12TH EURO-GLOBAL GASTROENTEROLOGY CONFERENCE

September 11-12, 2017 | Paris, France

Scientific Tracks & Abstracts
Day 1

Gastro Congress 2017

Sessions:

Gastrointestinal Cancers | Gastrointestinal Complications in Diabetes | Clinical Advances in Liver Diseases | Genetics and Molecular Biology in Gastroenterology

Session Chair
Hassan Ashktorab
Howard Univeristy Cancer Center, USA

Session Chair
Terence Smith
University of Nevada, USA

Session Introduction

Title: **Probiotics and Chronic Liver Diseases**
Leopoldo R Arosemena, University of Miami, USA

Title: **Liver Disease and Pharmacotherapy for Alcoholism**
Mike McDonough, Western Hospital, Australia

Title: **Personalized traditional Chinese medicine plus nucleoside analogues anti-HBV infection therapy and simulations**
Lequan Min, University of Science and Technology Beijing, China

Title: **The role of microbial modification of bile acids for host-microbe cross talk in a cohort of Crohns disease and Ulcerative Colitis**
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Title: **Obesity is associated with increased risk for arterial and venous thromboembolism among inflammatory bowel disease patients**
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Title: **Toward understanding the molecular basis of esophageal squamous cell carcinoma**
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Title: **Screening for Lynch Syndrome in young Saudi colorectal cancer patients using microsatellite instability testing and next generation sequencing**
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Title: **Clinical Features of Gastric Outlet Obstruction in Kigali , Rwanda**
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Title: **Hepatoprotective effect of glycyrrhizin and omega-3 fatty acids on Nuclear Factor-κB pathway in Thioacetamide-induced fibrosis in rats**
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Leopoldo R Arosemena, J Gastrointest Dig Syst 2017, 7:4(Suppl)
DOI: 10.4172/2161-069X-C1-052

Probiotics and Chronic Liver Diseases

Leopoldo R Arosemena
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It has been proposed that alterations in the highly complex gut microbiome leads to intestinal barrier damage and the release of pro-inflammatory endotoxins to the portal circulation, which trigger variable injuries in the liver and subsequently in the rest of the body. In return, the liver influences intestinal function by producing bile (including bile acids), which are then modified by intestinal bacteria (gut-liver axis). We are improving our understanding of those interactions at the molecular level, but we are still far from mastering this knowledge. Multiple studies show that beneficial bacteria (probiotics) introduced in an abnormal environment (dysbiosis) can induce improvements in different clinical outcomes. Many hepatopathies have been associated with a decrease in the diversity of species living in the intestine and predominance of species considered pro-inflammatory. Research groups around the world are closer to elucidate which combination of microorganisms can be used to affect positively certain diseases in individuals. A review of the pathophysiology of diseases like alcoholic liver disease, NASH, viral hepatitis, inflammatory hepatopathies, hepatocellular carcinoma, hepatic fibrogenesis indicate a close relationship among dietary factors, microbiome and genetic predisposition. Modification of the intestinal milieu by antibiotics, probiotics, prebiotics (probiotic food), symbiotics (prebiotics and probiotics) and surgical procedures, can lead to regression of multiple manifestations of chronic liver and systemic inflammation. When we consider the heterogeneity of the studies and individual variations on gut microbiome, it is remarkable how fast we have developed the technology to obtain more consistent results in research and clinical practice. Different species of Lactobacillus, Bifidobacterium and Saccharomyces independently or in combinations have the most published data indicating decrease on multiple inflammatory markers. Most of the data available is done in pre-clinical settings, but human studies are confirming many of those concepts, including data on safety and effectiveness.

Biography

Leopoldo R Arosemena is a Transplant Hepatologist at the Miami Transplant Institute of the University of Miami. He obtained his Medical degree at Universidad Autonoma de Nuevo Leon, in Monterrey, Mexico. Subsequently, he was accepted by the University of Internal Medicine program, where he achieved "Excellence in Achievement and the Outstanding Presentation Award" as part of the Resident Scholarly Activity in 2003. Later, he completed subspecialty fellowships in Hepatology, Transplant Hepatology, earning a "Certificate of Excellence in the Young Investigator's Forum" in Breckenridge, Colorado in 2004. He also completed his training in Gastroenterology at the University of Miami. He was a Medical Director of the Broward General Medical Center Liver transplant program from 2010 to 2012. He has multiple publications, including a poster that received the "Presidential Award of the AASLD" at the 2009 Liver Meeting. His main interest is in transplant hepatology and nutrition.

