariatric surgery is bleeding. In the majority of cases bleeding in the later stages of the postoperative period are intraluminal, with clinical manifestations of high gastrointestinal bleeding. Among all bariatric procedures, the development of this complication is more common after Roux-en-Y gastric bypass. Upper endoscopy is the diagnostic and treatment method of choice, but only bleeding in the gastric pouch or in the gastroenteroanastomosis can be stopped in this way. If localization of bleeding is in the remnant stomach or duodenum and small intestine, it is necessary to use more advanced endoscopic procedures. Male patient, 44 years old with BMI 43 kg/m² and comorbidities (Diabetes Mellitus type 2, decompensated in patient receiving hypoglycemic drugs), was undergone laparoscopic Roux-en-Y gastric bypass in October 2014. During the year %EWL was 81%, there was compensation of diabetes without medication (HbA1 4,9%). In January 2015 he was hospitalized in a clinic in St. Petersburg with signs of upper gastrointestinal bleeding. He has a history of melena during the last 5 days with an episode of syncope in the hospital day. Hemoglobin was 88 g/l. Upper endoscopy and colonoscopy were performed without identification of source of bleeding. Drug therapy was conducted. A few days later the patient was transferred to our hospital with no signs of ongoing bleeding. Balloon-assisted enteroscopy was performed. Duodenal ulcer with no signs of bleeding was visualized. Endoscopic hemostasis wasn't needed. The patient was discharged the next day. Course of anti-ulcer therapy performed. During follow-up there was no recurrence of bleeding.

Conclusions: The use of a balloon-assisted enteroscopy is possible to identify the unidentified sources of bleeding by upper endoscopy. This method allows viewing distal small intestine and all parts excluded of gastrointestinal digestion. It also allows performing therapeutic measures if necessary.

Biography

Solovyova Maria O., born in 1983. She graduated from Volgograd State Medical University, medical faculty in 2007. From 2007 to 2008 passed internship on "Surgery" at the emergency hospital. In 2008-2010, she studied in clinical internship on a specialty "Surgery" St. Petersburg State University, Faculty of Medicine. From 2008 to 2010 she worked as a general surgeon. Since 2012 works as an operating surgeon at The Federal State Budgetary Institute «The Nikiforov Russian Center of Emergency and Radiation Medicine», Saint-Petersburg, Russia. 32 scientific works published. She has PhD degree and is a member of the International Federation of Surgery of Obesity (IFSO), a member of the Russian Society of Bariatric Surgeons. Point of interest: bariatric surgery, re-do bariatric procedures, mini-gastric bypass, complications of bariatric procedures.

mar-sol@mail.ru

Notes:

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Perioperative anesthetic considerations of the “obese” for bariatric and metabolic surgery

Baris Cankaya

Marmara University, Turkey

Adiposis has gained a surgical treatment option and we can discuss this situation on the basis of the severity of disease or failure of daily life management. Body Mass Index (BMI) over 40 or BMI over 35 plus co-morbidities are indications for bariatric surgery. Bariatric surgery improves quality and extension of life for patients with extreme obesity. But, informed consent is very important because this surgery helps limiting underlying factors but does not eradicate the disease. The participation of the patient for perioperative process is mandatory. The medical history and clinical findings for preoperative anesthetic evaluation are important because of many co-morbidities as smoking, hypertension, thrombo-embolism, limited functional status, sleep apnea, hypo-albuminemia, coronary artery disease, stroke, bleeding disorder, dyspnea, chronic corticosteroid use, pulmonary hypertension, liver disease, congestive heart failure, cardiac arrhythmia, increased respiratory resistance, increased work of breathing, reduced lung volumes, increased resting heart rate, increased resting cardiac output, increased ventricular wall thickness. Anesthesia induction requires three main objectives: airway management, ventilation and pharmacotherapy. Masking the patient during induction may be difficult. Because there is a high risk for gastro-esophageal reflux fast track intubation is preferable. Supine positioning makes the diaphragm push towards lungs and makes situation worse for ventilation. The most profound reduction in lung parameters is the expiratory reserve volume. This will predispose small airway closure during normal breathing and lead to ventilation-perfusion mismatch and hypoxia. Pharmacokinetics is changed in obese population. We have to calculate the dosages of anesthetic drugs according to lean body weight for avoiding complications. Extracellular volume is also increased. Protein binding is reduced. Uptake and elimination of inhalation anesthetics is decreased due to impaired lung mechanics. Thrombosis is a very important peri-operative risk factor risk associated with obesity because of increase in plasma levels of plasminogen activator inhibitor-1, increased pro-coagulants and endothelial dysfunction.

