



13th Euro-Global Gastroenterology Conference

August 20-21, 2018 | Rome, Italy

Workshops

Day 1

Gastro Congress 2018

13th Euro-Global Gastroenterology Conference

August 20-21, 2018 | Rome, Italy



Raihan A S M A

Bangabandhu Sheikh Mujib Medical University, Bangladesh

Genotype pattern of *H. pylori* in gastritis and peptic ulcer disease in relation to normal endoscopic findings

Genotype pattern of *H. pylori* (*Helicobacter pylori*) in gastritis and peptic ulcer disease in relation to normal endoscopic findings was studied in 206 *H. pylori* positive dyspeptic patients (male 128, female 78). *H. pylori* were diagnosed by RUT (rapid urease test), culture and PCR (polymerase chain reaction). *H. pylori* positive was considered if any one of the test was positive. Multiplex PCR assay was done directly from biopsy specimens for genotyping. CagA and Vac A alleles were studied. CagA positive and CagA negative in three groups are shown in table 1. CagA gene was found to be significantly more frequent in gastritis and peptic ulcer patients as compared with patients with normal upper GI tract at endoscopy. Association of vac A alleles with gastritis and peptic ulcer was seen as shown in table 2.

Recent Publications:

1. Santanu Chattopadhyay et al. (2004) Multiplex PCR assay for rapid detection and genotyping of *Helicobacter pylori* directly from biopsy specimens. *Journal of Clinical Microbiology*. 42(6):2821-2824.
2. Shamsun Nahar et al. (2004) Antimicrobial susceptibility of *Helicobacter pylori* strains isolated in Bangladesh. *Journal of Clinical Microbiology*. 42(10):4856-4858.
3. F A el Zaatari et al. (1995) Determination of *Helicobacter pylori* status by reverse transcription-polymerase chain reaction: comparison with urea breathe test. *Dig. Dis. Sci.* 40(1):109-113.
4. Li C et al. (1996) A newly developed PCR assay of *H. pylori* in gastric biopsy, saliva and feces: evidence of high prevalence of *H. pylori* in saliva supports oral transmission. *Dis. Sci.* 41(11):2142-2149.
5. M M S U Islam et al. (2013) Antimicrobial sensitivity pattern of *Helicobacter pylori* isolates among subgroup of Bangladeshi patients. *Faridpur Med. Coll. J.* 8(2):49-52.

Biography

A S M A Raihan has been working in the department of Gastroenterology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh. His research interest is focused in Irritable bowel syndrome, inflammatory bowel disease, peptic ulcer disease and *Helicobacter pylori* infection. His important works are profile of ulcerative colitis in Bangladesh, presented in APDW, 2006, profile of patients of Crohn's disease in Bangladesh, Symptomatic overlap in patients with diarrhoea predominant irritable bowel syndrome and microscopic colitis in Bangladeshi population and histopathological alteration in post infectious irritable bowel syndrome. He developed a clinical scoring system to differentiate difficult to diagnose cases of intestinal tuberculosis and Crohn's disease and presented his work in Asia Pacific Digestive Week, Kobe, Japan in 2016. He has got more than 50 publications and he supervised more than 50 theses.

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Anisur Rahman

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Comparison of results of rapid urease test (RUT) and PCR after *Helicobacter pylori* (*H. pylori*) eradication therapy in peptic ulcer disease patients at a medical university hospital

In this study 63 *H. pylori* positive patients with peptic ulcer disease were randomized for eradication therapy for two weeks. Four regimens were used : ECA consisting of Esemoprazole (20 mg bid), Clarithromycin (500mg bid) and Amoxicillin (1 gm bid), EAL-consisting of Esemoprazole (20 mg bid), Amoxicillin (1gm bid), Levofloxacin (500 mg once daily), EAT consisting of Esemoprazole (20 mg bid), Amoxicillin (1gm bid), Tetracycline (500 mg bid) and ETL consisting of Esemoprazole (20 mg bid), Tetracycline (500 mg bid) and Levofloxacin (500 mg once daily). Out of 63 patients 13 dropped out. Six weeks after completion of therapy upper GI endoscopy was repeated to see endoscopic improvement and RUT and PCR for *H. pylori* was carried out. Conclusive result was obtained in 40 cases in RUT and PCR could be done in 37 cases. PCR positivity was considered when Vac A s₁m₁ or s₁m₂ or m₂s₁ were found to be positive. Eradication therapy showed no statistically significant difference in different regimens (p> 0.05). Thirty six patients were found to be RUT negative and 4 were found to be RUT positive. While RUT after eradication therapy showed 90% eradication rate PCR showed only 40.5% eradication rate. If PCR negativity is considered as successful eradication, this result is alarming. PCR positivity with negative RUT after eradication therapy in our patients may be explained by possible high percentage of the dead or coccoid form of *H. pylori* after antibiotic treatment.

Recent Publications:

1. Bode G, Mauch F and Malfertheiner P (1993) The coccoid forms of *Helicobacter pylori*: criteria for their viability. *Epidemiology Infection*. 111(3):483-490.
2. Chan W Y et al. (1994) Coccoid forms *Helicobacter pylori* in the human stomach. *Am. J. Clin. Pathol*. 102(4):503-507.
3. Hulten K et al. (1996) *Helicobacter pylori* in the drinking water in Peru. *Gastroenterology*. 110(4):1031-1035
4. Moayyedi P and Dixon MF (1998) Any role left for invasive tests? histology in clinical practice. *Gut Suppl*. 1:S51-S55.
5. Falush D et al. (2001) Recombination and mutation during long-term gastric colonization by *Helicobacter pylori*: estimates of clock rates, recombination size, and minimal age. *Proc. Natl. Acad. Sci. USA*. 98(26):15056-15061.

Biography

Anisur Rahman is citizen of Bangladeshi. He passed HSC from Notre Dame College Dhaka. In 1999, He completed MBBS from Sir Salimullah Medical College and Mitford Hospital. He obtained MD (gastroenterology) degree from Bangabandhu Sheikh Mujib Medical University in 2012. He joined BCS (Health Cadre) under Ministry of health and family welfare of the people's republic of Bangladesh in 2006 and worked in different reputed hospitals in Bangladesh. He is a member of Bangladesh Gastroenterology Society. Now He is working as an Assistant Professor of Gastroenterology in Sher -E - Bangla Medical College, Barishal, Bangladesh. He was working in the field of *Helicobacter Pylori* since 2010 and he has special interest in the field of *Helicobacter Pylori*.

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Scientific Tracks & Abstracts Day 1

Gastro Congress 2018

SESSIONS

Gastrointestinal Disorders | Microbiota and diseases | Pancreatic diseases | Liver diseases | Helicobacter Pylori Treatment

Chair: Fong-Fong Chu, The First Affiliated Hospital - HUST, China

Co-Chair: David H Van Thiel, Rush University Medical Center, USA

SESSION INTRODUCTION

- Title:** Childhood colitis aggravates gut barrier impairment via miR-196 when exposed to another episode of inflammation in adult-life
Qingjie Li, The University of Texas, USA
- Title:** Gut bacteria and Metabolism: Examining host-microbe cross talk in the disease state
Susan Joyce, APC Microbiome Ireland - University College of Cork, Ireland
- Title:** Acute pancreatitis in early childhood
Biljana Vuletić, University of Kragujevac, Serbia
- Title:** Laser sphincterotomy: a minimally invasive treatment for severe anal spasm in cases of chronic anal fissures
Jaya Maheshwari, Jyoti Hospital, India
- Title:** Successful treatment of chronic Hepatitis C infection in Republic of Srpska
Jelena Petkovic Dabic, University Clinical Centre of the Republic of Srpska, Bosnia and Herzegovina
- Title:** Estimation of efficacy of hemodialysis in patients with Helicobacter pylori infection before and after eradication therapy
Nany El Gayar, Alexandria University, Egypt
- Title:** Vedolizumab for Inflammatory Bowel Disease: for now only rescue therapy in the Republic of Srpska
Renata Tamburic, University Clinical Centre of the Republic of Srpska, Bosnia and Herzegovina

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Childhood colitis aggravates gut barrier impairment via miR-196 when exposed to another episode of inflammation in adult-life

Qingjie Li¹, Xiaoying S Zhong¹, Xiuju Luo², John H Winston¹, Syed Z Nayeem¹, Kevin T Kline¹, Roderick H Dashwood³, Tor C Savidge⁴, Yingzi Cong¹ and Don W Powell¹¹The University of Texas, USA²Central South University, P R China³Center for Epigenetics & Disease Prevention - TAMHSC, USA⁴Texas Children's Microbiome Center - BCM, USA

Background & Aims: Mounting evidence suggests that adverse early-life events influence the perinatal programming and maturation of the immune system, predisposing the host to complex diseases including inflammatory bowel diseases (IBD). We hypothesized that neonatal colonic inflammation generates long range epigenetic memory that aggravates epithelial barrier impairment when exposed to another episode of inflammation in adult-life.

