



## **14<sup>th</sup> Euro-Global Gastroenterology Conference**

July 08-09, 2019 | Zurich, Switzerland

# Keynote Forum Day 1

Gastro Congress 2019

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## Prema Robinson

The University of Texas MD Anderson Cancer Center, USA

### Genetic and small-molecule modulation of STAT3 in mouse models of inflammatory bowel disease

**Background & Aims:** Ulcerative colitis (UC) and Crohn's disease (CD) are Inflammatory bowel diseases (IBD) of unclear etiology that cause substantial morbidity and predispose to Colorectal-cancer (CRC). There are two isoforms of STAT3- $\alpha$  and  $\beta$ ; STAT3 $\alpha$  is pro-inflammatory and anti-apoptotic, while STAT3 $\beta$  has opposing-effects on STAT3 $\alpha$ . We determined the contribution of STAT3 to UC and CD pathogenesis by comparing disease severity caused by dextran sodium sulfate (DSS; UC model) or 2, 4, 6-trinitrobenzenesulfonic acid (TNBS; CD model) in mice expressing only STAT3 $\alpha$  ( $\Delta^{\beta}/\Delta^{\beta}$ ) and in wild-type (WT) mice treated with TTI-101, a small-molecule inhibitor of both isoforms of STAT3.

**Methods:** Seven days following administration of DSS in drinking water or two days following a single intra-rectal administration of TNBS,  $\Delta^{\beta}/\Delta^{\beta}$  mice, cage-control (+/+) mice and WT mice given TTI-101 or vehicle were examined for IBD manifestations; their colons were evaluated for apoptosis of CD4<sup>+</sup> T cells, levels of STAT3 activation, IL-17A protein expression and transcriptome alternations.

**Results:** IBD manifestations were increased in  $\Delta^{\beta}/\Delta^{\beta}$  transgenic vs. cage-control WT mice and were accompanied by decreased apoptosis of colonic CD4<sup>+</sup> T cells. Complementing and extending these results, TTI-101 treatment of WT mice prevented IBD, markedly increased apoptosis of colonic CD4<sup>+</sup> T cells, reduced colon levels of IL17A-producing cells and down-modulated STAT3-gene targets involved in inflammation, apoptosis-resistance and colorectal-cancer metastases.

**Conclusion:** STAT3, especially in CD4<sup>+</sup> T cells, contributes to the pathogenesis of UC and CD and its targeting may provide a novel approach to disease treatment.

### Biography

Prema Robinson is an Associate Professor since 2015 in the Department of Infectious Diseases, Infection Control and Employee Health, Division of Internal Medicine in The University of Texas MD Anderson Cancer Center, USA.

[PRobinson1@mdanderson.org](mailto:PRobinson1@mdanderson.org)

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## Annie Shergill

Banner - University Medical Center, USA

### Yoga for the Gut

**Statement of the Problem:** Functional GI disorders are increasingly researched to have a strong rooted relationship with underlying behavioral abnormalities that can be effectively addressed with Yoga in addition to standard medical care. Yoga is an ancient Indian discipline that entails practices to connect mental, spiritual and physical health to stimulate one's mind and body to become self aware and observant. Over centuries, this practice has revealed itself to offer therapeutic effects on multiple organ systems by virtue of a deeper connection between mental and physical health. Numerous gastrointestinal disorders have been discovered to have an underlying behavioral etiology. These primarily include IBS (Irritable Bowel Syndrome) (figure 1), FAPD (Functional Abdominal Pain Disorders) and IBD (Inflammatory Bowel Disease). This article will aim to review gastrointestinal disorders with an associated behavioral or mental preponderance that have been studied to benefit from the healing and therapeutic effects of yoga.



Figure 1: Multiple Yoga postures that can be performed for symptomatic relief in Irritable Bowel Syndrome

### Recent Publications

1. Konturek P. C., Brzozowski T., Konturek S. J. Stress and the gut: pathophysiology, clinical consequences, diagnostic approach and treatment options. *Journal of Physiology and Pharmacology*. 2011;62(6):591–599.
2. Yoshihara K, Hiramoto T, Oka T, *et al.*, Effect of 12 weeks of yoga training on the somatization, psychological symptoms, and stress-related biomarkers of healthy women. *Biopsychosoc Med* 2014; 8:1.

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3. Goodwin RD, Cowles RA, Galea S, Jacobi F. Gastritis and mental disorders. J Psychiatr Res 2013; 47:128. Yoga Therapy for Abdominal Pain-Related Functional Gastrointestinal Disorders in Children: A Randomized Controlled Trial. Korterink JJ1, Ockeloen LE, Hilbink M, Benninga MA, Deckers-Kocken JM.
4. Skowronek I, Handler L, Guthmann R. Can yoga reduce symptoms of anxiety and depression? J Fam Pract 2014; 63:398–407.
5. Effect of Yoga-Based Intervention in Patients with Inflammatory Bowel Disease. Sharma P1, Poojary G2, Dwivedi SN3, Deepak KK4.

## Biography

Annie Shergill is an Internist practicing as a part of Teaching Faculty (Assistant Professor of Medicine) at Banner - University Medical Center, USA. She has a keen interest in pursuing a Gastroenterology fellowship in the near future and dedicates a significant amount of her time outside of teaching responsibilities on writing review articles, focusing primarily on innovative diagnostic and therapeutic advancements in gastroenterology. She prefers to write about topics that are upcoming but demand more attention to become a part of mainstream practices in gastroenterology.