Biography

Baris Cankaya graduated from Ankara University Medical Faculty in 2000. He has been working as Anaesthesiology Specialist at Marmara University Training Hospital. He has attended academic meetings, nationally and internationally. His academic interest includes microcirculation, fluid therapy, resuscitation, patient safety and perioperative analgesia. Some of his certificates are: EPLS provider Berlin 2015, NLS provider Athens 2015 and MECOR Level I October 2014. He attended international workshops like ECMO workshop 2015, Leicester and Airway workshop, ICISA 2014, and Tel Aviv. He also attended symposiums, namely: International intensive care symposium Istanbul 2015, ESA Focus Meeting on Perioperative Medicine: The Paediatric Patient 2014 and other symposiums at national and international level.

cankayabaris@hotmail.com

Notes:

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Predictors of difficult laparoscopic cholecystectomy

Nagendra Prasad

Maxcure Hospitals, India

Laparoscopic cholecystectomy is one of the most commonly performed laparoscopic surgeries worldwide. The spectrum of the disease ranges from simple symptomatic cholelithiasis with minimal edema, adhesions in Calot's triangle, ruptured and gangrenous gallbladder with dense adhesions involving stomach, transverse colon and anterior abdominal wall to Mirizzi Syndrome. There is no uniform consensus as to predictors of preoperative difficult GB and conversion to open cholecystectomy. Few indicators have been proposed but they are not applicable in all the cases leaving a room for intra-operative surprises. Few of the preoperative indicators established from various studies in literature are thickened gall bladder wall (> 4 mm), presence of palpable tender mass and raised TLC along with deranged LFT in my experience of more than 400 cases, few other indicators as predictors of preoperative difficulty and possible conversion to open cholecystectomy have been noticed. Male gender, multiple attacks and increasing periodicity of attacks, presence of cholangitis and gall stone pancreatitis, post ERCP, presence of elevated liver enzymes, initial severe first attack and palpable tender mass are predictors on history and examination. Raised temperature >100 F; elevated TLC >10000; altered LFT, pericholecystic fluid and free fluid in Morrison's pouch (however minimal), contracted GB, cirrhotic liver, impacted stone at Hartmann's pouch are suggestive of difficult laparoscopic cholecystectomy. A previous surgery only increases the difficulty for entering abdomen but actually does not mean difficult GB dissection. All said and done, even in the absence of above findings, one might encounter difficult gall bladder dissection, hence every case has to be treated on its individual merit and one should always be ready for a difficult dissection.

Biography

Nagendra Prasad is a Consultant GI Surgeon and Advanced Laparoscopic Surgeon heading the Department of Laparoscopic and GI Surgery at Maxcure Hospitals, Hyderabad, India. He has vast experience of more than 10 years in the field of GI surgery and laparoscopy. He is well versed with many advanced techniques in laparoscopy and is expert in minimally invasive upper GI surgeries.

surgnp2000@yahoo.com

Notes:

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Primary endoscopic therapies for obesity and metabolic disease

Mahmoud Saad Berengy
Al-Azhar University, Egypt

Purpose: Endoscopic approaches to obesity may help fulfill the unmet need of over half the most adult population who would benefit from therapy for obesity but are not receiving it. Endoluminal approaches have the potential to be more efficacious than anti-obesity medications and have a lower risk-cost profile compared with bariatric surgery. This session outlines the current state of primary endoscopic weight loss and metabolic therapies and sheds light on the challenges faced towards making endoscopic bariatric therapies 'ready for prime time'.

Recent Findings: Endoscopic approaches to obesity are being increasingly modeled on the proposed mechanisms contributing to the benefits of bariatric surgery. Therapies targeted at the stomach induce weight loss with only a proportional benefit to underlying metabolic disorders. Therapies targeting the proximal small bowel appear to modulate various neuro-hormonal pathways resulting in an improvement in metabolic profile in excess to that accounted for by weight-loss itself.

Summary: Rigorous scientific assessment of endoscopic approaches to obesity is necessary to allow its integration into the treatment algorithm of obesity. The endoscopic armamentarium against obesity continues to evolve with the Endoscopist poised to be a key player in the management of this disease.