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Mike McDonough, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Liver disease and pharmacotherapy for alcoholism

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A common clinical question to Addiction specialists concerns whether a medication to treat a patient's alcoholism should be used and if so, when could such be commenced given the patient has liver disease. Alcohol consumption itself is a principal driver of alcoholic liver disease and as such, should prompt treatment intervention. While there is a reasonable evidence for medications that treat alcoholism, very little evidence exists to guide the decision to use such medication in the presence of clinically significant liver disease. This presentation reviews recent literature on pharmacotherapy for alcohol dependence relating particularly to patients having comorbid liver disease and alcoholism. It concludes with an outline for a Risk versus Benefit approach to pharmacotherapy decision-making.

Biography

Mike McDonough an Associate Professor worked for the University of Melbourne in the department of Medicine & Radiology. Now he is working as Medical Director-Drug health services in Western Health.

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Lequan Min et al., J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Personalized traditional Chinese medicine plus nucleoside analogues of anti-HBV infection therapy and simulations

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Statement of the Problem: An estimated 257 million people are living with hepatitis B virus (HBV) infection. In most people, the treatment does not cure hepatitis B infection, but only suppresses the replication of the virus. Therefore, most people who start hepatitis B treatment must continue it for life. Evidences show that traditional Chinese medicine (TCM) may regulate chronic hepatitis B (CHB) patients' immune functions, which is particularly available for personalized antiviral therapy. Mathematical modeling anti-HBV infection therapy can help the medical doctor better to follow the dynamic of viral infection, and understand drug functions.

Methodology & Theoretical Orientation: A 57-year-old CHB patient received TCM and nucleoside analogues (NA) combination treatment: TCM, TCM+adefovior dipvoxl (ADV), TCM+ entecavir (ENT), TCM+ADV+ENT, ENT. The TCM consists of main description (about 17 herb ingredients) and sub description (selected from other 17 herb ingredients). The patient's baseline HBV DNA: 2.7e7 cps/mL, ALT: 45.7 U/L, HBeAg 450.57S/CO. After about 1200 day's therapy, the patient's HBV DNA: less 20IU/mL, (the lowest limit of detection), ALT: 43.6 U/L, HBeAg 0.505/CO. Then stopping treatment for about 6 months, and patient's HBV DNA: 359IU/mL, ALT: 33.8 U/L, HBeAg 0.79/CO. After one month's ENT monotone therapy, the patient's HBV DNA: less 20IU/mL, ALT: 30.7 U/L, HBeAg 0.620/CO. A mathematical model has been proposed to describe the dynamics of the anti-HBV infection treatments.

Conclusion & Significance: Both test and simulation evidences show that the TCM plus NA anti-HBV infection therapy may not only suppress chronic HBV patients' serum HBV-DNA level but also regulate patients' specific immune functions, which clear HBV directly and almost do not damage patients' hepatocytes. After stopping the treatments, the activated patient's specific immune function may be kept. TCM + NA combination treatment may be efficient for CHB patients with almost normal ALT.

Biography

Lequan Min was the Professor and PhD supervisor with the School of Mathematics and Physics /School of Automation at the University of Science and Technology, Beijing before he retired. His research interests include modeling and simulations of the dynamics of HBV /HIV infection and anti-HBV/HIV infection treatments; the robust designs of the cellular neural network and image processing; synchronization theories of complex networks with applications. He has co-authored to have proposed the assumption that four classifications for HBV/ HIV infected people. He has been the chief director of four National Natural Science Foundations of China and participated the 11th 5-Year Plan Key Research Project of China: Major infectious diseases AIDS and Viral Hepatitis special. He is the author or co-author of over 300 scientific journal and conference papers. He has taught over ten undergraduates and graduate courses, and supervised 27 PhD student and 55 Master students.