[shergill7590@yahoo.com](mailto:shergill7590@yahoo.com)

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## Nazar Omelchuk

Ivano-Frankivsk National Medical University, Ukraine

### Minimally-invasive methods of acute pancreatic post necrotic pseudocyst treatment

**Statement of the Problem:** Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14.7-26.4%.

**Purpose:** The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of post-necrotic pseudocyst of pancreas.

**Methodology & Theoretical Orientation:** For diagnostics ultrasonography was used, diagnostic laparoscopy, helical CT with contrast strengthening. Endoscopic interventions were applied by duodenoscopes “Olympus” under control of X-ray machine “Siemens BV 300”. Cystodigestive fistulas were created by prickly papillotoms. For providing of long passability of cystodigestive fistula were used two endoprotheses like “pig tail” sized 10 Ft with length 5-6 cm. For transpapillary drainage were used pancreatic endoprotheses like “pig tail”, sized 5-7 Ft with length 5 cm.

**Findings:** In 82 (68.2%) patients were applied minimally invasive methods of treatment; Percutaneous external drainage in 38 (46.3 %) patients, endoscopic transmural drainage of post-necrotic pseudocyst in 22 (26.85%) patients. Combined endoscopic interventions were applied in 22 (26.85%) patients. In particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in 11 (50%) patients, endobiliary stenting with temporary stenting of pancreatic duct in 5 (22.7%) patients, temporary stenting of pancreatic duct in 4 (18.2%) patients, endoscopic transmural drainage with percutaneous external drainage in 2 (9.1%) patient.

**Conclusion & Significance:** Usage of combined minimally invasive methods of treatment of acute necrotic pancreatitis complicated by post-necrotic pseudocyst help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

### Recent Publications

1. Madacsy L, Kurucsai G and Joo I (2009) Rescue ERCP and insertion of small-calibre pancreatic stent to prevent the evolution of severe post-ERCP pancreatitis: a case-controlled series. *Surg. Endosc.* 23(8):1887-93.

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2. Harewood G, Pochron N and Gostout C (2005) Prospective, randomized, controlled trial of prophylactic pancreatic stent placement for endoscopic snare excision of the duodenal ampulla. *Gastrointest. Endosc.* 62(3):367-70.
3. Bakker O, van Santvoort H and van Brunshot S (2012) Endoscopic transgastric vs surgical necrosectomy for infected necrotizing pancreatitis: randomized trial. *J.A.M.A.*, 307(10):1053-61.
4. Banks P, Bollen T and Dervenis C (2012) Classification of acute pancreatitis 2012-revision of the Atlanta classification and definitions by international consensus. *Gut.* 62(1):102-11.
5. Lau S, Simchuk E and Kozarek R (2001) A pancreatic ductal leak should be sought to direct treatment in patients with acute pancreatitis. *American Journal of Surgery*, 181(5):411-5

## Biography

Nazar Omelchuk works as an Abdominal Surgeon at Ivano-Frankivsk Regional Hospital and at Ivano-Frankivsk National Medical University. He is pursuing his PhD about minimally-invasive methods of acute pancreatic post-necrotic pseudocyst treatment. He has three registered patents about new ways of acute pancreatic post-necrotic pseudocyst treatment.

[dr.nazaromelchuk@gmail.com](mailto:dr.nazaromelchuk@gmail.com)

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## *Ashraf Salah Ibrahim El Ghaname*

Cairo University, Egypt

### Problems associated with medications taken by renal patients

At first we need to present and clarify the renal failure patient and what is his condition and how these conditions are dealt with, as our topic actually is about problems related to managing the kidney patient problems or complications. An END STAGE RENAL FAILURE PATIENT is a one who is suffering electrolyte imbalance in form of: Low calcium, taking supplements like 500 mg tablets 3 times a day and suffering from anaemia taking 5 tablets of folic acid once daily. MULTI VITAMINS FOR : Iron, vitamin B suffering from high blood pressure so at least taking one type of anti hypertensive medications (sometimes with malignant hypertension) high doses of several types of anti-hypertensive medications are prescribed (may reach 230/130 ). Also the patient on dialysis in continuous stress causing stress ulcer together with uraemia causing gastritis. Both of which recommend good management alternating between proton pump inhibitors and antacids to avoid aluminium hydroxide protective coating as it is not eliminated by on dialysis active vitamin D (HYDROXYCALCIFEROL). For calcium metabolism (absorption and bone deposition), other less common medications pain killers for: Itching body aches. Antibiotics for secondary infections and catheter related infections so in general a patient may take between 5-8 tablets 3 times daily. That's why we are here to talk about

### HOW TO MAKE PILLS FOR (ESRF) PATIENT EASIER TO SWALLOW

1. Big tablets as calcium could be made chewable
2. Gastric medications should be combined and given as effervescence
3. Specific multi vitamin formulas for ESRF patients
4. Digestive enzyme supplement tablets should be prescribed
5. Folic acid is given as several formulas instead of taking up to like 8 tablets
6. If medications can be provided as syrup or powdered forms in capsules for example to be easily dissolved in water or drinking vial like packages

### Biography

Ashraf Salah Ibrahim El Ghaname completed his Bachelor degree in Medicine (M.B.B.ch) from Cairo University, Egypt. He is currently working as an Faculty in Al Kasr Al Aini Medical School.

[frenchmrx@hotmail.com](mailto:frenchmrx@hotmail.com)