Biography

Mahmoud Saad Berengy is currently working in Al-Azhar University, Egypt

mahmoudberengy78@yahoo.com

Notes:

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Management of complications in post-laparoscopic sleeve gastrectomy

Hussam Adi

King Salman Armed Forces Hospital, KSA

Given the increasing number of Laparoscopic sleeve gastrectomy performed worldwide, including Saudi Arabia, the complications are continually reported. As a referral centre of bariatric surgery, we are presenting our clinical pathway for management of early and late complications after sleeve gastrectomy. These involve gastric leak, chronic fistula, bleeding, obstruction and stenosis, gastroesophageal reflux, venothrombosis events and pancreatitis.

Biography

Hussam Adi is a Consultant Laparoscopic Surgeon and has been graduated from University of Damascus in Syria. He has completed his General Surgery training in 2000. He has obtained his Master of Minimal Access Surgery from University of Dundee, UK. He is the Director of Saudi Training Program of General Surgery in King Salman Armed Forces Hospital, KSA.

hussamadi73@hotmail.com

Notes:

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Management of chronic hepatitis C: A single center experience

Monir Hussein Bahgat, Shahira Aly El-Etreby and Salah El Gamal
Mansoura University, Egypt

Background & Aim: Treatment for HCV infection is undergoing a rapid evolution, offering new hope to both naïve and treatment-experienced patients. Numerous highly effective, but expensive, direct acting antiviral (DAA) drugs active against different targets are now available. The aim of this study is to investigate the efficacy and safety of DAAs with and without PEG-IFN- α 2a, and/or ribavirin in treating chronic hepatitis C patients in Mansoura Specialized Medical Hospital.

Material & Methods: This observational study involved 181 patients with chronic hepatitis C presented to our Viral Hepatitis Outpatient Clinic at Mansoura Specialized Medical Hospital for anti-viral therapy over an 18 months period from January 2015 to June 2016. A total of six different regimens were used depending on the national and international changing guidelines. All patients were thoroughly assessed and followed up for SVR and side effects. Investigations involved Fibroscan & FIB-4 score for non-invasive assessment of liver fibrosis, and serial HCV RNA assay by PCR.

Results: SVR12 for regimen 1 (PEG-IFN- α 2a + Sofosbuvir + Ribavirin) was 37/50 (74%), regimen 2 (Sofosbuvir + Ribavirin) was 40/56 (71%), regimen 3 (Sofosbuvir + Simeprevir) was 16/19 (78.9%), regimen 4 (Sofosbuvir + Daclatasvir \pm Ribavirin) was 23/25 (92%), regimen 5 (Sofosbuvir + Ledipasvir) was 23/25 (92%), and regimen 6 (Paritprevir + Ombitasvir + Ritonavir) was 5/6 (83.3%). Commonly reported side effects (>10%) included fatigue (66%), flu like symptoms (48%), dyspnea (40%), psychiatric changes (30%), anemia (30%), cough (28%), nausea (24%), hypersensitivity (20%), rash (10%) for regimen 1. For regimen 2, fatigue (28.7%), cough (26.8%), and anemia (26.8%). For regimen 3, fatigue (26.3%), hypersensitivity (26.3%), and rash (15.8%). For the other 3 regimens fatigue was the only dominating side effect.

Biography

Monir Hussein Bahgat has done his specialization in Internal Medicine in the year 1995. Currently, he is a Professor of Hepatology and Gastroenterology (Internal Medicine department), Mansoura University Egypt. He is a member of EASL and IASL.

monirbahgat@gmail.com

Notes:

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Impact of hepatic steatosis on response to antiviral therapy in Egyptian patients with chronic hepatitis-C

Emad Salem

Mansoura General Hospital, Egypt

Background & Aim: Hepatic steatosis in hepatitis C virus (HCV) infected patients have been shown to enhance the progression of liver fibrosis and decrease the response to antiviral therapy. The current study is designed to investigate the impact of hepatic steatosis on the outcome of pegylated interferon and ribavirin combination therapy in patients with chronic hepatitis C genotype 4.

Patients & Methods: A total number of 200 patients were selected from 270 patients who were referred to HCV Treatment Unit of New Mansoura General Hospital from February 2012 to August 2013 after taking an informed consent. There were 129 males and 71 females with their ages ranged from 25 to 55 years (mean value, 35.5±15.2). They had proven chronic hepatitis C virus based on history of exposure, clinical manifestations, positive anti-HCV antibody, positive HCV viremia and liver biopsy findings suggestive of chronic hepatitis C.