Methods: Neonatal inflammation (NI) was induced by intra rectal administration of trinitrobenzene sulfonic acid (TNBS, 130 mg/kg) on postnatal day 10. Another dose of TNBS (80 mg/kg) was applied to induce adult inflammation (AI) six weeks after NI. All 4 groups of rats (Veh+Veh, NI+Veh, Veh+AI, and NI+AI) were euthanized 7 days later.

Results: In NI+AI rats, we observed an aggravated epithelial damage, evidenced by exacerbated increase in colonic permeability, when compared with the other three groups of rats ($p < 0.01$). We also tested the double-hit injury strategy in adult 6-week old rats given 130 mg/kg TNBS. After 6 weeks of remission, another episode of adult inflammation was induced with TNBS (AI+AI rats). There was no heightened tissue injury in AI+AI vs Veh+Veh, AI+Veh, and Veh+AI rats; noticeably less permeability was detected when compared to the NI model. Thus, aberrant epithelial damage occurs preferentially after colonic injury in the neonates. Molecular studies revealed a marginal decrease in Cdh1 mRNA and a significant reduction in E-cadherin protein in the colon mucosa of NI+AI rats, while Occludin, ZO-1, Claudin 1, Claudin 5, and Claudin 7 remained unchanged. To investigate the epigenetic mechanism underlying the loss of E-cadherin, we carried out miRNA arrays. miR-139, 196, 547, and 3596 were significantly upregulated whereas Let-7e, miR-19a, 96 and 101a were markedly repressed in NI+AI vs the other three groups of rats. Importantly, miR-196 is significantly elevated in patients with Crohn's disease or colon cancer, indicating a human clinical correlation. Bioinformatics analysis predicted E-cadherin, a key adhesion molecule involved in gut epithelial integrity, as a target of miR-196. To determine its role in regulating E-cadherin, we overexpressed miR-196 in HT29 colorectal cancer cells and found a significant decrease in E-cadherin mRNA and protein ($p < 0.01$). Thus, we postulated that a miR-196 inhibitor might decrease NI-induced disease susceptibility and might ameliorate epithelial barrier injury in NI+AI rats. Intervention study with miR-196 inhibitor is currently ongoing.

Conclusions: Severe neonatal colonic inflammation renders the host susceptible to aggravated epithelial damage in part by upregulating miR-196, which in turn downregulates E-cadherin, resulting in exacerbated increase in colonic permeability. miR-196 could serve as a therapeutic target in IBD and colitis-associated colon cancer.

Biography

Qingjie Li, a Molecular Biologist, earned his MS Degree in Chemistry from the Department of Chemistry, Guangxi Normal University in 1991 and a PhD Degree in Biochemistry and Molecular Biology from the Central South University (P R China) in 2000. He worked as a Faculty Member at the same university from 1991 to 2000 and as a Postdoctoral Fellow at the Linus Pauling Institute, Oregon State University from 2000 to 2006. In 2007, as an Assistant Professor he joined the University of Texas Medical Branch at Galveston. He was promoted to Associate Professor in 2018. He has several awards to his credit and has published more than 40 peer-reviewed research articles, a book chapter, and several gene sequences in GenBank. He has served as a Reviewer for NIH, American Gastroenterological Association, and numerous journals, including *Gastroenterology*, the most prominent journal in the field of gastrointestinal disease. His research interest include: pathogenesis, molecular mechanisms, and chemoprevention of inflammatory bowel diseases (IBD) and its comorbidities, including colitis-associated cancer and IBD-associated cardiovascular disorders.

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Gut bacteria and metabolism: Examining host-microbe cross talk in the disease state

Susan Joyce

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Our co-evolved gut microbiota confers beneficial mutualistic relationships both to the microbial residents and to human health. Microbes can alter human produced metabolites and indeed produce and excrete their own compounds to act locally or indeed systemically to elicit a response. In doing so, microbes can influence many different host processes including immune function and signalling to impact human health. Two examples of such processes include the catabolism of fatty acids and bile acid modification. The liver is the site for bile acid synthesis and conjugation, however, the gut microbiota is responsible for the range of diversity of bile moieties. Bile acids, released into the GI tract, are MI cellular components, emulsifiers of fat, liberators of fat soluble vitamins and they also influence microbial populations temporally and spatially depending on the gut region, the pH and oxygen levels. Here, we have examined the microbial, metabolic and gut hormonal hallmarks of an Irish cohort of IBD to include Crohn's disease and ulcerative colitis (n=182). Our data indicate microbial and metabolic adjustments of different severity between disease states relative to healthy volunteers and also points to altered gut function and signalling.

Biography

Susan Joyce graduated with a B.Sc from NUI Maynooth in Biology and Mathematics and a research PhD in host-microbe 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 Supérieure, Paris which included a stint at the Max Planck Institute, Berlin. Before returning to University College Cork, She was a postdoctoral scientist at Trinity College Dublin and the University of Bath, UK. Her main interest is in microbial genetic and biochemical systems that alter eukaryotic host signalling. 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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Acute pancreatitis in early childhood

Biljana Vuletić

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Acute pancreatitis is an urgent pediatric problem which spontaneously disappears in most cases, although a severe form of the disease can develop in 10-30% of cases, known as severe acute pancreatitis (SAP). Publications from the last few decades have reported an increase in the incidence of pancreatitis among children. This can suggest a real increase in the incidence of pediatric pancreatitis or may indicate other issues such as increased attention to this disease which is, as previously thought, extremely rare in childhood. As the prevalence of pancreatitis in the adult population ranges between 6 and 45/100 000 per year and two pediatric multi-institutional studies showed an incidence of 3.6 and 13.2 cases per 100,000 children, pancreatitis is no longer a rare disease in pediatric practice. In accordance with these relevant data and the fact that, unlike the extensive available literature on pancreatitis in adult population, the aetiology and history of pediatric pancreatitis is not clear enough and there are no evidence-based guidelines for the diagnosis and treatment of the disease or prognostic algorithms, the consortium named the International Study Group of Pediatric Pancreatitis: In Search for a Cure (INSPIRE) was established in 2010. The most important task of this group of pediatric gastroenterologists and associates was to define the occurrence of pancreatitis in childhood and then, through the analysis of demographic characteristics, clinical pictures and diagnostic procedures, to develop a therapeutic strategy in order to prevent the recurrence of acute pancreatitis and its progression in its chronic form.