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Susan Joyce, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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The role of microbial modification of bile acids for host-microbe cross talk in a cohort of Crohn's disease and ulcerative colitis

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The GI tract is recognised as a super organ where co-evolved mutualistic relationship benefits both the microbial residents and human health. For instance, while the liver is responsible for bile acid synthesis and conjugation, the gut microbiota is responsible for the diversity of bile moieties. Bile moieties are more than just emulsifiers of lipid and liberators of vitamins from dietary components. They act as signalling molecules that can exert their effects both locally and systemically, the most potent signalling molecules are those generated through microbial conversion. Here, we have examined an Irish cohort of inflammatory bowel disease (IBD) to include Crohn's disease and ulcerative colitis (n=182). We have stratified based on volunteer demographics and analysed a range of metabolites, including bile moieties, hormones and cytokines in these patients. Here we link bile modifications with bile acid signalling and the incidence of bile acid diarrhoea (BAD) in these patients. We show that BAD is elevated in incidence of Crohn's disease irrespective of BMI and that this incidence is due to increased levels of microbial produced secondary bile acids and to aberrant hormonal signalling.

Biography

Susan Joyce graduated with a B.Sc from NUI Maynooth in Biology and Mathematics and a research PhD in host-miocrobe interactions. She was awarded a Marie Curie Fellowship to examine cis and trans acting factors affecting mRNA synthesis and microbial gene expression at the Ecole Normal Superieure, Paris which included a stint at the Max Planck Institute, Berlin. Before returning to UCC, Dr Joyce was a postdoctoral scientist at Trinity College Dublin and the Univerity of Bath, UK. Dr Joyces's main interest is in microbial genetic and biochemical systems that alter eukaryotic host signaling. Susan is currently a Lecturer in the School of Biochemistry and Cell Biology and a funded Investigator in the APC Microbiome Institute as part of the Spoke 4 Host- Microbe Dialogue.

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Pearl Princess Uy et al., J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Obesity is associated with increased risk for arterial and venous thromboembolism among inflammatory bowel disease patients

Pearl Princess Uy[1], **Y Xiao**[1], **D Wakefield**[1] and **R Karagozian**[2]
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Introduction: There is an increasing prevalence of obesity worldwide, including recent studies indicating increasing prevalence of obesity among inflammatory bowel disease (IBD) patients. There are mixed data regarding the impact of obesity on IBD-related health outcomes. Obesity, defined by a body mass index of at least 30 kg/m2, is associated with a pro-inflammatory state with elevated levels of C-reactive protein, tumor necrosis factor α, and interleukin 6. IBD also predisposes individuals to thrombosis via up-regulation of prothrombotic factors and inhibition of fibrinolysis. Currently, there is paucity of knowledge regarding obesity and the risk of thrombosis among IBD patients. We aimed to determine the prevalence of arterial and venous thromboembolism (VTE) among obese and non-obese hospitalized IBD patients.

Methods: Discharges in the Nationwide Inpatient Sample (NIS) data set from 2012 were analyzed to identify ulcerative colitis (UC) [ICD-9 556.0-556.9] and Crohn's disease (CD) [ICD-9, 555.0-555.2, 555.9] patients with obesity [ICD-9 278.00-278.01, V85.30-V85.45]. The incidence of arterial and venous thrombotic events, and inpatient mortality were compared between obese and non-obese IBD patients using chi-square analysis.

Results: A total of 20,860 UC patients were identified and 9.19% were noted to be obese (n=1,918). Chi-square analysis demonstrated an increased prevalence of VTE that includes deep vein thrombosis and pulmonary embolism (11.73% vs. 8.23%, p<0.0001), and arterial thrombosis that consists of cerebral and coronary artery thrombosis, and myocardial infarction (12.15% vs. 10.43%, p=0.00215) among obese UC compared to non-obese UC patients. Similarly, 8.38% of identified CD patients were obese (3,151 out of 37,582 patients). There was an increased prevalence of VTE (11.87% vs. 7.66%, p<0.0001), and arterial thrombosis (9.39% vs. 7.48%, p=0.0002) among obese CD in comparison to non-obese CD patients. Lastly, there was no difference in mortality between hospitalized obese and non-obese patients with either UC (2.40% vs. 2.64%, p=0.5991) or CD (0.95% vs. 1.11%, p=0.4744).

Biography

Pearl Princess Uy was born at Dumaguete City, Philippines. Her Under graduation at institution of Silliman University. Had graduation from University of Santo Tomas, Faculty of Medicine and Surgery. She is presently a graduate of University of Connecticut Health Center. Area of interest is Gastroenterology.