Results: Group I included 100 patients (70 men and 30 women; mean age of 42.9 ± 12 years) without liver steatosis. Group II included 100 patients (59 men and 41 women; mean age of 45.23 ± 11 years) with liver steatosis. In terms of steatosis grading using the NAS and METAVIR scoring systems, 50% had no steatosis while 8.5% had mild steatosis, 18.5% had moderate steatosis and 23% had severe steatosis. Body mass index of patients receiving interferon is significant between both groups. Hepatomegaly shows significant values between both groups. Platelets count, ALT, AST, s-cholesterol and s-triglycerides levels has statistically significant differences between group I (non-steatotic) and group II (steatotic). There is statistically significant difference between both groups on necro-inflammatory activity grades, high statistical significant difference between grading of steatosis and necro-inflammation and between grading of steatosis and fibrosis stages. Statistical significance difference between both groups at SVR and steatosis has a negative effect on SVR by comparison to non-steatotic group. High degree of hepatic steatosis has a negative impact on pegylated interferon and ribavirin therapy in chronic HCV genotype 4 minimizing sustained virological response of rates.

Conclusion: Our study confirms that hepatic steatosis correlates with BMI, s-cholesterol, s-triglycerides, fibrosis, necro-inflammatory stages and has a negative impact on response to antiviral therapy.

Biography

Emad Salem is currently working in Hepatology Unit, Mansoura General Hospital, Egypt.

emadgiltiver@gmail.com

Notes:

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Long term results of sacral nerve stimulation in spina bifida

Ali Al Ghrebawi

Coloproctology Center- Haren, Germany

Aim: Since there are very limited data on patients with spina bifida treated by sacral neuromodulation, we report a case of a 22 year old woman with combined fecal (grade III) and urinary overflow incontinence based on a follow-up of 28 months. Urinary overflow incontinence manifested itself in frequent urgency episodes along with the necessity of clean intermittent self catheterization.

Methods: Peripheral nerve evaluation (PNE) was performed as a diagnostic approach, since all conservative therapies to treat the fecal incontinence had been exhausted. Computed tomography images were recorded beforehand in order to ensure access to the sacral nerves. After a test period of three weeks bowel and urinary conditions improved more than 50%, so that in a second step the permanent electrode and the neurostimulator (Medtronic models 3889 and 3058) were implanted under local anesthesia.

Results: There was a significant improvement in fecal incontinence as well as urinary symptoms up to a follow-up of 28 months. The decrease of symptoms correlated favourably with a significant improvement in her quality of life, since she was now able to finish her apprenticeship.

Conclusion: Sacral neuromodulation is an effective and safe treatment modality for complex combined bowel and urinary disorders subject to spina bifida. Local anesthesia should be preferred because motor responses might be missing as in the current case.

Biography

Ali Al Ghrebawi is currently working in Colorectal Surgery Department, Meppen, Germany.

alikitani@yahoo.com

Notes:

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Lap management of huge diaphragmatic defects

Faheem A Elbassiony
Kasr El Aini Hospital, Egypt

Hiatal hernia is a common surgical finding particularly with GERD. However the size of the hiatus is sometimes too big and can accommodate most of stomach and even other abdominal viscera (Type4 HH). Huge defects can also be congenital that may present early in infancy and childhood or otherwise the presentation can be delayed to adulthood. It can also be the result of trauma where the diaphragmatic injury can pass unnoticed especially in blunt trauma and can present long time after the original event. Complications in huge diaphragmatic defects are common (upto 45%) and mortality is high if neglected (upto 50%). Complications include obstruction, volvulus, strangulation, bleeding, and perforation in addition to pulmonary and nutritional complications. Surgical intervention is the only option to manage these cases and in every case the application of a mesh should be considered due to the big size of the defects and/or to prevent recurrence. Short esophagus is another problem that should be solved especially in longstanding HH. In this work we present our experience in managing such cases with video clips

Biography

Faheem A Elbassiony is currently working in Kasr El Aini Hospital, Egypt

fabassiony@hotmail.com

Notes:

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Endoscopic finding of minimal change esophagitis and its role in the diagnosis of NERD patients

Khaled Abdelwali, N Elkhabiz, Fz Momayaz, A Rahaoui, M Ferwana, N Elnakeeb and S Shalabi
Ibn Sina University Hospital, Morocco

Background: Gastro esophageal reflux disease (GERD) is the reflux of gastric contents into the esophagus, leading to esophagitis, reflux symptoms sufficient to impair the quality of life and increased risk of long-term complications. GERD is divided into erosive (ERD) and non-erosive (NERD) reflux disease, NERD has been regarded as reflux symptoms with the absence of mucosal breaks in the esophagus at endoscopy. However, NERD has been divided into normal and minimal changes based on endoscopic finding.