Recent Publications:

1. Abu El H M et al. (2017) Classification of acute pancreatitis in the pediatric Population: clinical report from the NASPGHAN pancreas committee. *Journal of Pediatric Gastroenterology and Nutrition*. 64(6):984-990. Doi:10.1097/MPG.0000000000001583.
2. Morinville V D et al. (2014) Design and Implementation of INSPPIRE. *J. Pediatr. Gastroenterol. Nutr.* 59(3):360-364. Doi: 10.1097/MPG.0000000000000417.
3. Morinville V D et al. (2012) Definitions of pediatric pancreatitis and survey of present clinical practices. *J. Pediatr. Gastroenterol Nutr.* 55(3):261-265.
4. Bai H X, Lowe M E and Husain S Z (2011) What have we learned about acute pancreatitis in children? *J. Pediatr. Gastroenterol. Nutr.* 52(3):262-270. Doi: 10.1097/MPG.0b013e3181cea545.
5. Park A et al. (2010) A Comparison of presentation and management trends in acute pancreatitis between infants/toddlers and older children. *J. Pediatr. Gastroenterol. Nutr.* 51:167-170. Doi: 10.1097/MPG.0b013e3181cea545.

Biography

Biljana Vuletic received her Medical Degree from the Medical Faculty at the University of Belgrade. She is an Associate Professor of Pediatrics at the Faculty of Medical Sciences, University of Kragujevac and Chief of the Department of Gastroenterology of Pediatric Clinic and a full ESPGHAN Member. She started her residency in pediatrics at the University Children's Hospital University of Belgrade. She was trained in Pediatric endoscopy and ultrasonography at the same university hospital. She completed two hands-on courses in UK, Sheffield Children's Hospital. She has been accepted by OMI Foundation, Austria, for Observership Program at the Medical University of Graz, Univesitats Kinderklinik LKH Graz two times. Her mainly clinical interests include chronic intestinal failure, Celiac disease and clinical nutrition. She has summary of 168 publications including authored or co-authored papers in peer-reviewed journals and also chapters in the national monographs and textbooks published in Serbia.

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Laser sphincterotomy: A minimally invasive treatment for severe anal spasm in cases of chronic anal fissures

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Statement of the Problem: A chronic anal fissure can be identified by the presence of hypertrophied anal papilla, visible internal sphincter fibres at the base of the fissure, a sentinel polyp at the distal end or a fibroepithelial polyp at the apex. The ischemia of the anal lining caused due to elevated sphincter pressures, may be responsible for the pain of anal fissures and their failure to heal. The present paper evaluates the treatment outcome of chronic anal fissures using laser sphincterotomy.

Methodology: 52 admitted and operated patients (30 males and 22 females) of anal fissure by laser sphincterotomy were examined retrospectively. The patients with chronic anal fissure and severe anal spasm with VAS scores 8-10 were selected. Data on duration of procedure, 6 months follow-up data of post-operative complications, resolution or persistency were collected. The diode laser of 1470 nm was used as the beam source. Follow up was scheduled in outpatient clinic at 1 week, 3 week, 2 months, 3 months and 6 months post-operatively.

Results: 46.7% males of the age group 41-50 years and 63.6% females of age group 31-40 years were most common. The pre-operative average readings of patients with spasm in males were 120-140 mmHg and in females it was recorded to be 110-125 mmHg, which showed a decrease post-operatively and become almost normal after 3 months. No other post-operative complications were observed except mild bleeding in 20 patients (38.46%) in the first week, along with purities and anal discharge in 20 (38.46%) and 5 (9.6%) patients respectively upto 1 month.

Conclusions: The results showed that patients had reduced healing time with no scars following minimally invasive laser sphincterotomy when compared to conservative surgical procedures. There were nil post-operative complications at the follow-up period, with minimal bleeding in a few cases following the procedure.

Recent Publications:

1. Patel H S, Chavda J, Parikh J and Naik N (2013) Study of operated patients of lateral internal anal sphincterotomy for chronic anal fissure. *J. Clin. Diagn. Res.* 7(12):2863-2865.
2. Tahamtan M et al. (2016) Surgical management of anal stenosis: anoplasty with or without sphincterotomy. *J. Coloproctol.* 37(1):13-17.
3. Madalinski M H (2011) Identifying the best therapy for chronic anal fissure. *World J. Gastrointest. Pharmacol. Ther.* 2(2):9-16.
4. Mapel D W, Schum M and Worley A V (2014) The epidemiology and treatment of anal fissures in a population-based cohort. *BMC Gastroenterol.* 14:129.
5. Manoharan R, Jacob T, Benjamin S and Kirishnan S (2017) Lateral anal sphincterotomy for chronic anal fissures- a comparison of outcomes and complications under local anaesthesia versus spinal anaesthesia. *J. Clin. Diagn. Res.* 11(1):PC08-PC12.

Biography

Jaya Maheshwari is a prominent dignified Surgeon and has pursued minimal access surgery moving further in her career. During her academic journey she has been awarded a couple of fellowships in laparoscopy from the top institutes. Ongoing with her pursuit for academic excellence she specialized and got certified in advance proctology and lasers. She is currently the Co-Convener for the FIAGES Board. She presently heads the Department of Advance Proctology and Department of Laparoscopic Surgery in Jyoti Hospital, Jaipur. Her rich clinical career in performing thousands of surgeries over a span of nearly one and half decade, and her vision for quality and excellence made her establish a first of its kind department, specifically in proctocare and minimal access surgeries. The department offers a plethora of surgeries and the most advance techniques, like the STARR for severe constipation, staplers and lasers for piles, fistula and fissures, and various types of mesh repairs for all hernias.

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Successful treatment of chronic Hepatitis C infection in Republic of Srpska

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Introduction: Viral hepatitis C remains one of the major health and social problems related to infectious diseases. Today, interferon-free therapy using new direct-acting antivirals (DAA) has increased the cure rate across different HCV-infected patient populations. Nowadays, viral hepatitis C threatens to become a healing disease.

Methods: The methodology involved a retrospective study. We will present our experiences from the work carried out in 2016 and 2017. We have approved treatment with ombitasvir/paritaprevir/ritonavir + dasabuvir in a total of 55 patients' report.

Results: In 2016, we analyzed 25 patients, 17 (68%) males and 8 (32%) females with age of 26-66 years. In 2017, we analyzed 30 patients, 22 (73%) males and 8 (26,7%) females with age of 23-67 years. Sustained viral response (SVR) is 100%. Adverse events are typically mild, most commonly consisting of fatigue, headache, nausea, and diarrhea.

Discussion/Conclusions: The regimen consisting of ombitasvir/paritaprevir/ritonavir and dasabuvir is highly efficacious in the treatment of viral hepatitis C. Today, viral hepatitis C is a curable disease, which reduces membrane damage, as well as the costs of treating patients.

Recent Publications:

1. Zeuzem S et al. (2015) Grazoprevir-Elbasvir combination therapy for treatment-naïve cirrhotic and noncirrhotic patients with chronic hepatitis C virus genotype 1, 4, or 6 infection: a randomized trial. *Ann. Intern. Med.* 163(1):1-13.
2. Chahal H S et al. (2016) Cost-effectiveness of early treatment of hepatitis C virus genotype 1 by stage of liver fibrosis in a US treatment-naïve population. *JAMA Internal Medicine.* 176(1):65-73.
3. Poordad F and Dieterich D (2012) Treating hepatitis C: current standard of care and emerging direct-acting antiviral agents. *J. Viral. Hepat.* 19(7):449-464.
4. Manns M P et al. (2001) Peginterferon alfa-2b plus ribavirin compared with interferon alfa-2b plus ribavirin for initial treatment of chronic hepatitis C: a randomized trial. *Lancet.* 358(9286):958-965.
5. Ferenci P et al. (2014) ABT-450/r-ombitasvir and dasabuvir with or without ribavirin for HCV. *N. Engl. J. Med.* 370(21):1983-1992.

Biography

Jelena Petkovic Dabic graduated from the Faculty of Medicine in University in Banja Luka Republic of Srpska, 2005. Experienced Head with a demonstrated history of working in the medical practice industry. She is skilled at Research Management, Medical Education, Healthcare, and Healthcare Management. Strong professional with a Doctor of Medicine (MD) master focused in Health/Health Care Administration/Management from School of Public Health Faculty of Medicine, University of Belgrade. She is currently employed as Head of the Health Sector in the Health Insurance Fund of the Republic of Serbia. She is currently planning the treatment for hepatitis C and all funded biological medicines. She is now Dermatovenerology Resident-University Clinical Center of the RS. She is mainly interested in new molecules and their application in the treatment of very serious illness.

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Estimation of efficacy of hemodialysis in patients with *Helicobacter pylori* infection before and after eradication therapy

Nany El Gayar

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The aim of this work is to study gastric symptoms, efficacy of hemodialysis according to blood urea, serum creatinine levels and urea reduction ratio (URR), changes in mental functions according to serum ammonia level in hemodialysis patients with positive *H. pylori* antigen before and after eradication therapy. This study was carried out on 40 patients with end stage renal disease (ESRD) on chronic regular hemodialysis 3 times weekly, with gastric symptoms and positive stool *H. pylori* antigen were enrolled in this study. Blood urea, serum creatinine, urea reduction ratio, serum ammonia all were measured before and after eradication therapy. Stool *H. pylori* antigen was measured by ELISA before and one month after the end of therapy to confirm complete eradication of the organism. Eradication therapy was given (Amoxicillin 750 mg two times daily, Clarithromycin 500 mg two times daily and Pantazole 20 mg two times daily) for 10 days. Then after one month changes in gastric symptoms, stool *H. pylori* antigen, measure serum ammonia level again, *H. pylori* antigen, blood urea and serum creatinine were detect. The results of this study: gastrointestinal tract (GIT) symptoms pre-eradication therapy were 25% nausea, 21.5% epigastric pain, 16.1% heart burn, 12.5% early satiety, 12.5% postprandial fullness, 12.5% appetite loss. One month after eradication therapy 85% of the patients converted to *H. pylori* stool antigen negative. After eradication therapy, patients who converted to *H. pylori* negative antigen (GIT) symptoms had been relieved in 82.4% of cases and in 17.6% of cases (GIT) symptoms persist. There was significant difference in the mean blood ammonia level ($p=0.001$) as regards pre and post eradication therapy. In patients who still had *H. pylori* antigen (GIT) symptoms had been persisted in all cases and there was no significant difference in the mean blood ammonia level ($p=0.463$). There was significant negative correlation between *H. pylori* antigen with urea reduction ratio (URR) ($r=0.402$, $p=0.010$) and significant positive correlation between *H. pylori* antigen with ammonia level ($r=0.452$, $p=0.003$). This study showed that the prevalence of *H. pylori* infection increased with longer duration of hemodialysis, triple therapy was effective for eradication of *H. pylori* in hemodialysis patients, presence of *H. pylori* was associated with decreased efficacy of hemodialysis and blood ammonia level decreased with eradication of *H. pylori* infection.

Biography

Nany El Gayar pursued her Master's Degree in Rheumatology and Doctor's Degree in Geriatrics from Alexandria University. She is an Assistant Professor of Internal Medicine, Geriatrics Unit at the Alexandria University, Egypt. She has published more than 15 papers in reputed journals.

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Notes:

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

Renata Tamburic¹ and J. Petkovic-Dabic²¹University Clinical Centre of the Republic of Srpska²Health Insurance Fund of the Republic of Srpska

Introduction: Vedolizumab (VDZ) is a humanized monoclonal antibody $\alpha 4\beta 7$ integrin-receptor antagonist indicated for the treatment of patients with moderately to severely active ulcerative colitis or Crohn's disease. We want to show our modest experience with the use of vedolizumab as a rescue therapy when other medical therapies have failed.

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

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

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

Recent Publications:

1. Sandborn WJ, Feagan BGR, Rutgeerts P et al. ; GEMINI 2 Study Group. Vedolizumab as induction and maintenance therapy for Crohn's disease. *N Engl J Med* 2013;369:711–21.
2. Sands BE, Feagan BGR, Rutgeerts P et al. . Effects of vedolizumab induction therapy for patients with Crohn's disease in whom tumor necrosis factor antagonist treatment failed. *Gastroenterology* 2014;147:618–27.e3.
3. Rosario M, Dirks NL, Gastonguay M, Ret al. Population pharmacokinetics-pharmacodynamics of vedolizumab in patients with ulcerative colitis and Crohn's disease. *Aliment Pharmacol Ther* 2015;42:188–202.
4. Yanai, H. and Hanauer, S.B. Assessing response and loss of response to biological therapies in IBD. *Am J Gastroenterol.* 2011; 106: 685–698.

Biography

Renata Tamburic graduated from the Faculty of Medicine Banja Luka, in 2011. She have finished specialization in internal medicine, currently resident from gastroenterohepatology. She Works in the Clinic for Internal Diseases, Department of Gastroenterohepatology, University Clinical Centre of the Republic of Srpska since 2012. PhD student in clinical medicine at the Medical Faculty in Novi Sad. Her research interest in the success of treating patients with IBD is high. She hope that in the future we will witness the invention of new molecules in order to preserve our quality of life for our patients.

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Raihan A S M A

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Association of *Helicobacter pylori* and anaemia

Background: *Helicobacter pylori* (*H. pylori*) associated gastritis may cause iron deficiency anaemia. Therefore, this infection should be diagnosed and cured.

Aim: This study is aimed to find out association of *H. pylori* infection and iron deficiency anaemia.

Methods: Association of *H. pylori* infection and anaemia was studied in dyspeptic patients. Those who were found to be normal at upper GI endoscopy were included in this study. Rapid urease test was done to detect *H. pylori* infection. *H. pylori* positive patients were considered as group A and *H. pylori* negative as group B. A total of 194 patients (aged 18 to 60 years) of both sexes were included, 134 belonged to group A and 60 to group B. Five ml of blood was collected from each patients for estimation of hemoglobin level, serum ferritin, mean corpuscular hemoglobin (MCH) and mean corpuscular volume (MCV). Iron deficiency anaemia was defined as hemoglobin(Hb) concentration <120 g/L in men and <110 g/L in women, serum ferritin <12 µg/L, mean corpuscular haemoglobin (MCH) <27 pg, and mean corpuscular volume (MCV) <80 fL. Iron deficiency was considered when serum ferritin was <12 µg/L (70).

Results & Conclusions: Serum ferritin was higher in *H. pylori* negative group than *H. pylori* positive group. In the multiple regression model *H. pylori* infection was associated with 28.8% decrease of serum ferritin (95% CI=-4.85 to-9.1); $r^2=0.271$). The mean MCV was found to be 85.45 ± 6.93 (in fL) in group A and 88.73 ± 4.58 (in fL) group B. The difference was statistically significant ($p<0.05$). The mean MCH was significantly lower in group A than group B. In male patients, the mean Hb% was lower than group B and the difference was statistically significant ($p<0.05$). In female patients mean Hb% of both groups were almost similar. So it appears that *H. pylori* infection is associated with iron deficiency anaemia.

Recent Publications:

1. Yip R et al. (1997) Pervasive occult gastrointestinal bleeding in an Alaska native population with prevalent iron deficiency: role of *Helicobacter pylori* gastritis. JAMA. 277(14):1135-1139.
2. Marignani M et al. (1997) Reversal of long-standing iron deficiency anaemia after eradication of *Helicobacter pylori* infection. Scand. J. Gastroenterol. 32(6):617-622.
3. Seo J K, J S Ko and K D Choi (2002) Serum ferritin and *Helicobacter pylori* infection in children: a sero-epidemiologic study in Korea. J. Gastroenterol. Hepatol. 17(7):754-757.
4. Sarker S A et al. (2008) Causal relationship of *Helicobacter pylori* with iron-deficiency anemia or failure of iron supplementation in children. Gastroenterology. 135(5):1534-1542.
5. Dunn B E, Cohen H and Blaser M J (1997) *Helicobacter pylori*. Clinical Microbiology Review. 10(4):720-741.

Biography

A S M A Raihan has been working in the department of Gastroenterology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh. His research interest is focused in Irritable bowel syndrome, inflammatory bowel disease, peptic ulcer disease and *Helicobacter pylori* infection. His important works are profile of ulcerative colitis in Bangladesh, presented in APDW, 2006, profile of patients of Crohn's disease in Bangladesh, Symptomatic overlap in patients with diarrhoea predominant irritable bowel syndrome and microscopic colitis in Bangladeshi population and histopathological alteration in post infectious irritable bowel syndrome. He developed a clinical scoring system to differentiate difficult to diagnose cases of intestinal tuberculosis and Crohn's disease and presented his work in Asia Pacific Digestive Week, Kobe, Japan in 2016. He has got more than 50 publications and he supervised more than 50 theses.

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Siddique Abu Raihan

Sheikh Sayera Khatun Medical College, Bangladesh

Comparison of efficacy of four different *Helicobacter pylori* eradication regimens in peptic ulcer disease patients at a Medical University Hospital

In the study 63 *H. pylori* positive patients with peptic ulcer disease were randomized for eradication therapy for *H. pylori* for two weeks. Four regimens were used: ECA consisting of Esemoprazole (20 mg bid), Clarithromycin (500 mg bid) and Amoxicillin (1 gm bid), EAL- consisting of Esemoprazole (20mg bid), Amoxicillin (1gm bid), Levofloxacin (500 mg once daily), EAT consisting of Esemoprazole (20mg bid), Amoxicillin (1gm bid), Tetracycline (500 mg bid) and ETL consisting of Esemoprazole (20 mg bid), Tetracycline (500mg bid) and Levofloxacin (500 mg once daily). Out of 63 patients 13 dropped out. Six weeks after completion of therapy upper GI endoscopy was repeated to see endoscopic improvement and RUT (rapid urease test) was carried out. Conclusive result was obtained in 40 cases in RUT. Eradication therapy showed no statistically significant difference in different regimens ($p>0.05$). Endoscopic improvement occurred in 33% to 71% patients in different regimens. Thirty six patients were found to be RUT negative and 4 were found to be RUT positive. Negativity rate ranged from 83% to 100% in different regimens. This result appears to be acceptable, good and even excellent with ETL.

Recent Publications:

1. Alam M R et al. (2014) A study on healing of peptic ulcer disease after eradication of *Helicobacter pylori* infection. Bangladesh Medical Journal. 43(2):84-89.
2. Graham D Y and Fischbach L (2010) *Helicobacter pylori* treatment in the era of increasing antibiotic resistance. Gut. 59(8):1143-1153.
3. Hildedrand P et al. (2001) Recrudescence and reinfection with
4. *Helicobacter pylori* after eradication therapy in Bangladesh adults. Gastroenterology. 121(4):792-798.

Biography

Siddique Abu Raihan is working as Assistant Professor in gastroenterology in Sheikh Sayera Khatun Medical College Hospital in Gopalganj. He obtained his MBBS from Dhaka Medical College in the year of 2003. After which he earned his MRCP degree from the Royal College of Physicians in the UK on 2011, and subsequently his MD in Gastroenterology from BSMMU (Bangabandhu Sheikh Mujib Medical University) on 2016. He had extensive training in all modalities of both diagnostic and therapeutic G. I. Endoscopy in Bangabandhu Sheikh Mujib Medical University for 4 years from the year 2012 to 2016. He later joined as Specialty doctor in gastroenterology in Medway Maritime Hospital in UK. He worked there for 1 year and then came back to Bangladesh and was appointed as assistant professor in gastroenterology in Sheikh Sayera Khatun Medical College in Gopalganj, Bangladesh. Besides doing his clinical jobs like doing gastroenterology clinics, ward round and endoscopic procedures in Sheikh Sayera Khatun Medical College, he is also involved in teaching and is a resource person in the Medical Education department as an expert in curriculum development. He has got special interest and vast exposure to management of the patients with IBD, intestinal TB and functional bowel disorder.

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Scientific Tracks & Abstracts Day 2

Gastro Congress 2018

SESSIONS

Inflammatory Bowel Diseases | Gastrointestinal Pathology | Advanced Nutrition and Dietetics in Gastroenterology | Digestive Diseases

Chair: Davor Štimac, Clinical Hospital Center of Rijeka - University of Rijeka, Croatia

Co-Chair: Bashar Attar, Cook County Health and Hospitals System, USA

SESSION INTRODUCTION

- Title:** Volatile organic metabolites as novel, non-invasive diagnostic biomarkers in Inflammatory Bowel Disease
Iftikhar Ahmed, University of Southampton - Al-Faisal University, UK
- Title:** The influence of diet, bacteria and bacterial metabolites on epithelial cell responses in intestinal inflammation and cancer
The influence of diet, bacteria and bacterial metabolites on epithelial cell responses in intestinal inflammation and cancer
- Title:** Laser pilonidoplasty in pilonidal sinus: A case report
Jaya Maheshwari, Jyoti Hospital, India
- Title:** Association of nontuberculous mycobacteria (NTM) with Crohn's disease (CD)
Raihan ASMA, Bangabandhu Sheikh Mujib Medical University, Bangladesh
- Title:** Gluten related diseases
Biljana Vuletić, University of Kragujevac, Serbia
- Title:** The effectiveness of the new method of radial sphincterotomy
Kenan Yusif Zade, Military Hospital of State Border Service, Azerbaijan
- Title:** The relationship between Rh and ABO Blood Groups distribution and the incidence of gastric cancer and peptic ulcer disease: Case-control study
Ziad Aljarad, Aleppo University Hospital, Syria

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Volatile organic metabolites as novel, non-invasive diagnostic biomarkers in Inflammatory Bowel Disease

Iftikhar Ahmed

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The Diagnosis of inflammatory bowel disease (IBD) requires extensive and often invasive investigations including colonoscopy and histology and places a heavy burden, both on healthcare resources, because of the cost, and on the individual, in times of disease-related disability and poor quality of life. Recently, there has been increasing interest in non-invasive biomarkers to diagnose IBD and to monitor the disease activity. There is growing scientific interest in the investigation of volatile metabolites and numbers of studies have focused on the utilization of non-invasive biomarkers in the diagnosis of GI disease. The development of sophisticated analytical techniques has enabled the study and interpretation of changes in the faecal and breath volatile organic metabolites (VOMs) and its correlation with the pathophysiological mechanisms in IBD. VOMs are the chemicals that are the products and intermediates of metabolism and may be altered during the diseases process. Changes in the signature of VOMs could potentially provide diagnostic information about health and disease. Multiple studies have reported the differences in VOM profiles of healthy controls vs. patients with IBD other GI disorders. VOM profiles have been used to segregate patients by disease activity and the type of disease. The correlation of VOMs with Microbiota is interesting and supports the hypothesis of gut microbial dysbiosis in the etiology of IBD. This provides an important platform to explore the role of dysbiosis in IBD and other GI disorders pathogenesis and development of novel therapeutic targets. In future, further understanding of faecal VOMs may lead to the development of a rapid and simple point of care diagnosis and monitoring of IBD.

Recent Publications:

1. Ahmed I, Niaz Z, Ewbank F, Ankarca D, Furnari M. Sniffing out causes of gastrointestinal disorder- A Review. *European Journal of gastrointestinal and Liver disease*. (In press)
2. Hakizimana A, Ahmed I, Russell R, Wright M, Afzal NA. Challenges of modern day transition care in inflammatory bowel disease: From inflammatory bowel disease to biosimilars. *World Journal of Gastroenterology*. 2017;23(25):4473-4479. doi:10.3748/wjg.v23.i25.4473.
3. Razanskaite V, Bettey M, Downey L, Wright J, Callaghan J, Rush M, Whiteoak S, Ker S, Perry K, Underhill C, Efreem E, Ahmed I, Cummings F. Biosimilar Infliximab in Inflammatory Bowel Disease: Outcomes of a Managed Switching Programme. *J Crohns Colitis*. 2017 Jun 1;11(6):690-696
4. Furnari M, Ahmed I, Erpecum KJ, Savarino V, Giannini EG. Breath Tests to Assess Alcoholic Liver Disease. *Rev Recent Clin Trials*. 2016;11(3):185-90
5. Ahmed I, Greenwood R, Costello B, Ratcliffe N, Probert C. Letter: faecal volatile organic metabolites, promising biomarkers in inflammatory bowel disease and Letter: faecal volatile organic metabolites as novel diagnostic biomarkers in inflammatory bowel disease. Authors' reply. *Aliment Pharmacol Ther*. 2016 Jun; 43(11):1241-2.

Biography

Iftikhar Ahmed is a consultant gastroenterologist at University Hospital Southampton NHS Foundation Trust and visiting consultant at East Sussex Hospitals NHS foundation trust Eastbourne. He is also a Hon. Senior clinical lecturer at the University of Southampton UK. His research interests include investigating the changes in the smell of faeces and breathe in order to understand the pathophysiological mechanisms of GI disorders and to develop a non-invasive biomarker. Through formal laboratory research, He studied the faecal volatile metabolomics profiles of patients with Liver disease (NAFLD), IBD and irritable bowel syndrome (IBS) in comparison with healthy individuals, and was awarded the degree of Doctorate of Medicine (MD) by University of the Bristol in 2012. He has collaborative research experience with international colleagues, presented his work at both national and international conferences, and was awarded travel grants and prizes for the best abstracts and oral presentations on various occasions. He is on the reviewer panel of several national and international journals, including Gut, PLOS One, Journal of Gastrointestinal and Liver Disease and BMJ.

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The influence of diet, bacteria and bacterial metabolites on epithelial cell responses in intestinal inflammation and cancer

Silvia Melgar

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Westernized diet, defined by high contents of saturated fats and sucrose, is associated with the development of several diseases including metabolic syndrome, obesity and cancer. Intestinal inflammatory responses are mediated by a complex crosstalk between the environment, microbiota and the immune system. Alterations in any of these systems can lead to development of gastrointestinal conditions such as inflammatory bowel diseases (IBD). Triggering factors for IBD and colitis-associated cancer (CAC) include environmental factors (e.g. stress), gut microbiota composition and diet. Recent reports indicate that a specific pathobiont outgrowth in IL-10^{-/-} mice fed with a milk derived fat diet aggravated colitis. Epidemiological data have also identified processed meats and saturated fat as risk factors for IBD and colon cancer. Prebiotics are selectively fermentable ingredients that can change the composition and/or activity of the intestinal microbiota, which can lead to beneficial effects on the host. Short chain fatty acids (SCFAs) are the fermentation products of prebiotic digestion by the colonic commensal microbiota, with the most abundant SCFAs being butyrate, acetate and propionate. SCFAs, especially butyrate, act as source of energy for epithelial cells as well as being immune modulatory and helping dampening inflammation. In this talk, I'll discuss our findings emanating from *in vitro* and *in vivo* studies investigating the effect of diets, bacteria and bacterial metabolites on intestinal epithelial cell responses and in experimental models of colitis and CAC. To date, we have data showing that high fat diets can positively and negatively affect the outcome of colitis and CAC by regulating the microbiota, microbial metabolites and host epithelial and immune responses. In addition, we have generated mechanistic insights on the role of individual SCFAs and IBD-associated pathobionts such as adherent and invasive *Escherichia coli* (AIEC) on intestinal epithelial cell responses.

Recent Publications:

1. Nilaweera K N et al. (2017) Whey protein-effects on energy balance link the intestinal mechanisms of energy absorption with adiposity and hypothalamic neuropeptide gene expression. *American Journal of Physiology Endocrinology and Metabolism*. 313(1):E1-E11.
2. Russell S E et al. (2016) IL-36 α expression is elevated in ulcerative colitis and promotes colonic inflammation. *Mucosal Immunol*. 9(5):1193-1204.
3. Yang S et al. (2013) Pellino3 ubiquitinates RIP2 and mediates NOD2-induced signaling and protective effects in colitis. *Nature Immunology*. 14(9):927-936.
4. Hall L J et al. (2013) Natural killer cells protect mice from DSS-induced colitis by regulating neutrophil function via the NKG2A receptor. *Mucosal Immunology*. 6(5):1016-1026.
5. McCarthy J et al. (2013) Gene silencing of TNF- α in an murine colitis model using a modified amphiphilic cyclodextrin delivery vector. *Journal of Control Release*. 168(1):28-34.

Biography

Silvia Melgar received her PhD in Immunology from Umeå University in Sweden, followed by a Postdoctoral Fellowship and a Senior Research Scientist position at AstraZeneca R&D Mölndal, Sweden. She is currently an APC Faculty Investigator under the Host - Microbe Dialogue Research theme in the APC Microbiome Ireland Research Institute of University College Cork (UCC), Ireland. She joined the APC in 2008 as a Principal Scientist under the GlaxoSmithKline-APC collaboration and became an Investigator in 2012. Her research interests include 1) the identification of novel molecular mechanisms associated to diet - host - bacteria interactions and their relevance to health and intestinal disorders such as inflammatory bowel disease (IBD) and colorectal cancer; 2) identification and pre-clinical evaluation of novel therapies for inflammatory and malignant conditions in the gastrointestinal tract in animal models and in *in vitro* cell systems.

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Laser pilonidoplasty in pilonidal sinus: A case report

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Pilonidal sinus is a chronic inflammatory condition which is caused due to involution of hair fragment into the gluteal or natal region. It is also called as inflammatory disease of gluteal region. It is twice as common in males between 15-25 years of age. Occasionally it occurs in different region like umbilicus, nose, groin, axilla, clitoris, interdigital tract, suprapubic area, penis or occiput. The present report highlights the condition in a 24-year old male with discharging sinus in the gluteal cleft and itching from the past one-month. Diagnosis of the diseases is straightforward clinically with discharging sinus and multiple pits in the natal cleft, and choice of particular surgical approach was laser pilonidoplasty. The procedure was performed under local anaesthesia with 1470 nm diode laser as beam source, with radial fibre, which would destroy the deep fistula system of the sinus. A 600 micron fibre with a special glass top (CORONA) fistula probe fibre with power settings at 10 watt and energy dosage at 100 joules per cm was used. The patient recovered completely and returned to work within 2 months. The procedure does not involve any painful dressings post operatively. In our experience, laser pilonidoplasty is the choice of procedure for the disease as there are less chances of morbidity and recurrence and better chances of early healing and cure of the disease. Hair removal is maintained until wounds are healed, after which laser hair removal is recommended of the local area. The lasers thus, prove to be an attractive treatment alternate for pilonidal sinus.

Recent Publications:

1. Dessily M, Charara F, Ralea S and Allé J L (2017) Pilonidal sinus destruction with a radial laser probe: technique and first Belgian experience. *Acta Chirurgica Belgica*. 117(3):164-168.
2. Harris C, Sibbald R G, Mufti A and Somayaji R (2016) Pilonidal sinus disease: 10 steps to optimize care. *Advances in Skin and Wound Care*. 29(10):469-478.
3. Lindholt Jensen C S, Lindholt J S, Beyer M and Lindholt J S (2012) Nd-YAG laser treatment of primary and recurrent pilonidal sinus. *Lasers Med. Sci*. 27(2):505-508.
4. H Özdemir, Ünal Özdemir, I Tayfun Sahiner I and M Senol (2014) Whole natal cleft excision and flap: an alternative surgical method in extensive sacrococcygeal pilonidal sinus disease. *Acta Chirurgica Belgica*. 114(4):266-270.
5. Isik A, Idiz O and Firat D (2016) Novel approaches in pilonidal sinus treatment. *Prague Med. Rep*. 117(4):145-152.

Biography

Jaya Maheshwari is a prominent dignified Surgeon and has pursued minimal access surgery moving further in her career. During her academic journey she has been awarded a couple of fellowships in laparoscopy from the top institutes. Ongoing with her pursuit for academic excellence she specialized and got certified in advance proctology and lasers. She is currently the Co-Convener for the FIAGES Board. She presently heads the Department of Advance Proctology and Department of Laparoscopic Surgery in Jyoti Hospital, Jaipur. Her rich clinical career in performing thousands of surgeries over a span of nearly one and half decade, and her vision for quality and excellence made her establish a first of its kind department, specifically in proctocare and minimal access surgeries. The department offers a plethora of surgeries and the most advance techniques, like the STARR for severe constipation, staplers and lasers for piles, fistula and fissures, and various types of mesh repairs for all hernias.

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Notes:

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Association of nontuberculous mycobacteria (NTM) with Crohn's disease (CD)

Raihan A S M A, Niaz M K and Humayun Sattar
Bangabandhu Sheikh Mujib Medical University, Bangladesh

Introduction: The most widely held hypothesis on the pathogenesis of IBD (Inflammatory Bowel Disease) is that overly aggressive acquired (T cell) immune responses to a subset of commensal enteric bacteria develop in genetically susceptible hosts, & environmental factors precipitate the onset or reactivation of disease. But it is almost universally accepted that a host genetic predisposition is critical for development of CD. Among bacteria *Mycobacterium avium* subsp *paratuberculosis* (MAP) has shown high prevalence although not uniformly. This large variation may be due to differences in DNA extraction techniques or to geographical variations in the prevalence and modes of transmission of MAP.

Aim & Objectives: This prospective study aimed to see the association of NTM with Crohn's disease.

Methods: Patients of CD were included in the study as case. Patients of IBS (Irritable Bowel Syndrome) or suspected colorectal malignancy who were found to be normal at colonoscopy and colonic biopsy was normal, were included in the study as control. Two bites of biopsy from the lesion in CD patients were taken for NTM by PCR. In control group two bites were taken for histopathology and two bites were taken for NTM PCR from left side of the colon. We used ITS primer for NTM and IS 900 primer for *Mycobacterium avium* sub species paratuberculosis (MAP) in PCR. We extracted the DNA from tissue for PCR using QIAamp DNA mini kit.

Results: We studied 34 CD patients and 34 controls. Out of 34 cases 28 were found to be positive for nontuberculous mycobacteria (NTM) and 6 were negative. Out of 34 controls only 8 were found to be positive for nontuberculous mycobacteria (NTM) and 26 were negative. Odds ratio 15.17 (95 % CI 4.07-60.75) and P value was significant (0.001). Among them we couldn't detect MAP neither in cases nor in controls.

Conclusions: From this study it appears that NTM other than MAP may have association with Crohn's disease in Bangladesh.

Recent Publications:

1. Sartor R B (2006) Mechanisms of disease: pathogenesis of Crohn's disease and ulcerative colitis. *Nature Clinical Practice Gastroenterology & Hepatology*. 3(7):390-407.
2. Quirke P (2001) Antagonist: *Mycobacterium avium* subspecies *paratuberculosis* is a cause of Crohn's disease. *Gut*. 49(6):757-760.
3. Autschbach F et al. (2005) High prevalence of *Mycobacterium avium* subspecies *paratuberculosis* IS900 DNA in gut tissues from individuals with Crohn's disease. *Gut*. 54(7):944-949.
4. Clarkston W K et al. (1998) Role of *Mycobacterium paratuberculosis* in Crohn's disease: a prospective, controlled study using polymerase chain reaction. *Dis. Colon Rectum*. 41(2):195-199.
5. Grant I R (2003) *Mycobacterium paratuberculosis* and milk. *Acta Vet. Scand*. 44(3-4):261-266.

Biography

Raihan A S M A is currently working in the Department of Gastroenterology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh. His research interest is focused in Irritable bowel syndrome, inflammatory bowel disease, peptic ulcer disease and *Helicobacter pylori* infection. His important works are: profile of ulcerative colitis in Bangladesh, presented in APDW (2006); profile of patients of Crohn's disease in Bangladesh; symptomatic overlap in patients with diarrhoea predominant irritable bowel syndrome and microscopic colitis in Bangladeshi population and histopathological alteration in post infectious irritable bowel syndrome. He has developed a clinical scoring system to differentiate difficult to diagnose cases of intestinal tuberculosis and Crohn's disease and presented his work at Asia Pacific Digestive Week, Kobe, Japan in 2016. He has more than 50 publications and has supervised more than 50 theses.

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Gluten related diseases

Biljana Vuletić

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Gluten, the largest complex protein component of a cereal grain, contains high levels of gliadin and glutenin known as prolamines. Similarly, a high concentration of prolamines was found in barley and rye, so the term 'gluten' has become synonymous with the protein content in all three cereals. Researchers have identified gluten to be the main etiologic and causative agent of coeliac disease (CD) in genetically predisposed individuals and a strict gluten-free diet is an essential part of treatment. Not so long ago, the possible role of gluten as the causative agent of other illnesses and not just coeliac disease (CD) spurred the considerable attention of both the medical and general public. Another well-known condition that requires the elimination of wheat proteins is the wheat allergy (WA). At the same time, many people who do not suffer from either CD or WA, exhibit a variety of symptoms that disappear while on a gluten-free diet (GFD). The term non-coeliac gluten sensitivity (NCGS) was used to describe this status which, together with CD and WA, makes a spectrum of gluten-mediated disorders. What non-coeliac gluten sensitivity actually implies is the subject of discussion and the prevalence of such conditions is still unknown. In some patients, the symptoms decrease while adhering to GFD because they have eliminated gluten, while in others, their recovery results from the avoidance of non-protein cereal components, such as sugars belonging to FODMAPs. The confusion about the benefits of GFD resulted in its widespread adoption as the most popular dietary regimen in the USA today, followed by the multibillion-dollar gluten-free food industry (GF). Although the exclusion of gluten from the diet is essential in patients with confirmed CD and BA, the fact is that they make up only a small percentage of those following a GFD, mostly for personal but not medical reasons. Strict adherence to GFD is difficult and costly and involves the risk of nutritional deficiency and weight gain (81%) due to the hyper caloric content of commercial gluten-free foods. GF products are not enriched and may be deficient in fibers, thiamine, folate, vitamin A, magnesium, calcium, and iron. In addition, there is no evidence of a need to eliminate other sources of gluten (rye, barley) in case of non-coeliac gluten sensitivity.

Recent Publications:

1. Francavilla R et al (2017) Randomized Double-Blind Placebo-Controlled Crossover Trial for the Diagnosis of Non-Celiac Gluten Sensitivity in Children *Am J Gastroenterol* advance online publication, 30 January 2018; doi:10.1038/ajg.483
2. Reig-Otero Y et al (2017) Amylase-Trypsin Inhibitors in Wheat and Other Cereals as Potential Activators of the Effects of Nonceliac Gluten Sensitivity. *J Med Food* 00 (0), 1–8.
3. Leonard M.M et al (2015). Celiac Disease and Nonceliac Gluten Sensitivity A Review *JAMA* 2017; 318(7):647-56.
4. Fasano A et al. Nonceliac gluten and wheat sensitivity. *Gastroenterology*; 148:1195–1204
5. Nwaru I.B et al (2014) Prevalence of common food allergies in Europe: a systematic review and meta-analysis of the EAACI Food Allergy and Anaphylaxis Guidelines Group. *Health Allergy*; 69:992–1007.

Biography

Biljana Vuletic is Associate Professor of Pediatrics at the Faculty of Medical Sciences University of Kragujevac and Chief of the Department of Gastroenterology of Pediatric clinic and a full ESPGHAN member. She received her medical degree from the Medical Faculty University of Belgrade. She started her residency in pediatrics at the University Children's Hospital University of Belgrade. There she also trained in Pediatric endoscopy and ultrasonography. She was finished two hands-on Courses in UK, Sheffield Children's Hospital She has been accepted by OMI foundation, Austria, for Observer ship program at the Medical University of Graz, Universities Kinderklinik LKH Graz two times. Her mainly clinical interests include chronic intestinal failure, coeliac disease and clinical nutrition. She has summary 168 publications including authored or co-authored papers in peer-reviewed journals and also chapters in the national Monographs and Textbooks published in Serbia.

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The effectiveness of the new method of radial sphincterotomy

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Introduction: In choledocholithiasis subject to the size of the stone and the anatomical structure of the papilla the size of the cross-section in sphincterotomy may vary. Sufficiently large incision in sphincterotomy leads to the increase in the incidence of complications after ERCP as perforation, cholangitis, and pancreatitis.

Materials & Methodology: We performed 77 ERCP (endoscopic retrograde cholangio-pancreatography) operations in patients with a diagnosis of "choledocholithiasis". In the first group (59 patients) we performed standard sphincterotomy incision in 11, 12 or 13 o'clock direction, in the second group (18 patients) - "radial" sphincterotomy. The technique of "radial" sphincterotomy we developed allows to make several lateral incisions in 11, 12 and 13 o'clock directions. Thus, the main incision can be made up to transverse fold, and other radial incisions shall be made below the transverse folds, without going beyond the boundaries of the assumed course of intramural choledoch. Thus, the complete cross section of the incision with additional incisions at the radial sphincterotomy becomes 1.5 times larger than the main incision in standard sphincterotomy.

Results: In the first group periampullary diverticulum was 16.7%, while in the second group - 47.4%. Number of stones in the first group - 2.25 ± 0.49 , in the second - 2.22 ± 0.32 , sizes of the stones - 10.07 ± 4.93 and 19.01 ± 3.31 mm, respectively. In the first group, complications occurred in 3 (5.08%) patients: in 1 of them - post-ERCP pancreatitis, in 2 - bleeding during the session. In the second group, only 1 (5.5%) patient had pancreatitis and other early and late complications. In the first group with 3 patients - the common bile duct stone removal was achieved in two sessions with a few day interval, the remaining - in a single session. In the 2nd group, all patients required only one session. No cases of mortality occurred in any of the groups.

Conclusions: Radial sphincterotomy technique was substantiated from anatomical and mathematical aspects. The proposed technique is a safe way to increase the area of dissected papillae ensuring efficient removal of large stones through such incision.

Recent Publications:

1. Yusif Zade K R (2014) Rationale for the effectiveness of the new method of radial sphincterotomy in the obstruction of extrahepatic biliary tract. *Kazan Medical Journal*. 956(6):816-821.
2. Zhang W J et al. (2015) Treatment of gallbladder stone with common bile duct stones in the laparoscopic era. *BMC Surgery*. 15:7.
3. Trikudanathan G, Navaneethan U and Parsi M A (2013) Endoscopic management of difficult common bile duct stones. *World J. Gastroenterol*. 19(2):165-173.
4. Heo J H et al. Endoscopic sphincterotomy plus large-balloon dilation versus endoscopic sphincterotomy for removal of bile-duct stones. *Gastrointest Endosc*. 66(4):720-726.

Biography

Kenan Yusif Zade holds an MD and PhD Degree from Azerbaijan Medical University, Azerbaijan. He also holds an MBA Degree from Maastricht School of Management, The Netherlands and EMBA Degree from ADA University, Azerbaijan. He is the Head of Military Hospital of State Border Service, Azerbaijan. His professional fields are general surgery, gastroenterology and invasive endoscopy. In 2007, he founded an Association of Turkish-Azerbaijani Endoscopic Surgeons. He is also the President-Elect (2017-2019) of Ambroise Paré International Military Surgery Forum (APIMSF). His second education is Business Management.

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The relationship between Rh and ABO Blood Groups distribution and the incidence of gastric cancer and peptic ulcer disease: Case-control study

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Statement of the Problem: In 1953, Aird *et al.* found an association between blood group A and gastric cancer, and between blood group O and peptic ulcer disease (PUD). Further research demonstrated relationships between ABO blood groups and some diseases. No studies included Rh blood groups in the analysis. There is a controversy among studies investigating the association of ABO blood groups with gastric cancer and PUD. This study aims to investigate the relationship between Rh and ABO blood groups and the incidence of gastric cancer and PUD. To our knowledge, this is the first study that includes Rh blood groups in the investigation.

Methodology: We chose case-control design. Participants underwent esophagogastro - duodenoscopy (EGD) during 2016 and 2017 in Aleppo University hospital. We did ABO and Rh typing for all participants. Biopsies were done when indicated. We formed four case groups: benign PUD group (n=276), benign gastric ulcer group (n=125), benign duodenal ulcer group (n=169), gastric cancer group (n=26). The control group (n=276) consisted of participants whose EGDs were normal or revealed only gastritis or duodenitis. We used ODDs Ratio with 95% confidence interval and P-value to evaluate statistical significance of differences between groups.

Findings: There is no significant relationship between Rh blood groups and gastric cancer or PUD. There is no relationship between ABO blood groups and PUD. There is an increased risk of gastric cancer among blood group A. Non-A groups revealed no significant risk. 100% of biopsies showed *H. pylori*.

Conclusion: After comparing our findings to available literature, we suggest larger-scale studies to investigate the association of non-A groups with gastric cancer, and Rh groups with gastric cancer and PUD. We recommend studying the feasibility of establishing screening programs for gastric cancer in people with blood group A. We should determine the prevalence of *H.pylori* infection in Syria.

Recent Publications:

1. Manal K. Abdulridha. "The Relationship between ABO Blood Group Distribution and the incidence of Upper Gastric and Duodenal Ulcer in Iraqi Patients" Iraqi J Pharm Sci, Vol. 22(1) 2013.
2. Zhiwei Wang, ABO Blood Group System and Gastric Cancer: A Case-Control Study and Meta- Analysis, Int. J. Mol. Sci. 2012, 13, 13308-1332.
3. Franchini M, Favaloro EJ, Targher G, Lippi G. ABO blood group, hypercoagulability, and cardiovascular and cancer risk. Crit Rev Clin Lab Sci 2012; 49: 137-49.
4. Edgren, G.; Hjalgrim, H.; Rostgaard, K.; Norda, R.; Wikman, A.; Melbye, M.; Nyren, O. Risk of gastric cancer and peptic ulcers in relation to ABO blood type: A cohort study. Am. J. Epidemiol. 2010, 172, 1280–1285.
5. A.I. Sharara a, H. Abdul-Baki, ElHajj, Association of gastroduodenal disease phenotype with ABO blood group and Helicobacter pylori virulence-specific serotypes. Digestive and Liver Disease 38 (2006) 829–833.

Biography

Ziad Aljarad has a master degree in gastroenterology and Hepatology from Aleppo University. He is interested in clinical research. He has four published research papers and a published book. He is also interested in teaching principles of clinical research to medical students. He has participated in many research activities and conferences, and he is a member of Continuous Medical Learning and Research Center (CMERC) in Aleppo University. He is also interested in Humanitarian work. He was the coordinator of health care in the Syrian Arab Red Crescent- Aleppo Branch, and now he is the National Professional Officer for TB, HIV and Hepatitis in the World Health Organization (WHO).

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