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Ming Rong Wang, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Toward understanding the molecular basis of esophageal squamous cell carcinoma

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Esophageal squamous cell carcinoma (ESCC) is among the most common human cancers, with an overall five-year survival rate of around 20%. To improve the diagnosis and prognosis of ESCC, we performed systematic studies on the molecular alterations in the disease. Frequent gains of chromosomal bands 3q26, 8q24, 11q13, losses of 3p14 and 9p21, amplifications of genes CCND1, EMS1 (CTTN), EGFR, PLK1, SKP2, PRKCI (PKCiota), deletions of CDKN2A/B, FHIT, and rearrangements of NTRK3, DTL, and PTPRD were found. The mutation profiling was characterized, and potential therapeutic targets were identified. We further investigated intratumor heterogeneity (ITH) of the molecular alterations, and constructed phylogenetic trees for genomic evolution, in which the mutations of ERBB4, FGFR2, BRCA2, ATM, TP53 and copy number changes of 11q13 and 9p21 were early events, and those of PI3K/MTOR pathway, KIT, AURKA, CCND2 and 3q26 were late. By proteomic techniques and immunohistochemistry, multiple proteins were observed with high expression in tumor tissues but negative/low expression in morphologically normal operative margins. Especially, copy number alterations of ANO1, CDKN2A, and high expression of p63 and ANO1 were also present in precancerous lesions (dysplasia). We further explored the mechanisms underlying the development and progression of ESCC, and revealed that CRT, CTTN, PKCiota, SKP2 and PLK1 enhanced cell motility and resistance to apoptosis, and promoted tumor growth and metastasis via activating the PI3K-AKT pathway, inhibiting beta-catenin degradation, and up-regulating the apoptosis suppressor Survivin. These findings extend our understanding of ESCC, providing theoretical foundation for elucidating the mechanisms underlying the tumorigenesis of the esophagus and progression of ESCC, and for developing classification biomarkers and therapy targets for ESCC treatment.

Biography

Ming Rong Wang is a Professor and Principle Investigator in State Key Laboratory of Molecular Oncology, Peking Union Medical College and Chinese Academy of Medical Sciences. He received his PhD at University of Clermont I, France in 1993. He has spent most of his scientific carrier in the study of human cancer. His research interests cover cancer genetics and molecular cell biology, including molecular basis of precancerous lesions, molecular classification of cancer, and the mechanisms of cancer metastasis. Recently, he has focused on biomarkers for early detection of cancer, especially for esophageal squamous cell carcinoma, one of the most common malignancies.

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Laila A EISSA et al., J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Hepatoprotective effect of glycyrrhizin and omega-3 fatty acids on nuclear factor-κb pathway in thioacetamide-induced fibrosis in rats

Laila A EISSA, Nada F Abo El Magd, Amro El-Karef and **Mamdouh M El-Shishtawy**
Mansoura University, Egypt

Nuclear Factor Kappa B (NF-κB) is a key transcriptional regulator that plays important roles in the pathogenesis of hepatic inflammation and fibrosis in chronic liver diseases with subsequent development of hepatocellular carcinoma. NF-kB activation leads to production of pro-inflammatory and fibrogenic cytokines. Glycyrrhizin (GL) has been reported to suppress liver fibrosis and cirrhosis. Omega-3 fatty acids (ω-3) have anti-inflammatory effects and they have been reported to decrease hepatic injury and steatosis with subsequent fibrosis in Thioacetamide (TAA) fibrotic model.

Aim of the study: To investigate the effects of GL and ω-3 alone and in combination on liver inflammation and fibrosis in rats and to clarify the role of these natural compounds on NF-κB pathway.

Materials & Methods: 50 male Wistar rats randomized to 5 groups: Control group and 4 group received TAA 200 mg/kg i.p. twice weekly for 8 weeks. TAA group, (TAA + GL) group (received GL 25 mg/kg/day by oral tube dissolved in distilled water started with TAA), (TAA + ω-3) group (received ω-3 150 mg/kg/day by oral tube started with TAA), (TAA + GL + ω-3) group (received similar but combined doses of both natural compounds with TAA). All groups were investigated for the effects of GL and ω-3 by the assessment of ALT and AST activities, total bilirubin, albumin and total protein levels and liver MDA level by spectrophotometric analysis, liver NF-κB level by ELISA and immunohistochemistry as well as histopathological analysis of the extent of liver fibrosis and necroinflammatory activity.

Results: TAA caused liver injury indicated by significant increase in serum ALT and AST activities, total bilirubin level ($P<0.005$) with significant decrease in serum albumin and total proteins levels ($P<0.005$). These results were also confirmed histopathologically by the significant increase of the necroinflammatory scores ($P<0.005$) and extent of liver fibrosis. While GL, ω-3 and their combination protected the liver from TAA hepatotoxic effects as they significantly decrease serum AST activity and total bilirubin level, also they significantly increase serum albumin and total protein levels. The hepatoprotective effect of GL, ω-3 and their combination also confirmed by histopathological analysis as they significantly reduced the necroinflammatory scores and the extent of fibrosis. TAA caused significant increase in lipid peroxidation by increase liver MDA level ($P<0.005$). GL, ω-3 and their combination decrease significantly liver MDA level ($P<0.005$). We also found that TAA has been increased NF-κB level in liver tissue ($P<0.005$), while GL, ω-3 and their combination significantly decreased liver NF-ƙB level ($P<0.005$) and its tissue expression as detected by immunohistochemistry.

Conclusion: These results suggested that oxidative stress has an important role in the development of liver fibrosis mediated by the regulatory role of NF-κB. Furthermore, glycyrrhizin and omega-3 fatty acids, alone and in combination have potent anti-inflammatory, anti-oxidant and anti-fibrotic effects.

Biography

Laila A EISSA works for the Department of Biochemistry as faculty of Pharmacy in the University of Mansoura, Egypt. She has published nearly 30 articles in varied journals.

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Young Researchers Forum

Day 1

Masood Alqahtani, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Screening for Lynch Syndrome in young Saudi colorectal cancer patients using microsatellite instability testing and next generation sequencing

Masood Alqahtani
University of Western Australia, Australia

Background: Individuals with Lynch Syndrome (LS) have germline mutations in DNA mismatch repair genes that confer a greatly increased risk of colorectal cancer (CRC), often at a young age. Identification of mutation carriers has been demonstrated to increase their survival through improved surveillance. We previously identified 33 high risk cases for LS in the Saudi population by screening for microsatellite instability (MSI) in the tumour DNA of 284 young CRC patients.

Aim: The aim of the present study was to identify germline mutations in this cohort of patients.

Methods: Peripheral blood DNA was obtained from 13 individuals who were at high risk of LS due to positive tumour MSI status and young age (<60 years). Next generation sequencing, Sanger sequencing and Multiplex Ligation-dependent Probe Amplification were used to screen for germline mutations in the MLH1, MSH2, MSH6 and PMS2 DNA mismatch repair genes. Variants were cross-referenced against several mutation databases including the International Society for Gastrointestinal Hereditary Tumours Incorporated database.

Results: Germline mutations were identified in 8/13 (62%) high risk cases, comprising 4 mutations in MLH1 and 4 in MSH2. All mutation carriers had a positive family history for CRC or endometrial cancer.

Conclusions & Significance: Next generation sequencing is an effective strategy for the identification of young CRC patients who are at high risk of LS by positive MSI status. We estimate that 7% of CRC patients aged <60 years in Saudi Arabia are due to LS, potentially involving more than 50 new cases per year.

Biography

Masood Alqahtani has his expertise in Histocompatibility and Immunogenetics Clinical Laboratory. His role is to evaluate and monitor the graft survival during solid organ and bone marrow transplantation to provide renal failure or leukemic patients with better quality of life. The cancer incidence in some transplanted patients creates new pathway which is translational cancer research to improve healthcare. He has focused on colorectal cancer as it ranked the first cancer among Saudi male and second among female according to the latest cancer registry report. The goal that he set is to create surveillance program for familial cancer patients through genetic screening, family history and health awareness.

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P Kamali et al., J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Clinical features of gastric outlet obstruction in Kigali, Rwanda

P Kamali and **A Kagame**
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Background: In developed countries, the main cause of gastric outlet obstruction (GOO) is malignancy. However, the benign causes continue to be the major cause of GOO in the developing world, and there is growing evidence proving the contrary. There is no data of GOO from Rwanda.

Aim: A retrospective analysis of the endoscopic findings of patients presenting with features of GOO to determine the demographic and etiological patterns has been conducted.

Materials & Methods: A retrospective study of the endoscopic findings of patients with GOO from January 2013 to January 2015 was done. The diagnosis of GOO was based on clinical presentation, and an inability during the upper endoscopy to enter the second portion of the duodenum as documented in the endoscopy registers. Patients who have already been diagnosed with malignancy prior to the endoscopy were excluded from the study; so were the patients with Gastroparesis.

Results: A total of 250 patients with GOO underwent the endoscopy during the study period. 180 had benign GOO, while malignancy was present in 30 patients, others were with different findings. The cause for benign obstruction was predominantly peptic ulcer disease. The major cause for malignant obstruction was carcinoma of stomach involving the distal stomach. The male to female ratio was 3.2:1. The patients with malignancy were older than patients with benign disorders. Most of the patients were in the fifth and sixth decade. The risk of malignancy was higher with increasing age, especially in women. One third of carcinoma stomach was present with GOO.

Conclusion: The study demonstrates that the cause for GOO in Kigali, Rwanda is predominantly benign.

Biography

P Kamali is a specialist Internal Medicine Physician. He is a member of Rwanda Medical Council and Rwanda Medical Association since 2006. He had conducted about 20 trainings and workshops. His research activities include quality of blood pressure control in hypertensive patients attending the Kigali University Teaching Hospital (CHUK) 2010, The importance of Helicobacter pylori in gastric outlet obstructions at CHUK: 2013, The potential for targeted therapies among gastric tumour patients at Kigali University Teaching Hospital: 2016.

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Scientific Tracks & Abstracts
Day 2

Gastro Congress 2017

Sessions:

Gastroenterology | Microbiota in Health and Gastrointestinal Disease | Digestive Diseases | Others

Session Chair
Vikas Leelavati Balasaheb Jadhav
Dr. D Y Patil University, India

Session Introduction

Title: **TransAbdominal Sonography of the Small & Large Intestines**
Vikas Leelavati Balasaheb Jadhav, Dr. D Y Patil University, India

Title: **Turning Chemical and Pharmaceutical to multi Drug Formulation**
Fadoorn Innocent, University of California, USA

Title: **Outcomes of endoscopic ultrasound-guided biliary drainage: an updated meta-analysis**
Abdellah Hedjoudje, University hospital of Besancon, France

Title: **An evaluation of Gastro laryngeal Tube (GLT) in patients undergoing ERCP under general anaesthesia and its comparison with endotracheal intubation**
Deepak Kumar Sreevastava, All India Institute of Medical Sciences (AIIMS), India

Title: **Impact of Bariatric Surgery in Adolescent Population: AIIMS Experience**
Sandeep Aggarwal, All India Institute of Medical Sciences (AIIMS), India

Vikas Leelavati Balasaheb Jadhav, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Trans-abdominal sonography of the small and large intestines

Vikas Leelavati Balasaheb Jadhav
Dr. D Y Patil University, Maharashtra, India

Trans-abdominal sonography of the small and large intestines can reveal following diseases: bacterial and viral entero-colitis. An ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer and post-healing fibrosis and stricture, polyps and diverticulum, benign intra-mural tumors, intra-mural haematoma, Intestinal ascariasis, foreign body, necrotizing entero-colitis, tuberculosis, intussusception, inflammatory bowel disease, ulcerative colitis, crohn's disease, complications of an inflammatory bowel disease – perforation, stricture. Neoplastic lesion is usually a segment involvement, and shows irregularly thickened, hypoechoic and aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture and has eccentric irregular luminal narrowing. It shows loss of normal gut signature, enlargement of the involved segment seen, shouldering effect at the ends of stricture is most common feature. Primary arising from wall itself and secondary are invasion from adjacent malignancy or distant metastasis. All these cases are compared and proved with gold standards like surgery and endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign and malignant gastro-intestinal tract lesions, so should be the investigation of choice.

Biography

Vikas Leelavati Balasaheb Jadhav has completed Post-graduation in Radiology in 1994. He has 19 years of experience in the field of gastro-intestinal tract ultrasound and diagnostic as well as therapeutic interventional sonography. He has four Indian Patents and an International Patent published on his name in the field of gastro-intestinal tract sonography and the radiology, since 2008. He has delivered many lectures in Indian as well as International Conferences in nearly 20 countries as an invited guest faculty, since 2000. He is a Consultant Radiologist and Specialist in Unconventional Gastro-Intestinal Tract Ultrasound and Diagnostic as well Therapeutic Interventional Sonologist in Pune, India.

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Turning chemical and Pharmaceutical to multi Drug Formulation

Fadoorn Innocent Obilor
University of California, USA

Chemical and Pharmaceutical Engineering I have been very useful for capturing knowledge as In Chemical and Pharmaceutical, a prime challenge has been to develop Chemical and Pharmaceutical function given only partial Chemical and Pharmaceutical knowledge and inconsistency in how this knowledge is curated by experts., Again Towards A Data-driven Gene Ontology, Ontologies have been very useful for capturing knowledge as a hierarchy of concepts and their interrelationships. In biology, a prime challenge has been to develop ontologies of gene function given only partial biological knowledge and inconsistency in how this knowledge is curated by experts. I will discuss how large networks of gene and protein interaction, as are being mapped systematically for many species, can be transformed to assemble an ontology with equivalent coverage and power to the manually-curated Gene Ontology (GO). Our network-extracted ontology contains 4,123 biological concepts.

Biography

Fadoorn Innocent Obilor, Ph. D. is Professor of Medicine at the University of California at San Diego. He serves as Division Chief of Medical Genetics and Director of the National Resource for Network Biology, as well as being Adjunct Professor of Bioengineering and Computer Science and Member of the Moores UCSD Cancer Center. I received Bachelor's and Master's degrees from MIT in Chemical and Pharmaceutical Engineering his Ph.D. from the University of Washington in Molecular Biology under the supervision of Dr. Leroy Hood. He is a pioneer in assembling genome-scale measurements to construct Chemical and Pharmaceutical processes and disease. His recent research activities include assembly of networks governing the response to DNA damage; development of the Cytoscape and NetworkBLAST software packages for biological network visualization and cross-species network comparison; and methods for identifying network-based biomarkers in development and disease. Fadoorn serves on the Editorial Boards for Bioinformatics, Chemical and Pharmaceutical, is on the Scientific Advisory Boards of the Sanford-Burnham Medical Research Institute and the Institute for Systems Biology, and is a regular consultant for companies such as Monsanto and Mendel Biotechnology. He was named one of the Top 10 Innovators of 2006 by Technology Review magazine and was the recipient of the 2009 Overton Prize from the International Society for Computational Biology. His work has been featured in news outlets such as The Scientist, the San Diego Union Tribune, Forbes magazine and the New York Times.

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Abdellah Hedjoudje, J Gastrointest Dig Syst 2017, 7:4(Suppl)
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Outcomes of endoscopic ultrasound-guided biliary drainage: an updated meta-analysis

Abdellah Hedjoudje
University hospital of Besancon, France

Introduction: Success and event rates of EUS-guided biliary drainage (EUBD) vary with techniques and results from different studies remain inconsistent. We conducted a proportion meta-analysis to evaluate efficacy and safety of EUBD and compare outcomes of current procedures and biliary access routes.

Methods: We searched MEDLINE, EMBASE, COCHRANE and SCOPUS to identify studies reporting technical success, clinical success and complication rate of EUBD techniques with a sample size greater than 10 patients. Weighted pooled rate and 95 % confident interval were calculated to estimate clinical effectiveness and safety of EUBD procedures.

Results: We identified 39 studies including a total of 1640 patients. The overall technical success, per-protocol clinical success and complications rates with 95 % confidence interval were 89% [86 %-92 %], 92% [90 %-94 %] and 20 % (16-24%), respectively. When comparing choledochoduodenostomy with hepaticogastrostomy the pooled 95% CI OR for was 0.78 [0.41; 1.50] (p = 0.462) for technical success and 0.85 [0.51-1.42] (p-val = 0.536) for clinical success. However, pooled OR was 0.65 IC 95% [0.42-0.99] (p-val = 0.047) for complication rate suggesting that EUS-guided choledochoduodenostomy is safer than hepaticogastrostomy. The pooled OR when using the extra-hepatic approach was 1.03 [0.65-1.61] and 0.94 [0.56-1.57] (p-val = 0.804) for technical and clinical success rate respectively. Pooled odds-ratio for adverse events was 0.81 [0.58-1.14] (p-val = 0.221) when using the extra-hepatic approach. Regarding transpapillary technique including Rendezvous and anterograde stenting, technical success, clinical success and adverse event rate were 77% IC 95[71-82], 92% IC95% [83-96%] and 19% IC95%[15%-25%] respectively.

Conclusion: EUS-guided biliary drainage appears to be an effective treatment when ERCP fails with a high success rate and an acceptable adverse event rate. The available literature suggests choledochoduodenosomy to be a safer approach compared to hepaticogastrostomy. Transluminal approaches demonstrate a higher efficacy than transpapillary technique with a similar safety. Randomized controlled trials with sufficiently large cohorts are needed to compare techniques and confirm these findings.

Biography

Abdellah Hedjoudje is a French Resident in Gastroenterology at the University Hospital of Besancon. He holds degrees in Bioinformatics, Data Science and Statistics, his research focuses on methodological evaluation, critical appraisal, and qualitative and quantitative synthesis of medical literature using cutting edges big data and meta-analysis techniques.

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An evaluation of Gastro Laryngeal Tube (GLT) in patients undergoing ERCP under general anaesthesia and its comparison with endotracheal intubation

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Gastro Laryngeal tube (GLT) is a newly introduced supraglottic device specifically designed for Endoscopic retrograde Cholangio-Pancreatography (ERCP). It has a dedicated channel for the insertion of a Gastroscope and it also provides a separate patent airway whilst avoiding disadvantages of tracheal intubation. In a randomized controlled trial on 100 patients undergoing ERCP under GA, GLT was compared with endotracheal tube as an alternative airway device. Device insertion conditions, oxygenation and ventilation parameters were recorded. GLT was found to be comparable with ETT. Success rate of insertion of GLT was high (92%) and the insertion time of GLT was much shorter. Both the devices were equally effective in normal oxygenation and ventilation. The recovery time was significantly shorter and postoperative complications such as hoarseness and dysphonia were less common in GLT gp. Inserting conditions for the duodenoscope were better in GLT gp. In this study, likely to be first of its kind, it is concluded that the GLT is a suitable and better alternative to ETT as it allows adequate ventilation and is associated with faster recovery times and minimal extubation-related complications while enhancing operative conditions for gastroenterologists. Its regular use in patients undergoing ERCP is strongly recommended.

Biography

Deepak Kumar Sreevastava worked as Associate Professor for the Department of Anesthesiology and Critical Care in 2006 at Armed Forces Medical College, Pune. Later on 2011 worked as Professor for the same department. Presently he is a Member of Indian Association of Paediatric Anaesthesiologist and working in the Department Of Anaesthesiology at Command Hospital Wanowrie, Pune.

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Impact of bariatric surgery in adolescent population: AIIMs experience

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Background: There is an increase in prevalence of obesity among adolescents. Bariatric surgery is being considered for adolescents as an effective weight loss option with recent evidence suggesting that surgery resolves the co-morbid conditions and associated complications in future. However, there is scant prospective data to demonstrate the safety and efficacy of the bariatric surgery amongst adolescents.

Aim: To study the impact of bariatric surgery on the weight loss and co-morbidities among morbidly obese adolescents.

Methods: This is retrospective analysis of the prospectively collected data of the adolescent patients (BMI greater than 40 or 35 with co-morbidities) who underwent bariatric surgery at our institute from July 2009 till July 2016.

Results: Of the 10 patients, 4 of them had syndromic forms of obesity. The median age was 16.40 yrs. The median preoperative weight and height were 123.5 kg and 151 cm respectively, with a BMI of 46 kg/m2. There were no intra-operative or post-operative complications. Median follow up period was 1year (0-5years). The patients had the maximum excess weight loss (EWL) of 59% at 1 year. There was a regain of weight between 1st and 2nd year, followed by a sustained weight loss achieving 44.8% EWL at 3 years and 63% at end of 5 years. Similar results were found in syndromic patients. Six patients had one or more co-morbidities. Among the four diabetic patients, three of them had complete resolution and one had improvement.

Conclusion: Bariatric surgery helps in attaining significant weight loss and co-morbidity resolution in adolescent age group. Hence bariatric surgery is safe and can be offered to morbidly obese adolescents.

Biography

Sandeep Aggarwal is an additional Professor for the Department of Surgical Disciplines in AIIMS, Delhi. Underwent training in Senior-Residency (Surgery) from AIIMS, Post-Doctoral Fellow in the Division of Laparoscopic Surgery at Mount Sinai School of Medicine and Hospital in New York, USA. UICC Fellow Cleveland Clinic, Ohio USA. Mini-Fellowship in Bariatric Surgery at John Flynn Hospital, Australia. Areas of Special Interest include "Bariatric & Metabolic Surgery - Established and Developed the specialty of Bariatric Surgery at AIIMS, Advanced Laparoscopy including colorectal and solid organ surgery and Renal Transplantation". His current research interests include "Various Aspects of Sleeve Gastrectomy including its impact on Type 2 DM, OSAS, GERD and nutritional surveillance and Mechanisms of Type 2 diabetes remission following Bariatric and Metabolic Surgery.

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