Objectives: To evaluate the clinical significance of minimal changes at endoscopy and examine whether such changes have diagnostic value in gastro esophageal reflux disease (NERD) or not.

Methods: 60 patients were recruited in this study, they were divided into 2 groups, Group I: included 30 patients with GERD symptoms in form of hurt-burn and/or regurgitation more than twice a week with minimal duration of 8 consecutive weeks and troublesome symptoms affecting the daily life activities who were identified by specific questionnaire but negative mucosal breaks at upper GI endoscopy (NERD) as patient group. Group II: included 30 patients without GERD symptoms attending for upper GI endoscopy for any other reason as a control group. Both of them were subjected to Full history taking. Full clinical examination with special stress on BMI (weight/height) 2. (Normal 19-25, Over weight >25) and diagnostic upper GI endoscopy by expert endoscopists after patient consent.

Results: We identified two of the six minimal change esophagitis endoscopically as being more common in the patient group with GERD symptoms compared with the other findings which are erythema and white turbid discoloration.

Conclusion: According to our study there is no clinical relevance in the diagnosis of NERD depending on endoscopic minimal change esophagitis.

Biography

Khaled Abdelwali completed his MBBCh in 2005 from Faculty of Medicine, Assuit University. He then worked in Assuit University Hospital for 1 year, and later in Manshyet Elbakry Hospital in Cairo, Egypt in the Department of Gastroenterology and Liver Diseases. He then joined as a part time Physiology Lecturer in Misr International University. He finished his Diploma in Internal Medicine and Gastroenterology in 2014 at Ain Shams University, Egypt. He then moved to the Department of Gastroenterology and Liver Diseases in Sheikh Zayed Al Nahyan General and Specialized Hospital, Cairo.

Khaled.abdelwaly@gmail.com

Notes:

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Gastro-intestinal & hepato-biliary disorders during pregnancy

Assem shaik

Ain Shams University, Egypt

Gastro-intestinal complaints and disorders are common in women of all ages, including women in their childbearing period and thus, often occur during pregnancy, while hepatic, biliary and pancreatic disorders are relatively uncommon but not rare during pregnancy. For example, about 3 per 100 women develop serum liver function test abnormalities and about 1 per 500 women develop potentially life threatening hepatic diseases, during pregnancy that endanger fetal viability. Hepatic, biliary and pancreatic disorders are often complex and these complaints and disorders, in addition to gastro-intestinal disorders present unique clinical challenge. First, the differential diagnosis is extensive. Aside from gastrointestinal disorders unrelated to pregnancy, their complaints may be caused by obstetric or gynecologic disorders related to pregnancy or other intra-abdominal diseases incidental to it. Moreover, some gastro-intestinal conditions, such as hyperemesis gravidarum are unique to pregnancy. Second, the clinical presentation and natural history of gastro-intestinal and hepatic disorders can be altered as in the case of appendicitis. Indeed, some disorders such as intrahepatic cholestasis are unique. Third, the diagnostic evaluation is altered and constrained by pregnancy. For example, radiologic tests and invasive examinations raise concern about their fetal safety. Fourth, the interests of both the mother and the fetus must be considered in therapeutic decisions. Usually these interests do not conflict, because what is good for the mother is generally good for the fetus. Sometimes, however, maternal therapy must be modified to substitute alternative but safer therapy because of concerns about drug teratogenicity. Rarely, the maternal and fetal interests are diametrically opposed, as in the use of chemotherapy for maternal cancer, a therapy that can be life-saving to the mother, but life-threatening to the fetus. These conflicts raise significant medical, legal and ethical issues. The obstetrician and gynecologist, as well as the hepatologist gastro-enterologist and surgeon, should be familiar with the medical and surgical gastro-intestinal conditions, hepatobiliary and pancreatic disorders that can present in pregnancy and how these conditions affect and are affected by pregnancy. In this article, we are going to revise hepatic, biliary, pancreatic and gastro-intestinal symptoms and disorders during pregnancy, with a focus on aspects of these disorders unique to pregnancy.

Biography

Assem shaik is currently working in Ain Shams University, Egypt

drassemshafik@gmail.com

Notes:

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Association between carotid artery intima-media thickness and vascular risk factors in children with type-1 diabetes

Ashraf Othman Saleh Sayed
Minia University, Egypt

Aim of the study: To measure the carotid intima-media thickness (cIMT) by high resolution ultrasound in children with diabetes type-1 for early detection of atherosclerosis and its association with other vascular risk factors including lipid profile, blood pressure, duration of diabetes and body mass index (BMI).

Methods: 25 children with diabetes type-1 and 20 healthy children matched for age, gender, and body size as the control group were recruited. Student's t-test, Pearson's correlation coefficient and multiple regression analysis were used for statistical analysis.

Results: Diabetic children have higher cIMT ($P=0.0001$) compared to controls. cIMT significantly correlates with age ($r=0.73$), duration of diabetes ($r=0.57$), BMI ($r=0.59$), diastolic blood pressure (DBP) ($r=0.40$), low density lipoprotein (LDL) ($r=0.30$), glycosylated hemoglobin A1c (HbA1c) ($r=0.34$) and triglycerides (TG) ($r=0.38$). With multiple regression analysis in the diabetic group with high cIMT, the most significant factors affecting cIMT were duration of diabetes ($\beta=0.997$, $P=0.02$), daily insulin dose ($\beta=0.729$, $P=0.044$), total cholesterol (TC) ($\beta=6.345$, $P=0.031$); however, high density lipoprotein (HDL) was a negatively associated factor ($\beta=-2.445$, $P=0.019$).

Conclusion: Assessment of the cIMT is a non-invasive valuable assessing the structural status of the vascular system in diabetic children at increased risk for cardiovascular complications even in the early stages of atherosclerosis with absence of clinically apparent macro-vascular manifestations.

Biography

Ashraf Othman Saleh Sayed has completed his Bachelor's degree of Medicine in 1990 and Master's degree of Pediatrics in 1995 from Faculty of Medicine, Minia University, Egypt. He has finished a two-year Pediatrics Fellowship and Doctor degree (MD) at Pediatric Intensive Care Unit (PICU), Royal Hospital for Children; Bristol University, UK in 2002. He has also received a Membership of Royal College of Pediatrics in 2001 (London, UK). He serves as an Assistant Professor of Pediatrics since 2006 at Faculty of Medicine, Minia University, Egypt. He has published more than 12 papers in reputed journals.

aosayed1@yahoo.com

Notes:

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Imaging enhanced endoscopy: A practical approach

Lui Ka Luen

Tuen Mun Hospital, Hong Kong

Image enhanced endoscopy (IEE) is a combination of different advanced endoscopic methods which help to provide optical real time diagnosis for the luminal lesions. Traditional biopsy may have a disadvantage of sampling error since biopsy usually provide a small portion of lesion except the total excisional biopsy provided by small advanced excisional technique e.g, endoscopic submucosal dissection. Methods for IEE in general included special lighting e.g, narrow band imaging or blue laser imaging, both optical or digital magnification, chromoendoscopy and endoscopic ultrasound. Although different sites in luminal tract will have differences in terms of interpretation of IEE. In general, the purpose of IEE is to provide an optical diagnosis for a specific lesion regarding of the nature of lesion i.e., benign or malignant, and if the lesion is likely to have malignant component, the information about the depth of invasion can be provided. The approach of IEE start with the macroscopic appearance of the lesion in term of the color, shape, surface, consistency. The surface pattern and vascular pattern under the special light or chromoendoscopy are then observed to provide more information of the nature of the lesion and depth of invasion. Endoscopic ultrasound can provide more details of the depth of invasion. Good quality IEE is a must before any endoscopic treatment for the luminal lesion especially in the era of endoscopic submucosal dissection for good case selection.

Biography

Lui Ka Luen completed his Graduation from University of Hong Kong in 2004 with distinction in Medicine. He became a Specialist in Gastroenterology in 2012 in Hong Kong and awarded Fellow of Hong Kong College of Physician in 2012. Then, he further pursued his career in "Imaging enhanced endoscopy, endoscopic ultrasound, endoscopic submucosal dissection and submucosal tunnel dissection" in Japan under direct mentorship of Professor Takashi Toyonaga. He is now an Honorary Clinical Assistant Professor at Chinese University of Hong Kong. He also published paper and is an invited speaker in various local and international journals, conferences and meetings.

luikaluen@gmail.com

Notes: