

PROCEEDINGS OF

14th Euro-Global Gastroenterology Conference

July 08-09, 2019
Zurich, Switzerland

Scientific Program

Gastro Congress 2019

DAY-1

July 08, 2019

Meeting Hall: **London I**

08:30-09:00 Registrations

Opening Ceremony **09:00-09:20**

KEYNOTE FORUM

09:20-09:30 Introduction

09:30-10:20 **Title: Genetic and small-molecule modulation of STAT3 in mouse models of inflammatory bowel disease**
Prema Robinson, The University of Texas MD Anderson Cancer Center, USA

10:20-11:10 **Title: Yoga for the Gut**
Annie Shergill, Banner - University Medical Center, USA

GROUP PHOTO

Networking & Refreshments 11:10-11:30 @ Banquet Foyer

11:30-12:20 **Title: Minimally-invasive methods of acute pancreatic postnecrotic pseudocysts treatment**
Nazar Omelchuk, Ivano-Frankivsk National Medical University, Ukraine

12:20-13:10 **Title: Problems associated with medications taken by renal patients**
Ashraf Salah Ibrahim El Ghaname, Cairo University, Egypt

Lunch Break 13:10-14:10 @ Banquet Foyer

Sessions: Gastrointestinal Disorders and Drug Delivery | Gastrointestinal Endoscopy | Pediatric Gastrointestinal problems | Gastrointestinal Cancer | Gastrointestinal Diseases | Clinical Advances in Liver Diseases | Gastrointestinal Pathology | Microbiota and diseases

Chair: Annie Shergill, Banner - University Medical Center, USA

INTRODUCTION

14:10-14:40 **Title: Relation of caffeine supplements for comatosed post operative patients**
Ashraf Salah Ibrahim El Ghaname, Cairo University, Egypt

14:40-15:10 **Title: Pathophysiology and management of "Esophageal Varices" in current practice**
Balwant Singh Gill, Dr. MGR Medical University, India

15:10-15:40

Title: Association between LINC00657 and miR-106a serum expression levels and susceptibility to colorectal cancer, adenomatous polyposis and ulcerative colitis in Egyptian population

Essam Soliman, Fayoum University, Egypt

15:40-16:10

Title: Parietization of colon following Tuberculous Ascites

Shailesh Kumar, Dr. Ram Manohar Lohia Hospital, India

Networking & Refreshments 16:10-16:30 @ Banquet Foyer

16:30-17:00

Title: Emergencies in GIT malignancies

Essam Soliman, Fayoum University, Egypt

17:00-17:30

Title: Obesity and Treatments

Furaira Ahmad Said, Stavropol State Medical University, Russia

Panel Discussion

DAY-2

July 09, 2019

POSTER PRESENTATIONS 11:30-12:30 @ FOYER

Extended Networking Lunch 12:30-13:30 @ Banquet Foyer

Awards & Closing Ceremony

Bookmark your Dates

15th Euro-Global

Gastroenterology Conference

June 24-25, 2020 | Rome, Italy

E: williams.sophiaa@yandex.com

Website: europegastroenterology.gastroconferences.com

List of Open Access Journals

Agri, Food & Aqua

Advances in Crop Science and Technology	2329-8863
Advances in Dairy Research	2329-888X
Agrotechnology	2168-9881
Aquaculture Research & Development	2155-9546
Arabidopsis C. Elegans and Zebrafish	-
Biofertilizers & Biopesticides	2155-6202
Crop Research	2454-1761
Experimental Food Chemistry	-
Fisheries & Livestock Production	2332-2608
Fisheries and Aquaculture Journal	2150-3508
Fisheressciences	1307-234X
Food & Industrial Microbiology	-
Food & Nutritional Disorders	2324-9323
Food Processing & Technology	2157-7110
Food: Microbiology, Safety & Hygiene	-
Forest Research	2168-9776
Horticulture	2376-0354
International Biodiversity, Bioprospecting and Development	2376-0214
Marine Science: Research & Development	2155-9910
Medicinal & Aromatic Plants	2167-0412
Nutrition & Food Sciences	2155-9600
Plant Pathology & Microbiology	2157-7471
Poultry, Fisheries & Wildlife Sciences	2375-446X
Probiotics & Health	2329-8901
Research & Reviews: Journal of Agriculture and Allied Sciences	2347-226X
Research & Reviews: Journal of Food and Dairy Technology	2321-6204
Rice Research	2375-4338
Traditional Medicine and Clinical Naturopathy (Homeopathy & Ayurvedic Medicine-2167-1206)	-

Business & Management

Accounting & Marketing	2168-9601
Arabian Journal of Business and Management Review	2223-5833
Business & Financial Affairs	2167-0234
Business & Hotel Management	2324-9129
Business and Economics Journal	2151-6219
Defense Studies & Resource Management	2324-9314
Entrepreneurship & Organization Management	2169-026X
Global Economics	2375-4389
Hotel & Business Management	2169-0286
International Journal of Accounting Research	-
International Journal of Economics and Management Science	2162-6359
Internet Banking & Commerce	1204-5357
Review of Public Administration and Management	2315-7844
Stock & Forex Trading	2168-9458
Tourism & Hospitality	2167-0269

Chemical Engineering

Advanced Chemical Engineering	2090-4568
Bioprocessing & Biotechniques	2155-9821
Chemical Engineering & Process Technology	2157-7048
Thermodynamics & Catalysis	2157-7544

Chemistry

Analytical & Bioanalytical Techniques	2155-9872
Analytical & Electrochemical Insights	-
Bioenergetics: Open Access	2167-7662
Chemical Informatics	-
Chemical Sciences Journal	2150-3494
Chromatography & Separation Techniques	2157-7064
Clinical & Medical Biochemistry: Open Access	-
Clinical Chemistry: Open Access	-
Environmental & Analytical Toxicology	2161-0525
Environmental Analytical Chemistry	-
Glycobiology	2168-958X
Herbal Medicine: Open Access	-

Immuno Chemistry: Open Access	-
Industrial Chemistry: Open Access	-
International Journal of Applied Biology and Pharmaceutical Technology	0976-4550
International Journal of Drug Development & Research	0975-9344
Mass Spectrometry: Open Access	-
Medicinal Chemistry	2161-0444
Modern Chemistry & Applications	2329-6798
Natural Products Chemistry & Research Journal	2329-6836
Neuro Chemistry: Open Access	-
Organic & Inorganic Chemistry	-
Organic Chemistry: Current Research	2161-0401
Pharmaceutical Analytical Chemistry: Open Access	-
Physical Chemistry & Biophysics	2161-0398
RROIJ: Medicinal Chemistry	-
Structural Chemistry & Crystallography Communication	-
Trends in Green Chemistry	-
Vitamins & Minerals	2376-1318

Clinical

Ageing Science	2329-8847
Ancient Diseases & Preventive Remedies	2329-8731
Anesthesia & Clinical Research	2155-6148
Annals of Clinical and Laboratory Research	2386-5180
Arrhythmia: Open Access	-
Atherosclerosis: Open Access	-
Cell Biology: Research & Therapy	2324-9293
Cellular & Molecular Pathology	-
Clinical & Experimental Cardiology	2155-9880
Clinical & Experimental Dermatology Research	2155-9554
Clinical & Experimental Nephrology	-
Clinical & Experimental Oncology	2324-9110
Clinical & Experimental Ophthalmology	2155-9570
Clinical & Experimental Orthopaedics	-
Clinical & Experimental Pathology	2161-0681
Clinical & Molecular Endocrinology	-
Clinical and Experimental Psychology	-
Clinical and Experimental Transplantation	-
Clinical Case Reports	2165-7920
Clinical Depression	-
Clinical Dermatology Research Journal	-
Clinical Diabetes & Practice	-
Clinical Nutrition & Dietetics	-
Clinical Oncology and Practice	-
Clinical Pediatrics	-
Clinical Pediatrics & Dermatology	-
Clinical Psychiatry	-
Clinical Research & Bioethics	2155-9627
Clinical Research On Foot & Ankle	2329-910X
Clinical Respiratory: Open Access	-
Clinical Toxicology	2161-0495
Clinical Trials	2167-0870
Clinics in Mother and Child Health	2090-7214
Cosmetology & Orofacial Surgery	-
Cosmetology & Trichology	-
Dermatitis	-
Diabetes Case Reports	-
Dialysis and Clinical Practice	-
Drug Intoxication & Detoxification : Novel Approaches	2327-4557
Dual Diagnosis: Open Access	-
Eye & Cataract Refractive Surgery	-
Forensic Toxicology & Pharmacology	2325-9841
Glaucoma: Open Access	-
HIV & Retro Virus	-
Immunooncology	-
Insights in Pediatric Cardiology	-

Gastro Congress 2019



14th Euro-Global Gastroenterology Conference

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Supporting Journals

Gastro Congress 2019

Supporting Journals

Journal of Gastrointestinal & Digestive System
www.omicsonline.org/gastrointestinal-digestive-system.php

Journal of Hepatology and Gastrointestinal disorders
www.longdom.org/hepatology-gastrointestinal-disorders.html

Journal of Liver: Disease & Transplantation
www.scitechnol.com/liver-disease-transplantation.php

Journal of Cancer Science and Research
www.omicsonline.org/journal-cancer-science-and-research.php



Agri, Food, Aqua & Veterinary

22nd Euro-Global Summit on Food and Beverages

February 28-March 01, 2019 London, UK
E: eurofood@foodtechconferences.com
W: europe.foodtechconferences.org

4th International Conference on Food and Beverage Packaging

June 13-14, 2019 Barcelona, Spain
E: foodpackaging@foodtechconferences.com
W: foodpackaging.foodtechconferences.org

14th International Conference on Agriculture & Horticulture

August 15-16, 2019 Rome, Italy
E: agri@agriconferences.com
W: agriculture-horticulture.conferenceseries.com

18th World Congress on Nutrition & Food Chemistry

September 25-26, 2019 Copenhagen, Denmark
E: nutri-foodchemistry@nutritionalconference.com
W: nutrition-foodchemistry.insightconferences.com

23rd International Conference on Food Technology & Processing

October 07-08, 2019 Dublin, Ireland
E: foodtechnology@foodspeakerexperts.org
W: foodtechnology.insightconferences.com

Alternative Healthcare

10th International Conference on Chinese Medicine, Ayurveda & Acupuncture

March 04-05, 2019 Berlin, Germany
E: chinesemed@expertsmeetings.com
W: chinesemedicine.insightconferences.com

6th International Conference & Exhibition on Herbal & Traditional Medicine

October 24-25, 2019 Zurich, Switzerland
E: herbal@expertsmeetings.com
W: herbal.europeannualconferences.com

Biochemistry

5th International Conference on Enzymology and Protein Chemistry

February 28-March 01, 2019 Berlin, Germany
E: enzymology@expertsmeetings.org
W: enzymology.insightconferences.com

13th International Conference and Expo on Proteomics and Bioinformatics

July 11-12, 2019 Zurich, Switzerland
E: proteomics@expertsmeetings.org
W: proteomicsconference.com

8th Glycobiology World Congress

July 11-12, 2019 Zurich, Switzerland
E: glycobiology@expertsmeetings.org
W: glycobiology.expertconferences.org

15th International Conference on Metabolomics and Systems Biology

August 29-30, 2019 Vienna, Austria
E: eurometabolomics@expertsmeetings.org
W: europe.metabolomicsconference.com

18th International Conference on Structural Biology

October 14-16, 2019 London, UK
E: structuralbiology@expertsmeetings.org
W: structuralbiology.expertconferences.org

Cardiology

31st Annual Cardiologists Conference

June 17-19, 2019 Rome, Italy
E: cardiologists@cardiologymeeting.com
W: cardiologists.insightconferences.com

7th World Heart Congress

August 19-20, 2019 Vienna, Austria
E: heart_congress2019@rediffmail.com
W: heart.insightconferences.com

3rd International conference on Hypertension and Healthcare

September 26-28, 2019 London, UK
E: hypertension@cardiologyconference.org
W: hypertension.europeannualconferences.com

4th International Conference on Cardiovascular Medicine and Cardiac Surgery

September 26-28, 2019 London, UK
E: cardiovascularmedicine@cardiologymeeting.com
W: cardiovascular.cardiologymeeting.com

32nd European Cardiology Conference

October 24-26, 2019 Zurich, Switzerland
E: eurocardiology@cardiologymeeting.com
W: cardiologyconference.cardiologymeeting.com

34th World Cardiology Conference

December 02-03, 2019 Madrid, Spain
E: worldcardiology@cardiologyconference.org
W: worldcardiology.europeannualconferences.com

Chemical Engineering

14th world Bioenergy Congress and Expo

June 06-07, 2019 London, UK
E: bioenergy@expertsmeetings.com
W: bioenergy.insightconferences.com

9th world Congress on Biopolymers & Bioplastics

August 26-27, 2019 London, UK
E: biopolymers@expertsmeetings.com
W: biopolymers.insightconferences.com

14th Global Summit & Expo on Biomass and Bioenergy

August 26-27, 2019 Vienna, Austria
E: biomass@expertsmeetings.com
W: biomass.expertconferences.org

13th World Congress on Biofuels & Bioenergy

August 26-27, 2019 Vienna, Austria
E: biofuels@expertsmeetings.com
W: biofuels-bioenergy.expertconferences.org

6th International Conference on Advances in Chemical Engineering & Technology

September 09-10, 2019 Berlin, Germany
E: chemicalengineering@scholarlymeetings.net
W: chemicalengineering.insightconferences.com



10th International Conference & Expo on Oil and Gas
September 23-24, 2019 London, UK E: oilandgas@expertsmettings.com W: oil-gas.expertconferences.org
9th International Conference on Petroleum Engineering
September 23-24, 2019 London, UK E: petroleumengg@expertsmettings.com W: petroleumengineering.insightconferences.com
Chemistry
10th Global Organic & Inorganic Chemistry Conference
March 21-22, 2019 Rome, Italy E: euroorganicchemistry@chemistryconference.org W: organicchemistry.chemistryconferences.org
11th International Conference and Exhibition on Advances in Chromatography & HPLC Techniques
April 22-24, 2019 Dublin, Ireland E: chromatography@chemistryconference.org W: chromatography.pharmaceuticalconferences.com
12th International Conference and Exhibition on Materials Science and Chemistry
May 20-21, 2019 Zurich, Switzerland E: materialschemistry@chemistryconference.org W: materialschemistry.chemistryconferences.org
13th International Conference on Electrochemistry
May 27-28, 2019 Barcelona, Spain E: electrochemistry@chemistryconference.org W: electrochemistry.chemistryconferences.org
14th World Congress on Medicinal Chemistry and Drug Design
June 10-11, 2019 Edinburgh, Scotland E: medicinalchemistry@chemistryconference.org W: medicinalchemistry.pharmaceuticalconferences.com/europe
8th World Congress on Mass Spectrometry
June 10-11, 2019 Edinburgh, Scotland E: euromassspectrometry@chemistryconference.org W: massspectra.com/europe
9th European Chemistry Congress
June 17-18, 2019 Berlin, Germany E: eurochemistry@bookmarkthedata.com W: europe.chemistryconferences.org
15th International Conference on Environmental Chemistry and Engineering
August 15-16, 2019 Rome, Italy E: environmentalchemistry@chemistryconference.org W: environmentalchemistry.chemistryconferences.org
6th International Conference on Physical and Theoretical Chemistry
September 09-10, 2019 Zurich, Switzerland E: physicalchemistry@chemistryconference.org W: physicalchemistry.conferenceseries.com
15th International Conference and Expo on Separation Techniques
October 14-15, 2019 London, UK E: separationtechniques@chemistryconference.org W: separationtechniques.chemistryconferences.org

8th International Conference and Exhibition on Pain Research and Management
October 17-18, 2019 London, UK E: painmanagement@chemistryconference.org W: painmanagement.conferenceseries.com
Dental
25th World Congress on Dentistry and Oral Health
March 14-15, 2019 London, UK E: dentistrycongress@dentistryspeakerexperts.org W: dentistrycongress.dentistryconferences.com
25th Global Dentists and Pediatric Dentistry Annual Meeting
April 25-26, 2019 Rome, Italy E: dentists@expertsgathering.net W: dentists.dentistryconferences.com
4th International Conference on Dental and Clinical Dentistry
July 08-09, 2019 Berlin, Germany E: clinicaldentistry@expertsgathering.net W: clinicaldentistry.dentistryconferences.com
24th International Conference on Dentistry and Dental Materials
September 23-24, 2019 Copenhagen, Denmark E: dentalmaterials@expertsgathering.net W: dentalmaterials.dentistryconferences.com
27th Euro Congress and Expo on Dental & Oral Health
October 21-22, 2019 Zurich, Switzerland E: eurodental@expertsgathering.net W: dentalcongress.com/europe
Diabetes
28th European Diabetes Congress
July 17-18, 2019 Edinburgh, Scotland E: euordiabetes@diabetesspeakerexperts.org W: diabetesexpo.com/europe
29th International Congress on Prevention of Diabetes and Complications
October 21-22, 2019 Zurich, Switzerland E: diabetesmeet@diabetesspeakerexperts.org W: diabetesmeeting.conferenceseries.com
Dermatology
9th Edition of International Conference on Cosmetology & Skin Care
June 20-21, 2019 London, UK E: cosmetology@bookmarkthedata.com W: cosmetology.surgeryconferences.com
Engineering
3rd International Conference on 3D Printing Technology and Innovations
March 25-26, 2019 Rome, Italy E: 3dprinting@engineeringsspeakerexperts.org W: 3dprinting.insightconferences.com



3rd World Congress on Wind & Renewable Energy
June 10-11, 2019 Barcelona, Spain E: windenergy@engineeringsspeakerexperts.org W: windenergy.expertconferences.org
5th Global Summit and Expo on Multimedia, Blockchain & Artificial Intelligence Technology
June 17-18, 2019 Berlin, Germany E: multimedia@engineeringsspeakerexperts.org W: multimedia.insightconferences.com
5th International Conference on Wireless, Telecommunication & IoT
June 20-21, 2019 Rome, Italy E: Wireletss@engineeringsspeakerexperts.org W: wirelesscommunication.expertconferences.org
6th International Conference and Exhibition on Automobile & Mechanical Engineering
July 08-09, 2019 Zurich, Switzerland E: automobileeurope@engineeringsspeakerexperts.org W: automobile.expertconferences.org
4th International Conference on Design & Production Engineering
July 11-12, 2019 Berlin, Germany E: production@expertsgathering.net W: design-production.europeannualconferences.com
3rd International Conferenece on Adavnced Robotics, Mechatronics and Artificial Intelligence
July 11-12, 2019 Berlin, Germany E: advancedrobotics@sharesearch.info W: robotics-mechatronics-ai.insightconferences.com
6th International Conference on Big Data Analysis and Data Mining
July 25-26, 2019 London, UK E: bigdata@enggconferences.com W: datamining.expertconferences.org
5th International Conference and Exhibition on Satellite & Space Missions
August 01-02, 2019 Dublin, Ireland E: satellite@sharesearch.info W: satellite.insightconferences.com
4th International Conference on Battery and Fuel Cell Technology
September 05-06, 2019 Berlin, Germany E: batterytech@expertsgathering.net W: batterytech.europeannualconferences.com
11th Euro Biosensors & Bioelectronics Congress
September 16-17, 2019 Rome, Italy E: eurobiosensors@engineeringsspeakerexperts.org W: biosensors.conferenceseries.com/europe/
3rd International Conference on Membrane Science and Technology
September 23-24, 2019 Barcelona, Spain E: membranescience@engineeringsspeakerexperts.org W: membranescience.europeannualconferences.com

9th International conference on Data Analysis and Cloud Computing
September 26-27, 2019 Barcelona, Spain E: cloudcomputing@engineeringsspeakerexperts.org W: cloud-computing.insightconferences.com
4th International Conference on Fluid Dynamics & Aerodynamics
November 14-15, 2019 Madrid, Spain E: fluiddynamics@enggconferences.com W: fluid-aerodynamics.global-summit.com
Environmental Sciences
2nd World Conference on Soil Microbiology, Ecology and Biochemistry
February 25-26, 2019 London, UK E: ecology@expertsconferences.org W: ecology.environmentalconferences.org
5th International Conference on Pollution Control & Sustainable Environment
March 14-16, 2019 London, UK E: pollution@expertsconferences.org W: pollution.environmentalconferences.org
11th World Congress and Expo on Recycling
June 13-14, 2019 Edinburgh, Scotland E: recyclingexpo@expertsconferences.org W: recycling.environmentalconferences.org
7th World Congress and Expo on Green Energy
June 24-25, 2019 Barcelona, Spain E: greenenergycongress@expertsconferences.org W: greenenergy.environmentalconferences.org
6th World Conference on Climate Change
September 09-11, 2019 Berlin, Germany E: climatechange@expertsconferences.org W: climatechange.insightconferences.com
5th International Conference on GIS and Remote Sensing
September 19-20, 2019 Rome, Italy E: giscongress@expertsconferences.org W: gis-remotesensing.environmentalconferences.org
3rd Annual Congress on Soil and Water Sciences
November 11-12, 2019 Madrid, Spain E: soilscience@expertsconferences.org W: soilscience.insightconferences.com
Gastroenterology
20th World Congress on Gastroenterology
March 04-05, 2019 Berlin, GerWmany E: gastro@conferencesguide.org W: gastro.insightconferences.com
14th Euro-Global Gastroenterology Conference
July 08-09, 2019 Zurich, Switzerland E: williams.sophiaa@yandex.com W: europegastroenterology.gastroconferences.com



4th International conference on
Digestive and Metabolic Diseases
October 21-22, 2019 Rome, Italy
E: digestivediseases@gastroconferences.com
W: digestivediseases.conferenceseries.com

Genetics & Molecular Biology

22nd Global Congress on **Biotechnology**
February 28-March 02, 2019 Berlin, Germany
E: biotechnology@geneticsspeakerexperts.org
W: biotechcongress@geneticconferences.com

9th International Conference and Exhibition on
Advanced Cell and Gene Therapy

March 21-22, 2019 Rome, Italy
E: celltherapy@geneticsspeakerexperts.org
W: cellgenetherapy.annualcongress.com

12th International Conference on
Genomics and Molecular Biology

April 15-17, 2019 Berlin, Germany
E: genomics@geneticsspeakerexperts.org
W: genomics.insightconferences.com

23rd European Biotechnology Congress

September 09-10, 2019 Zurich, Switzerland
E: eurobiotechnology@geneticconferences.com
W: biotechnologycongress.com/europe

12th International Conference on
Tissue Engineering & Regenerative Medicine

November 11-12, 2019 Madrid, Spain
E: regenerativemedicine@geneticsspeakerexperts.org
W: tissuescience-regenerativemedicine.expertconferences.org

Health Care

6th International Conference on
Tropical Medicine & Infectious Diseases

January 28-29, 2019 Barcelona, Spain
E: tropicalmedicine@healthcarespeakerexperts.org
W: tropicalmedicine.annualcongress.com

4th World Congress on
Public Health and Nutrition

February 25-27, 2019 Berlin, Germany
E: publichealth@healthcarespeakerexperts.org
W: publichealth.healthconferences.org

4th International Conference on
General Practice & Primary Care

April 15-16, 2019 Berlin, Germany
E: generalpractice@healthcarespeakerexperts.org
W: generalpractice.insightconferences.com

3rd International Conference on
Social Sciences & Interdisciplinary Studies

June 24-25, 2019 Barcelona, Spain
E: socialscience@expertsconferences.org
W: socialsciences.insightconferences.com

14th World Congress on **Healthcare & Technologies**

July 22-23, 2019 London, UK
E: globalhealthcare@healthconferences.org
W: europe.healthconferences.org/

7th International Conference on
Medical Informatics & Telemedicine

August 12-13, 2019 Rome, Italy
E: medicalinformatics@healthcarespeakerexperts.org
W: medicalinformatics.healthconferences.org

9th International Conference on
Geriatrics, Gerontology & Elderly Care

September 03-04, 2019 Berlin, Germany
E: geriatrics@healthcarespeakerexperts.org
W: geriatrics-gerontology.insightconferences.com

7th International Conference on **Advances in Skin, Wound Care and Tissue Science**

September 25-26, 2019 Copenhagen, Denmark
E: woundcongress@healthcarespeakerexperts.org
W: woundcare.conferenceseries.com/europe

11th International Conference on
Epidemiology & Public Health

September 26-27, 2019 Copenhagen, Denmark
E: epidemiology@healthconferences.org
W: epidemiology.expertconferences.org

5th World Congress on
Health Economics, Health Policy and Healthcare Management

October 14-15, 2019 Warsaw, Poland
E: healtheconomics@healthcarespeakerexperts.org
W: healtheconomics.healthconferences.org

5th International Conference on
Sports Medicine and Fitness

November 14-15, 2019 Frankfurt, Germany
E: sportsmedicine@healthconferences.org
W: sportsmedicineworld.insightconferences.com

Immunology

13th International Conference on
Allergy, Asthma & Clinical Immunology

August 29-30, 2019 Vienna, Austria
E: allergy@immunologyconferences.org
W: allergy.conferenceseries.com

12th Annual Congress on
Immunology & Immunogenetics

October 21-22, 2019 Rome, Italy
E: immunologycongress@conferencesfinder.com
W: immunologycongress.immunologyconferences.org

Infectious Diseases

6th International Congress on **Infectious Diseases**

February 25-26, 2019 London, UK
E: infectioncongress@infectiousdiseasespeakers.org
W: infectioncongress.infectiousconferences.com



<p>9th World Congress on Rare Diseases and Orphan Drugs June 17-18, 2019 Berlin, Germany E: rarediseases@expertsmeeting.net W: rarediseases.insightconferences.com</p>
<p>7th World Congress on Control and Prevention of HIV/AIDS, STDs & STIs July 01-02, 2019 Valencia, Spain E: stdhiv aids@expertsmeeting.net W: globalhiv-aids-std.infectiousconferences.com</p>
<p>11th Euro-Global Conference on Infectious Diseases September 23-24, 2019 London, UK E: euroinfectious@expertsmeeting.net W: europe.infectiousconferences.com</p>
<p>11th International Chronic Obstructive Pulmonary Disease Conference September 26-27, 2019 Barcelona, Spain E: copdconference@expertsmeeting.net W: copd.insightconferences.com</p>
<p>15th World Congress on Infection Prevention and Control October 21-22, 2019 Zurich, Switzerland E: infectionprevention@expertsmeeting.net W: infectionprevention.insightconferences.com</p>
<p>10th International Conference on Emerging Infectious Diseases December 02-03, 2019 Barcelona, Spain E: emergingdiseases@shareresearch.info W: emerging-diseases.infectiousconferences.com</p>
<p>Materials Science</p>
<p>4th Annual Conference and Expo on Biomaterials February 25-26, 2019 London, UK E: biomaterials@materialsscienceexperts.org W: biomaterials.insightconferences.com</p>
<p>17th International Conference on Emerging Materials and Nanotechnology March 07-08, 2019 Berlin, Germany E: emergingmaterialscongress@materialsscienceexperts.org W: emergingmaterials.materialsconferences.com</p>
<p>29th International Conference on Nanomaterials and Nanotechnology April 25-26, 2019 Rome, Italy E: nanomaterials@nanotechnologyexpert.org W: nanomaterials.insightconferences.com</p>
<p>30th World Nano Conference May 20-21, 2019 Zurich, Switzerland E: nano@nanotechnologyexpert.org W: nano.expertconferences.org</p>
<p>5th International Conference and Expo on Ceramics and Composite Materials June 03-04, 2019 London, UK E: ceramics@materialsscienceexperts.org W: ceramics.insightconferences.com</p>

<p>20th World Congress on Materials Science and Engineering June 24-26, 2019 Vienna, Austria E: materialscongress@materialsscienceexperts.org W: materialsscience.insightconferences.com</p>
<p>2nd International Conference on Advanced Energy Materials and Research July 11-12, 2019 Zurich, Switzerland E: advancedenergymaterials@materialsscienceexperts.org W: energymaterials.materialsconferences.com</p>
<p>31st Nano Congress for Future Advancements August 29-31, 2019 London, UK E: nanocongress@nanotechconferences.org W: nanocongress.nanotechconferences.org</p>
<p>24th International Conference on Advanced Materials & Nanotechnology September 19-20, 2019 Brussels, Belgium E: advancedmaterials@materialsscienceexperts.org W: europe.materialsconferences.com</p>
<p>32nd International Conference on Advanced Nanotechnology October 10-11, 2019 Dublin, Ireland E: advancednano@nanotechconferences.org W: advancednano.nanotechconferences.org</p>
<p>29th International Conference and Expo on Nanosciences and Nanotechnology November 18-19, 2019 Frankfurt, Germany E: nanoscience@nanotechconferences.org W: nanotechnology.conferenceseries.com</p>
<p>4th World Congress and Expo on Graphene & 2D Materials November 18-19, 2019 Frankfurt, Germany E: grapheneworld@nanotechnologyexpert.org W: graphene.conferenceseries.com/europe</p>
<p>Microbiology</p>
<p>17th International Conference on Pharmaceutical Microbiology and Biotechnology April 29-30, 2019 London, UK E: pharmaceutical@microbiologyconferences.org W: pharmaceuticalmicrobiology.microbiologyconferences.com</p>
<p>48th World Congress on Microbiology June 24-25, 2019 Moscow, Russia E: microbiology@microbiologyconferences.org W: europe.microbiologyconferences.com</p>
<p>11th International Virology Summit July 01-02, 2019 Valencia, Spain E: eurovirology@microbiologyconferences.org W: virology.conferenceseries.com/europe</p>
<p>14th International Conference on Laboratory Medicine & Pathology July 22-23, 2019 London, UK E: laboratorymedicine@pathologyspeakerexperts.org W: laboratorymedicine.conferenceseries.com</p>



<p>14th International Conference on Microbial Interactions & Microbial Ecology</p> <p>August 19-20, 2019 Vienna, Austria E: microbialinteractions@microbiologyspeakerexperts.org W: microbialinteractions.expertconferences.org</p>
<p>6th World Congress and Expo on Applied Microbiology</p> <p>October 24-25, 2019 Rome, Italy E: appliedmicrobiology@microbiologyconferences.org W: microbiology.conferenceseries.com</p>
<p style="text-align: center;">Nephrology</p>
<p>18th International Conference on Nephrology & Urology</p> <p>March 04-05, 2019 Berlin, Germany E: nephrology.urology@nephroconferences.com; nephrology@nephrospeakerexperts.org W: nephrology-urology.nephroconferences.com</p>
<p>20th Global Nephrologists Annual Meeting</p> <p>June 03-04, 2019 London, UK E: nephrologists@nephroconferences.com; nephrologists@nephrospeakerexperts.org W: nephrologists.insightconferences.com</p>
<p>23rd European Nephrology Conference</p> <p>October 24-25, 2019 Rome, Italy E: euronephrology@nephroconferences.com W: europe.nephroconferences.com</p>
<p style="text-align: center;">NeuroScience</p>
<p>28th World Congress on Neurology and Therapeutics</p> <p>February 28 - March 01, 2019 Berlin, Germany E: neurology@neurologyspeakerexperts.org W: neurologyconference.com</p>
<p>23rd International Conference on Neurology & Neurophysiology</p> <p>March 18-19, 2019 Edinburgh, Scotland E: neurophysiology@neuroconferences.com W: neurophysiology.neuroconferences.com</p>
<p>24th International Conference on Neurosurgery and Neuroscience</p> <p>March 18-19, 2019 Edinburgh, Scotland E: neurosurgery@neuroconferences.com W: neurosurgery.insightconferences.com</p>
<p>5th International Conference on Spine and Spinal Disorders</p> <p>April 25-26, 2019 Rome, Italy E: spine@neuroconferences.com W: spine.neurologyconference.com</p>
<p>12th International Conference on Vascular Dementia</p> <p>July 22-23, 2019 London, UK E: vasculardementiacongress@annualconferences.org W: vasculardementia.neurologyconference.com</p>
<p>32nd European Neurology Congress</p> <p>July 22-24, 2019 London, UK E: euroneurology@neuroconferences.com W: neurologyconference.com/europe</p>

<p>28th World Congress on Neurology & Neuroscience</p> <p>May 23-24, 2019 Zurich, Switzerland E: neurosciencecongress@neuroconferences.com W: neuroscience.neurologyconference.com</p>
<p>5th International Conference on Epilepsy & Treatment</p> <p>August 29-30, 2019 Vienna, Austria E: epilepsy@neurologyspeakerexperts.org W: epilepsytreatment.expertconferences.org</p>
<p>5th World Congress on Parkinsons & Huntington Disease</p> <p>August 29-31, 2019 Vienna, Austria E: parkinsonscongress@neurologyspeakerexperts.org W: parkinsons.neurologyconference.com</p>
<p>7th International Conference on Brain Disorders and Therapeutics</p> <p>September 19-20, 2019 Brussels, Belgium E: braindisorders@scholarlymeetings.net W: braindisorders.neuroconferences.com</p>
<p>28th International Conference on Neurology and Cognitive Neuroscience</p> <p>September 25-26, 2019 Copenhagen, Denmark E: cognitiveneuroscience@scholarlymeetings.net W: neurocognitivedisorders.neurologyconference.com</p>
<p>9th International Conference on Neurological Disorders & Stroke</p> <p>October 07-08, 2019 Dublin, Ireland E: strokecongress@neurologyspeakerexperts.org W: stroke.neurologyconference.com</p>
<p>5th International Conference on Central Nervous System Disorders & Therapeutics</p> <p>October 21-22, 2019 Las Vegas, USA E: cns@scholarlymeetings.net W: cns.insightconferences.com</p>
<p>13th International Conference on Alzheimer's Disease & Dementia</p> <p>November 14-15, 2019 Frankfurt, Germany E: dementia@neurologyspeakerexperts.org W: alzheimers-dementia.neuroconferences.com</p>
<p style="text-align: center;">Nursing</p>
<p>48th Global Nursing & Healthcare Conference</p> <p>March 04-06, 2019 Barcelona, Spain E: nursingglobal@meetingsfinder.org W: nursing-global.nursingconference.com</p>
<p>4th International Conference on Reproductive Health and Medicine</p> <p>April 23-24, 2019 Berlin, Germany E: reproductivemedicine@meetingsfinder.org W: reproductivhealth.insightconferences.com</p>
<p>9th World Congress on Breast Cancer</p> <p>April 25-26, 2019 London, UK E: breastcancer@oncologyseries.com W: breastcancer.conferenceseries.com</p>



<p>6th International Congress on Emergency and Trauma Nursing April 25-26, 2019 London, UK E: trauma@meetingsfinder.org W: trauma-nursing.insightconferences.com</p>
<p>18th World Congress on Clinical Nursing & Practice May 16-17, 2019 Rome, Italy E: clinicalnursing@meetingsfinder.org W: clinical.nursingmeetings.com</p>
<p>49th World Congress on Advanced Nursing Research June 10-11, 2019 Berlin, Germany E: nursingresearch@annualconferences.org W: nursingresearch.nursingmeetings.com</p>
<p>50th International Congress on Nursing Care June 24-25, 2019 Moscow, Russia E: nursingcareplan@meetingsfinder.org W: nursingcareplan.nursingmeetings.com</p>
<p>4th World Congress on Patient Safety & Quality Healthcare June 27-28, 2019 Vienna, Austria E: patientsafety@expertsconferences.org W: patientsafety.insightconferences.com</p>
<p>27th Cancer Nursing & Nurse Practitioners Conference July 11-12, 2019 Vienna, Austria E: cancernursing@meetingsfinder.org W: cancernursing.nursingconference.com</p>
<p>25th World Nursing and Healthcare Conference July 11-12, 2019 Vienna, Austria E: worldnursing@conferenceseries.net W: world.nursingconference.com</p>
<p>32nd World Congress on Advanced Nursing Practice August 19-21, 2019 Zurich, Switzerland E: nursingpractice@meetingsfinder.org W: nursingpractice.nursingconference.com</p>
<p>30th International Conference on Pediatric Nursing & Healthcare August 19-20, 2019 Zurich, Switzerland E: pediatricnursing@meetingsfinder.org W: pediatric.nursingconference.com</p>
<p>52nd World Nursing Leadership & Healthcare Management Conference September 23-24, 2019 Copenhagen, Denmark E: nursingleadership@meetingsfinder.org W: nursingleadership.nursingmeetings.com</p>
<p>6th International Conference on Gynecology and Obstetrics October 07-08, 2019 Madrid, Spain E: gynecology@expertsconferences.org W: gynecology.conferenceseries.com</p>
<p>34th Euro Nursing & Medicare Summit October 07-09, 2019 Madrid, Spain E: euronursing@meetingsfinder.org W: europe.nursingconference.com</p>

<p>27th World Nursing Education Conference November 14-16, 2019 Frankfurt, Germany E: nursingeducation@expertsmeetings.org W: nursingeducation.nursingconference.com</p>
<p style="text-align: center;">Nutrition</p>
<p>24th International Conference on Clinical Nutrition March 04-06, 2019 Barcelona, Spain E: clinicalnutrition@nutritionalconference.com W: clinicalnutrition.insightconferences.com</p>
<p>25th European Nutrition and Dietetics Conference April 22-24, 2019 Rome, Italy E: nutritioncongress@nutritionsspeakersexperts.org W: nutritionalconference.com/europe</p>
<p>15th International Congress on Advances in Natural Medicines, Nutraceuticals & Neurocognition July 08-09, 2019 Berlin, Germany E: nutraceuticals@nutritionalconference.com W: nutraceuticals.pharmaceuticalconferences.com</p>
<p style="text-align: center;">Obesity</p>
<p>12th International Conference on Childhood Obesity and Nutrition March 18-19, 2019 Rome, Italy E: childhoodobesity@nutritionsspeakersexperts.org W: childhood-obesity.insightconferences.com</p>
<p>15th Euro Obesity and Endocrinology Congress June 17-18, 2019 London, UK E: euroobesity@obesityconference.org W: obesity.nutritionalconference.com</p>
<p style="text-align: center;">Oncology & Cancer</p>
<p>28th Euro Congress on Cancer Science & Therapy March 07-08, 2019 Barcelona, Spain E: cancerscience@expertsmeetings.org W: cancerscience.insightconferences.com</p>
<p>13th World Hematology Congress March 18-19, 2019 Rome, Italy E: hematologycongress@expertsmeetings.org W: hematology.insightconferences.com</p>
<p>5th World Congress on Medical Imaging & Clinical Research June 17-18, 2019 Rome, Italy E: medicalimaging@expertsmeetings.org W: medicalimaging.expertconferences.org</p>
<p>34th Euro-Global Summit on Cancer Therapy & Radiation Oncology July 25-27, 2019 London, UK E: eurocancer@expertsmeetings.org W: eurocancer.expertconferences.org</p>
<p>5th International Congress on Epigenetics & Chromatin August 22-23, 2019 Vienna, Austria E: epigenetics@oncologymeet.com W: epigenetics.europeannualconferences.com</p>



37th World Cancer Conference

October 10-12, 2019 Dublin, Ireland
E: worldcancer@expertsmeetings.org
W: cancer.global-summit.com

Ophthalmology

4th Global Pediatric Ophthalmology Congress

March 07-08, 2019 Berlin, Germany
E: pediatricophthalmology@ophthalmologyconferences.com
W: pediatricophthalmology.ophthalmologyconferences.com

28th International Conference on Insights in Ophthalmology

April 18-19, 2019 Rome, Italy
E: ophthalmologysummit@ophthalmologyconferences.com
W: ophthalmology.insightconferences.com

4th International Conference & Expo on Euro Optometry and Vision Science

August 22-23, 2019 Vienna, Austria
E: optometry@ophthalmologyconferences.com
W: eurooptometry.ophthalmologyconferences.com

29th International Congress on Vision Science and Eye

August 22-23, 2019 Vienna, Austria
E: visionscience@ophthalmologyconferences.com
W: visionscience.ophthalmologyconferences.com

30th International Conference on Clinical and Experimental Ophthalmology

October 11-12, 2019 Dublin, Ireland
E: ophthalmology@ophthalmologyconferences.com
W: europe.ophthalmologyconferences.com

33rd European Ophthalmology Congress

November 14-15, 2019 Madrid, Spain
E: euroophthalmology@ophthalmologyspeakerexperts.org
W: ophthalmologycongress.ophthalmologyconferences.com

Pathology

15th International Conference on Surgical Pathology and Cancer Diagnosis

April 15-16, 2019 Berlin, Germany
E: surgicalpathology@pathologyspeakerexperts.org
W: surgicalpathology.pathologyconferences.com

14th International Conference on Laboratory Medicine & Pathology

July 22-23, 2019 London, UK
E: laboratorymedicine@pathologyspeakerexperts.org
W: laboratorymedicine.conferenceseries.com

Pediatrics

4th International Conference on Pediatrics and Pediatric Surgery

April 23-24, 2019 London, UK
E: pediatricssurgery@pediatricsspeakerexperts.org
W: pediatrics.insightconferences.com

27th International Conference on Clinical Pediatrics

June 10-12, 2019 Berlin, Germany
E: clinicalpediatrics@pediatricsspeakerexperts.org
W: clinicalpediatrics.conferenceseries.com

2nd International Conference on Advances in Neonatal and Pediatric Nutrition

July 08-10, 2019 Berlin, Germany
E: pediatricnutrition@pediatricsspeakerexperts.org
W: pediatricnutrition.pediatricconferences.com

28th International Conference on Pediatrics Health

August 12-14, 2019 Rome, Italy
E: pediatrichealth@pediatricsspeakerexperts.org
W: health.pediatricconferences.com

29th International Conference on Pediatrics & Primary Care

September 23-24, 2019 Barcelona, Spain
E: pediaprimarycare@pediatricsspeakerexperts.org
W: primarycare.pediatricconferences.com

30th European Pediatrics Conference

October 07-08, 2019 Dublin, Ireland
E: pediatricconference@pediatricsspeakerexperts.org
W: europe.pediatricconferences.org

32nd World Pediatrics Conference

October 07-08, 2019 Dublin, Ireland
E: worldpediatrics@pediatricsspeakerexperts.org
W: worldpediatrics.pediatricconferences.org

33rd International Conference on Neonatology and Perinatology

November 18-19, 2019 London, UK
E: neonatology@pediatricsspeakerexperts.org
W: neonatology.insightconferences.com

Pharma

19th World Congress on Pharmaceutical Sciences and Innovations in Pharma Industry

February 25-26, 2019 Berlin, Germany
E: pharmaceuticalsciences@pharmaceuticalconferences.org
W: industry.pharmaceuticalconferences.com

20th International Conference and Exhibition on Pharmaceutics & Novel Drug Delivery Systems

March 18-20, 2019 Edinburgh, Scotland
E: pharmaceutica@pharmaceuticalconferences.org
W: novel-drugdelivery-systems.pharmaceuticalconferences.com

12th European Biosimilars Congress

April 15-16, 2019 Berlin, Germany
E: eurobiosimilars@pharmaceuticalconferences.org
W: biosimilars-biologics.pharmaceuticalconferences.com/europe

21st Annual European Pharma Congress

May 20-22, 2019 Zurich, Switzerland
E: pharmaeurope@pharmaceuticalconferences.org
W: europe.pharmaceuticalconferences.com



<p>6th World Congress and Exhibition on Antibiotics and Antibiotic Resistance</p> <p>June 03-04, 2019 London, UK E: antibiotics@pharmaceuticalconferences.org W: antibiotics.pharmaceuticalconferences.com</p>
<p>6th International Conference and Exhibition on Natural Products Chemistry and Medicinal Plants Research</p> <p>June 24-25, 2019 Vienna, Austria E: naturalproducts@pharmaceuticalconferences.org W: naturalproducts.pharmaceuticalconferences.com</p>
<p>23rd International Conference and Exhibition on Pharmacovigilance & Drug Safety</p> <p>July 04-05, 2019 Valencia, Spain E: pharmacovigilance@pharmaceuticalconferences.org W: pharmacovigilance.pharmaceuticalconferences.com</p>
<p>22nd International Conference and Exhibition on Pharmaceutical Formulations</p> <p>July 04-06, 2019 Valencia, Spain E: formulations@pharmaceuticalconferences.org W: formulation.pharmaceuticalconferences.com</p>
<p>24th World Congress on Pharmacology</p> <p>August 19-20, 2019 Vienna, Austria E: pharmacology@pharmaceuticalconferences.org W: pharmacology.pharmaceuticalconferences.com</p>
<p>25th International Conference on Advanced Clinical Research and Clinical Trials</p> <p>September 16-17, 2019 Rome, Italy E: clinicalresearch@pharmaceuticalconferences.org W: clinicalresearch.pharmaceuticalconferences.com</p>
<p>26th Annual Pharmaceutical Chemistry And Chemical Analysis Congress</p> <p>October 14-15, 2019 London, UK E: pharmaanalysis@pharmaceuticalconferences.org W: analysis.pharmaceuticalconferences.com</p>
<p>27th Global Experts Meeting on Neuropharmacology</p> <p>November 18-19, 2019 Rome, Italy E: neuropharmacology@pharmaceuticalconferences.org W: neuro.pharmaceuticalconferences.com</p>
<p>Physics</p>
<p>3rd International Conference on Astronomy and Space Science</p> <p>May 02-03, 2019 London, UK E: astronomy@expertsgathering.net W: astronomy-space.physicsmeeting.com</p>
<p>6th International Conference on Theoretical and Applied Physics</p>

<p>May 16-17, 2019 Rome, Italy E: appliedphysics@expertsgathering.net W: appliedphysics.physicsmeeting.com</p>
<p>12th International Conference on Optics, Photonics & Lasers</p> <p>June 17-18, 2019 London, UK E: eurooptics@expertsgathering.net W: optics.physicsmeeting.com</p>
<p>4th International Conference on Magnetism and Magnetic Materials</p> <p>August 19-20, 2019 London, UK E: magneticmaterials@expertsgathering.net W: magneticmaterials.physicsmeeting.com</p>
<p>5th International Conference on Physics</p> <p>October 14-16, 2019 London, UK E: physics@expertsgathering.net W: europe.physicsmeeting.com</p>
<p>Physiotherapy</p>
<p>7th International Conference & exhibition on Physiotherapy & Physical Rehabilitation</p> <p>March 25-26, 2019 Rome, Italy E: europphysiotherapy@expertmeetings.com W: physiotherapy.annualcongress.com</p>
<p>6th International Conference & Expo on Novel Physiotherapies</p> <p>August 19-20, 2019 London, UK E: novelphysiotherapy@expertmeetings.com W: novelphysiotherapies.insightconferences.com</p>
<p>Plant Science</p>
<p>7th Global Summit on Plant Science</p> <p>October 07-08, 2019 Madrid, Spain E: plantscience@conferenceseries.net W: europe.plantscienceconferences.com</p>
<p>Psychiatry</p>
<p>5th International Conference on Mental Health & Human Resilience</p> <p>March 07-08, 2019 Barcelona, Spain E: mentalhealth@psychiatryconferences.com W: mentalhealth.insightconferences.com</p>
<p>6th International Conference on Depression, Anxiety and Stress Management</p> <p>April 25-26, 2019 London, UK E: stress@conferencesfinder.com W: stressmanagement.psychiatrycongress.com</p>
<p>8th World congress on Addictive Disorders & Addiction Therapy</p>



May 09-10, 2019 London, UK
E: addiction@expertsmeetings.com
W: addictioncongress.psychiatryconferences.com

29th Euro Congress on Psychiatrists and Psychologists

June 10-11, 2019 Berlin, Germany
E: europsychiatrists@conferencesfinder.com
W: europe.psychiatryconferences.com

30th International Conference on Adolescent Medicine & Child Psychology

August 05-06, 2019 Dublin, Ireland
E: childpsychology@conferencesfinder.com
W: childpsychology.insightconferences.com

36th International Conference on Psychiatry & Psychosomatic Medicine

September 16-17, 2019 Rome, Italy
E: psychosomaticmedicine@psychiatrycongress.com
W: psychosomatic.conferenceseries.com

2nd World Congress on Psychiatry & Psychological Syndromes

November 11-12, 2019 Madrid, Spain
E: psychiatrycongress@conferencesfinder.com
W: psychiatrycongress.com

Surgery

14th International Conference on Dermatology and Cosmetic Medicine

April 18-19, 2019 Rome, Italy
E: dermatologists@dermatologyconference.org
W: dermatologymeeting.com

9th Edition of International Conference on Cosmetology & Skin Care

June 20-21, 2019 London, UK
E: cosmetology@bookmarkthedata.com
W: cosmetology.surgeryconferences.com

4th International Conference on Anesthesia

July 01-02, 2019 Valencia, Spain
E: anesthesia@surgeryspeakerexperts.org
W: anesthesia.insightconferences.com

13th International Conference on Orthopedics, Arthroplasty and Rheumatology

July 25-26, 2019 London, UK
E: orthopedics@surgeryspeakerexperts.org
W: orthopedics.surgeryconferences.com

3rd International Conference on Craniofacial Surgery

August 15-16, 2019 Rome, Italy
E: craniofacial@expertsmeetings.org
W: craniofacial.surgeryconferences.com

4th European Otolaryngology- ENT Surgery Conference

August 15-17, 2019 Rome, Italy
E: ent@surgeryspeakerexperts.org
W: ent.conferenceseries.com

Toxicology

2nd Euro-Global Summit on Toxicology and Applied Pharmacology

July 04-05, 2019 Valencia, Spain
E: eurotoxicology@expertsmeeting.net
W: europe.toxicologyconferences.com

Vaccines

32nd International Conference on Vaccines and Immunization

March 21-22, 2019 Rome, Italy
E: vaccinescongress@immunologyconferences.org
W: vaccines-immunization.insightconferences.com

36th Euro Global Summit and Expo on Vaccines & Vaccination

June 03-04, 2019 London, UK
E: eurovaccines@conferenceseries.net
W: europe.vaccineconferences.com

Veterinary

13th International Veterinary Congress

May 02-03, 2019 London, UK
E: veterinary@veterinaryseries.com
W: veterinary.expertconferences.org





14th Euro-Global Gastroenterology Conference

July 08-09, 2019 | Zurich, Switzerland

Keynote Forum Day 1

Gastro Congress 2019

14th Euro-Global Gastroenterology Conference

July 08-09, 2019 | Zurich, Switzerland



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- α and β ; STAT3 α is pro-inflammatory and anti-apoptotic, while STAT3 β has opposing-effects on STAT3 α . 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 α ($\Delta^{\beta}/\Delta^{\beta}$) 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⁺ 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⁺ T cells. Complementing and extending these results, TTI-101 treatment of WT mice prevented IBD, markedly increased apoptosis of colonic CD4⁺ 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⁺ 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

14th Euro-Global Gastroenterology Conference

July 08-09, 2019 | Zurich, Switzerland



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

Notes:

14th Euro-Global Gastroenterology Conference

July 08-09, 2019 | Zurich, Switzerland



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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July 08-09, 2019 | Zurich, Switzerland

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

Notes:

14th Euro-Global Gastroenterology Conference

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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.

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Scientific Tracks & Abstracts Day 1

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SESSIONS

Gastrointestinal Disorders and Drug Delivery | Gastrointestinal Endoscopy | Pediatric Gastrointestinal problems | Gastrointestinal Cancer | Gastrointestinal Diseases | Clinical Advances in Liver Diseases | Gastrointestinal Pathology | Microbiota and diseases

Chair: Annie Shergill, Banner - University Medical Center, USA

SESSION INTRODUCTION

Title: Relation of caffeine supplements for comatosed post operative patients

Ashraf Salah Ibrahim El Ghaname, Cairo University, Egypt

Title: Pathophysiology and management of "Esophageal Varices" in current practice

Balwant Singh Gill, Dr. MGR Medical University, India

Title: Association between LINC00657 and miR-106a serum expression levels and susceptibility to colorectal cancer, adenomatous polyposis and ulcerative colitis in Egyptian population

Essam Soliman, Fayoum University, Egypt

Title: Parietization of colon following Tuberculous Ascites

Shailesh Kumar, Dr. Ram Manohar Lohia Hospital, India

Title: Emergencies in GIT malignancies

Essam Soliman, Fayoum University, Egypt

Title: Obesity and Treatments

Furaira Ahmad Said, Stavropol State Medical University, Russia

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Pathophysiology and management of “Esophageal Varices” in current practice

Balwant Singh Gill

Dr. MGR Medical University, India

Esophageal varices: Esophageal varices are dilated submucosal distal esophageal veins connecting the portal and systemic circulations. This happens due to portal hypertension (most commonly a result of cirrhosis), resistance to portal blood flow and increased portal venous blood inflow. The most common fatal complication of cirrhosis is variceal rupture; the severity of liver disease correlates with the presence of varices and risk of bleeding.

Bleeding esophageal varices: No single treatment for bleeding Esophageal varices is appropriate for all patients and situations. An algorithm for management of the patient with acute bleeding is presented in this article. The options for long-term, definitive therapy and the criteria for selection of each are discussed.

Pathophysiology and management of esophageal varices: Esophageal varices are one of the most common and severe complications of chronic liver diseases. New aspects in epidemiology, pathogenesis and treatment of varices are reviewed. Sclerotherapy is the first-line treatment for acute hemorrhage. Prevention of first or recurrent bleeding is still unsatisfactory. β -Blockers are slightly superior to sclerotherapy with regard to prophylaxis of first bleeding. β -Blockers or sclerotherapy may be used for prophylaxis of recurrent bleeding. However, prophylactic treatment regimens do not have a major impact on survival. Combination treatment, new drugs or new devices may help to improve the efficacy of prophylactic measures.

Endoscopic therapy for esophageal varices: Among therapeutic endoscopic options for Esophageal varices (EV), Endoscopic variceal ligation (EVL) has proven more effectiveness and safety compared with endoscopic sclerotherapy and is currently considered as the first choice. In acute EV bleeding, vasoactive therapy (either with terlipressin or somatostatin) prior to endoscopy improves outcomes; moreover, antibiotic prophylaxis has to be generally adopted. Variceal glue injection (cyanoacrylates) seems to be effective in the treatment of esophageal as well as in gastric varices. Prevention of rebleeding can be provided both by EVL alone or combined with non-selective β -blockers. Moreover, EVL can be adopted for primary prophylaxis, with no differences in mortality compared with drugs, in subjects with large varices and unfit for a β -blocker regimen. A meta-analysis of endoscopic variceal ligation for primary prophylaxis of esophageal variceal bleeding: Despite publication of several randomized trials of prophylactic variceal ligation, the effect on bleeding-related outcomes is unclear. We performed a meta-analysis of the trials, as identified by electronic database searching and cross-referencing. Both investigators independently applied inclusion and exclusion criteria and abstracted data from each trial. Standard meta-analytic techniques were used to compute relative risks and the number needed to treat (NNT) for first variceal bleed, bleed-related mortality and all-cause mortality. Among 601 patients in 5 homogeneous trials comparing prophylactic ligation with untreated controls, relative risks of first variceal bleed, bleed-related mortality and all-cause mortality were 0.36 (0.26-0.50), 0.20 (0.11-0.39) and 0.55 (0.43-0.71), with respective NNTs of 4.1, 6.7 and 5.3. Among 283 subjects from 4 trials comparing ligation with β -blocker therapy, the relative risk of first variceal bleed was 0.48 (0.24-0.96), with NNT of 13; However, there was no effect on either bleed-related mortality (relative risk [RR], 0.61).

Biography

Balwant Singh Gill has completed his MD from Dr. MGR Medical University, India. He is the Director of Swami Ji Gastroenterology Center (India) an Advanced Endoscopy Center. He has published more than 5 papers in reputed journals and has been serving as a consultant Gastroenterologist, Hepatologist & Interventional Endoscopist at their center of gastroenterology. He is also associated with few national and international associations.

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Association between LINC00657 and miR-106a serum expression levels and susceptibility to colorectal cancer, adenomatous polyposis and ulcerative colitis in Egyptian population

Essam Soliman

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Colorectal cancer (CRC) represented the second cause of mortality among cancer patients. Long noncoding RNAs and microRNAs (miRNAs) serve as non-invasive biomarkers for CRC surveillance and introduce new therapeutic approaches. LINC00657 and miR-106a expression levels play a pivotal role in CRC. This study included 190 Egyptian subjects and the expression levels of LINC00657 and miR-106a in serum were measured by using quantitative real-time polymerase chain reaction. We found that upregulation of LINC00657 and downregulation of miR-106a are significantly associated with the development of CRC. Also, a positive correlation was detected between their serum levels. In addition, serum LINC00657 can distinguish adenomatous polyposis (AP) patients and/or ulcerative colitis (UC) patients from controls. Also the miRNA-106a expression level discriminates AP but not UC from healthy individuals. Our study cited new diagnostic biomarkers for CRC, AP and UC among Egyptians in addition to be non-invasive screening tools for CRC in both healthy subjects and those having precancerous lesions.

Biography

Essam Soliman has completed his education from Fayoum University, Egypt. He has published 8 papers in reputed journals. Currently he is working as an Associate Director of GIT at Foyoum University. His research interest mainly lies in the fields of Topical Medicine and Liver.

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Parietization of colon following Tuberculous Ascites

Shailesh Kumar^{1,2}

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²Post Graduate Institute of Medical Education & Research, India

A 46 years old menopausal female presented to surgical OPD with the complaints of recurrent pain abdomen with vomiting and fever off and on. Pt was a treated case of Koch's abdomen. There was no history of jaundice and other co- morbidities. On examinations, she had tenderness in Right hypochondrium (RHC) on deep palpation. Rest of the parameters were normal. On Investigation, ultrasonography of abdomen revealed multiple gallstones with Normal CBD. Rest of the abdomen and pelvis were normal. Her blood and urinary examinations were within normal limits. X-ray chest revealed features suggestive of healed tuberculosis. Pt was posted for laparoscopic cholecystectomy. After pneumo-peritoneum, 10 mm optical port was placed in periumbilical area. On diagnostic laparoscopy, whole of the colon was densely adhered to the pariety. Liver, gall bladder and spleen were nor not visible. As falciform ligament and liver was not visible, two working port were inserted in the mid clavicular line both side around 3 inches below the costal margin in an anticipation to de-parietization of the transverse colon to assess the feasibility to proceed. We broke the adhesion between the transverse colon and pariety in the midline and preceded to de-parietisation the whole transverse colon with the help of ultrasonic scissor. After that we could visualised the Liver and Gall bladder and preceded with the laparoscopic cholecystectomy abdominal cavity is the sixth most common extra peritoneal site of tuberculosis. There are different studies that support the crucial role of diagnostic laparoscopy in the diagnosis of abdominal tuberculosis. The diagnostic laparoscopy revealed ascetic fluid, violin string adhesion of peritoneum and omental thickness. Peritoneal involvement is a common features and more than half of the patients presents with ascites, lymphadenopathy and stranding of the mesenteric fat. Laparoscopy is normally accepted as an accurate and prompt diagnostic tool in case of suspected abdominal tuberculosis.

Recent Publications

1. Sharma M P and Bhatia V (2004) Abdominal Tuberculosis. Indian J. Med. Res. 120:305-315.
2. D Mistikas, T Kapp and Montmollin de (2016) Laparoscopic diagnosis of abdominal tuberculosis. HippoKratia. 20(2):175.
3. Sinant T, Sheikh M, Ramadan S, Sahwney S and Behbehani A (2002) CT- features in abdominal Tuberculosis: 20 years' experience. BMC Med imaging. 2:3.

Biography

Shailesh Kumar is a Professor of PGIMER at Dr. Ram Manohar Lohia Hospital, India. His research interests focus on Bariatric Surgery, Diabetes Control after Bariatric surgery along with Diabetes and Obesity.

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Posters

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Nitric oxide donor, S-nitrosoglutathione, to maintain intestinal barrier integrity: Potential therapeutic candidate for prevention of inflammation recurrences

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Nitric oxide (NO) is known to play a pivotal role to maintain the intestinal barrier integrity, such as regulation of oxidative stress, healing, mucus secretion, immune system regulation, etc. S-nitrosoglutathione (GSNO), a nitric oxide donor is naturally secreted by enteric glial cells after stimulation of the vagus nerve. GSNO is known to prevent inflammatory events and to preserve intestinal barrier integrity. We have highlight in a Ussing chamber model that there is a concentration-dependant effect of NO on rat ileon intestinal permeability: A low concentration of GSNO (0.1 μM) significantly decreases the permeability of sodium fluorescein after two hours when compared to high concentrations (100 μM). This effect is not observed in the presence of glutathione equivalent concentrations. Moreover, GSNO degradation and absorption on isolated rat intestine were studied and we found that an enzymatic activity of gamma-glutamyl-transpeptidase expressed on intestinal epithelioma (and also by microbiota), is involved in GSNO intestinal permeability. Also, the inhibition of endogenous secretion of NO by using N-nitro-L-arginine methyl ester (NO synthases inhibitor) showed us that NO observed effect in intestinal permeability comes from exogenous supply with GSNO. From these results, GSNO could be proposed as an innovative prophylactic agent, in order to prevent relapses of inflammation for inflammatory bowel diseases patient in clinical remission.

Recent Publications

1. Cheadle G A, *et al.*, (2013) Enteric glia cells attenuate cytomix-induced intestinal epithelial barrier breakdown. *PloS one*, 8(7):e69042.
2. Savidge T C, *et al.*, (2007) Enteric glia regulate intestinal barrier function and inflammation via release of S-nitrosoglutathione. *Gastroenterology* 132(4):1344-1358.
3. Hanigan M H and Frierson H F (1996) Immunohistochemical detection of gamma-glutamyl transpeptidase in normal human tissue. *J Histochem Cytochem* 44(10):1101-1108.

Biography

Romain Schmitt is pursuing his PhD and is currently working at the NGERE Inserm U1256 Lab, France. He has already published few papers with his colleagues and is currently working on many papers that will be published in the upcoming year.

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Ischemic colitis as a rare complication of colonoscopy

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We report a 59 year old man with controlled hypertension, diabetes mellitus and irritable bowel syndrome who was visiting surgical clinic for Per-rectal bleeding secondary to piles. He was referred for colonoscopy to rule out any other colonic pathologies. A colonoscopy was done on March 27, 2016 that revealed two small colonic polyps with no other mucosal pathology. Biopsy of one polyps showed tubular adenoma. He started to have abdominal pain the 2nd day post colonoscopy. This pain was dull aching moderate to severe associated with intermittent Per-rectal bleeding. The pain was attributed to Irritable Bowel syndrome (although this pain was different from the pain he used to have before) and the Per-rectal bleeding was attributed to piles. Despite the fact that he was operated for piles three weeks later, he continued to complain of abdominal pain with recurrent visits to Emergency room and out-patients clinic. A repeat colonoscopy was done three weeks post operation to assess the cause for the continued abdominal pain and the Per-rectal bleeding. The second colonoscopy showed severe colitis involving upper sigmoid, descending colon and distal transverse with sloughed mucosa and black spots. The histology was consistent with ischemic colitis. He had chronic course with pain required recurrent admissions with conservative treatment, he refused surgical intervention. He improved very slowly. A third colonoscopy with biopsy after 19 months showed completely normal mucosa with normal histology. This case represents a rare cause of ischemic colitis precipitated by colonoscopy. The clinician should be aware of such scenario if patient continues to have unexplained abdominal pain post colonoscopy. There are few cases reported in the literature. No reported case from the kingdom.

Biography

Wadha Rashed Al Subaiee is a Junior Resident (R2) internal medicine. She is interested in gastroenterology. She is working at the National Guard Hospital.

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Accepted Abstracts

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The importance of neuronal serotonin in colonic motor patterns

Terence K Smith

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5-hydroxytryptamine (5-HT, serotonin) has two sources in the gut, descending myenteric 5-HT interneurons (~5% of all 5-HT) and enterochromaffin (EC) cells (~95% of 5-HT). 5-HT is synthesized by the rate limiting enzyme tryptophan hydroxylase (TPH); TPH1 in EC cells and TPH2 in EC cells. In the colon, these two pools of 5-HT appear to be connected by intrinsic primary afferent neurons (IPANs) that have sensory endings in the mucosa and synapse with 5-HT interneurons. The prominent inhibitory effects of 5-HT_{1A/2B/3/4} and 7 receptor antagonists on colonic motility suggests that many of these receptors are on various cell types including glia that are largely activated by 5-HT interneurons. Major motility patterns in the colon involving 5-HT include tonic inhibition of the muscle layers interrupted by rhythmic peristaltic waves called colonic migrating motor complexes (CMMCs) and secretomotor activity and possibly blood flow. In large mammals (e.g. Dog, pig and human colon) 5-HT neurons occur in both the myenteric plexus and the extensive Henle's plexus, that synapse with secretomotor neurons in Meissner's plexus. Henle's plexus also provides a motor innervation to submucosal pacemaker cells that generate slow waves. Some 5-HT neurons also project to prevertebral ganglia suggesting they are viscerofugal neurons that they can activate postganglionic sympathetic neurons, whose terminals surround 5-HT neurons. We propose that asynchronous firing in 5-HT neurons excite inhibitory motor neurons (IMNs) to generate tonic inhibition and suppress pacemaker activity. In contrast, 5-HT released from EC cells activates IPANs that synchronizes 5-HT neurons. Synchronized firing of 5-HT neurons likely activates glial cells, which release PGE₂, that switch off IMNs and remove tonic inhibition. Synchronized 5-HT neurons also likely generate a slow excitatory postsynaptic potential (sEPSP) in IPANs by activating 5-HT₇ receptors that generate CMMCs that in turn excite excitatory motor neurons and pacemaker cells.

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Shocking the GI tract: Electrical stimulation from top to bottom

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Electrical stimulation of the gastrointestinal tract has been touted as a possible therapy for intestinal motor dysfunction since 1963 when Bilgutay, *et al.*, reported the use of transluminal electrical stimulation to induce peristalsis. In the late 1960's and 1970's the myoelectrical activity of the gastrointestinal tract was elucidated along with its relationship to gut contractility. Out of this initial research several clinical applications of gastrointestinal electrical stimulation have arisen. These include gastric electrical stimulation (GES) for treatment of gastroparesis, sacral nerve stimulation (SNS) for treatment of fecal incontinence and constipation and electrical stimulation of the lower esophageal sphincter (LES) for treatment of severe gastroesophageal reflux disease (GERD). GES is a low energy, high frequency system that stimulates the nerves that innervate the gastric antral muscle. GES improves nausea and vomiting, decreases medical costs, decreases hospital days and improves quality of life in patients with gastroparesis refractory to dietary and pharmacological interventions. SNS is a low energy, high frequency system that directly stimulates the third sacral nerve root. SNS significantly improves severe fecal incontinence and constipation compared with optimal medical therapy. Electrical stimulation of the LES for treatment of GERD is the newest electrical stimulation therapy. Studies published in the last two years demonstrate sustained improvement in GERD outcome and GERD-HRQL, elimination of the need for daily GERD medications and sustained normalization of esophageal acid exposure compared to standard medical therapy for severe GERD. Electrical stimulation of the gastrointestinal tract continues to have great potential for many GI disorders.

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Obesity is associated with increased risk for arterial and venous thromboembolism among inflammatory bowel disease patients

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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%, $p = 0.4744$).

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How can clinician be precise in era of precision medicine? Case of colon cancer

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Colorectal cancer is the second cause of death in the world and genomic alteration plays an important role in this disease. Much of the underlying genetic ‘Cancer Driver’ mutations/variants in sporadic colorectal cancer (CRC) have not been characterized by race. Here, we report the identification of distinct novel variants from CRC patients in mismatch repair (MMR) genes MSH2, MSH3, MSH6 and APC. We developed a panel of 20 frequently altered colon cancer genes for targeted sequencing in 138 colon tissues using next generation sequencing to examine 98.8% of the targeted exons and splice junctions at a depth of sequencing that allowed for high confidence variant calling. After alignment and variant calling, we annotated the variants with information from the 1000 Genomes Project, Catalogue of Somatic Mutations in Cancer (COSMIC), Polymorphism Phenotyping v2 (PolyPhen-2) and PFAM domain and transcription factor motifs. Excluding synonymous SNVs, 212 deleterious variants in adenoma, 760 in advanced adenoma and 2624 variants in tumors were detected. Novel variants (1591 and 1363) were found in MMR genes (MSH6 and MSH3) and APC gene, respectively. These findings further highlight the relevance of APC gene in CRC onset but also the potential underestimation of the MSI-H in sporadic CRC as many of the novel mutations so called “uncertain significance” in MMR genes detected here were of a deleterious nature with a therapeutic interest.

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Post ERCP complications based on the severity of acute cholangitis according to Tokyo guideline staging 2018

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Introduction: Acute cholangitis (AC) is a pathological condition characterized by an ascending bacterial infection of the biliary ductal system with the obstruction caused by various etiologies. Endoscopic retrograde cholangiopancreatography (ERCP) is performed as a therapeutic procedure for biliary drainage in acute cholangitis but associated with higher rates of complications respective to other endoscopic procedures. These complications include pancreatitis, bleeding, trauma and cardiopulmonary problems.

Aim: The aim of this study is the detection of any significant relationship between the Tokyo guideline 2018 staging of acute cholangitis and the complications associated with the ERCP modality.

Materials & Methods: 283 patients had been diagnosed with acute cholangitis and underwent ERCP, between January 2015 and February 2018 encountered at the Gastroenterology and Hepatology Department of Timisoara Emergency County Hospital, 43% of the patients are males (n=122), 57% of the patients are females (n=161). The minimal age of the patients which is 17 years old and the maximal one being 92 years old, the average age of the patients involved in the study is 64 years old. The severity assessment and the staging of all acute cholangitis cases were based on the TG13/18; "Grade I" (Mild) comprises 179 patients (63% of the patients), "Grade II" (Moderate) comprises 63 patients (22 % of the patients), whereas "Grade III" (severe) comprises 41 patients (15% of patients). Inclusion in the study was based on the diagnosis of "Acute cholangitis" in the patient's medical charts. Subsequently, the required data were extracted from the patient's medical charts. Furthermore, the patients that did not undergo therapeutic ERCP were excluded.

Results: ERCP complications are reported only in 34 patients (12%) out of 283 which underwent ERCP. The most common complication was post-sphincterotomy hemorrhage, observed in 17 patients (6% of the patients), acute pancreatitis in 14 patients (5.3% of patients), other complication in 3 patients (1.06%). According to TG18, 11 from 41 Patients with severe AC had Post ERCP complications (26.8%), 8 from 63 Patients with moderate AC (12.6%) and 15 from 179 Patients with mild AC (8.3%).

Conclusion: ERCP is the gold standard and first line therapy for acute cholangitis in the department of gastroenterology and hepatology of the county hospital Timisoara but it remains a procedure with many complications. The TG18 could predict higher risk of complication according to the severity of AC.

Recent Publications

1. Kiriya S, Kozaka K, Takada T, *et al.*, (2018) Tokyo Guidelines 2018: diagnostic criteria and severity grading of acute cholangitis. *J Hepatobiliary Pancreat Sci.* 25(1):17-30.
2. Monjur Ahmed (2018) Acute cholangitis-an update. *World J Gastrointest Pathophysiol.* 9(1): 1-7.

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Liver disease and pharmacotherapy for alcoholism

Mike McDonough

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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.

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A 24-year old female with indeterminate hyperacute liver failure: A case report

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Introduction: Acute Liver Failure (ALF) refers to sudden massive hepatic necrosis with encephalopathy and impaired synthetic function without pre-existing cirrhosis. Chronicity is based on interval between jaundice and encephalopathy onset as hyperacute (<7 d), acute (7-28 d) and subacute (4-26 wks.).

Case Description: A previously healthy 24-year old female with a history of lacrimal gland tumor on chronic oral prednisone (40mg) for a year was admitted for acute decreased sensorium, generalized jaundice, tea-colored urine, anorexia and undocumented fever.

Results: Laboratory findings showed hyperbilirubinemia (total bilirubin 13.26, direct bilirubin 10.68, indirect bilirubin 2.58), transaminitis (ALT 5507, AST 3549), elevated alkaline phosphatase (195), impaired coagulation hyperammonemia and normal platelets. Extensive work-up including hepatitis panel, paracetamol, methamphetamine, cannabinoids, benzodiazepene, barbiturates, cocaine, opiates, phenylcyclidine, cytomegalovirus IgM, EBV, HSV1, HSV2, C3, anti-Sm and anti-mitochondrial antibody, LKM1, ceruloplasmin, strepA throat screen test, malarial smear and leptospiral IgM were all unremarkable. Whole abdominal ultrasound revealed unremarkable liver, biliary tree and pancreas, with splenomegaly 13 x 14.5cm. Medical and supportive treatment was promptly provided. Orthotopic liver transplantation (OLT) was contemplated, however, cerebral edema and hemorrhage ensued on Day 5 leading to demise.

Discussion: Etiology varies widely among toxic, viral, metabolic and vascular insults. There are rare reports of ALF with repeated steroid administration. Management consisting of intensive care should be initiated depending on the etiology and chronicity of ALF. OLT has emerged as the only therapeutic intervention with proven benefit for patients with advanced ALF.

Conclusion: Management of ALF is challenging due to rapid progression of disease and frequently poor prognosis. We report a case of indeterminate hyperacute liver failure in a healthy young female. Despite extensive work-up and prompt intensive medical management, rapid clinical deterioration ensued. History of chronic steroid use might be a precipitant, as supported by few case reports.

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A gut feeling: Case report of gastric linitis adenocarcinoma in a 35 year old male

Miguel Lorenzo G Faustino and **Oliver V Cruz**

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Gastric cancer is rare before the age 40. Establishing a diagnosis in this subset of younger patients is challenging because initial symptoms are nonspecific. This case report aims to present a case of diffuse gastric adenocarcinoma in a young patient with the intent of raising awareness on its subtle presentation whose clinical diagnosis is anchored on an astute physician's high index of suspicion. We report the case of a 35 year old, Filipino male, with no known comorbidities and no family history of malignancy, who complained of early satiety and bothersome postprandial fullness 7 months in evolution. Repeated endoscopic evaluation and CT imaging revealed linitis plastica with a rigid and thickened gastric mucosa. Multiple biopsies taken only showed increased lymphoplasmacytic infiltrates with no evidence of dysplasia, metaplasia or atrophy. In this experience, subtle presentation, inconclusive results of the diagnostic investigation and the aggressive biology of the disease underscores the importance of the physician's high index of suspicion in diagnosing gastric cancer in this subset of patients. Establishing a diagnosis early is crucial so that key interventions may be offered and prolong our patient's life.

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A gastric diverticulum presenting as massive intra-diverticular bleeding

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Statement of the Problem: Gastric diverticula (GD) are rare and frequently asymptomatic. However, there are cases that present with massive upper gastrointestinal bleeding (UGIB). A search by Gibbons *et al.*, revealed only five cases that have shown that intraluminal hemorrhage originated within the diverticulum. We report a 69-year-old female who presented at the emergency room (ER) with massive hematemesis. She had a three-month history of heartburn, epigastric discomfort and vomiting. She eventually developed acute respiratory failure secondary to hypovolemic shock from UGIB. She was conscious and generally pale, with anicteric sclera and pale conjunctivae. Abdominal examination showed a midline infra-umbilical scar, but was otherwise unremarkable.

Diagnostic Work-up: Upper Gastrointestinal Endoscopy (UGIE) revealed pooling of coffee ground mixed with fresh blood and food materials in a diverticulum that seemed to be below the gastro-esophageal junction. Bleeding ulcers at the middle to distal third of the esophagus were also noted. To establish diagnosis, location of the diverticulum and possible surgical intervention, a barium meal was requested that revealed a proximal gastric diverticulum. Narrow Band Imaging (NBI) also showed a gastric mucosa lining the diverticulum.

Treatment: The patient was offered definitive treatment through laparoscopic resection but was not amenable during the present admission. Management included a long-term proton pump inhibitor and diet that involved small frequent feedings.

Conclusion & Significance: Although most GD is asymptomatic, our patient presented with massive UGIB. To our knowledge, this is the first reported case in the Philippines of GD presenting as hematemesis secondary to intra-diverticular hemorrhage, confirmed with barium swallow and NBI.

Recommendations: A high index of suspicion is required to diagnose GD because it can lead to life threatening complications such as massive UGIB and because definitive treatment is available and complete cure is attainable.

Recent Publications

1. Podda M, Atzeni J, Campanella A M, Saba A and Pisanu A (2016) Syncope with surprise: an unexpected finding of huge gastric diverticulum. Hindawi Publishing Corporation. 2016: 1941293.
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Multivisceral resection for advanced gastric cancer: Case report

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In regard of permanent discussion about necessity and possibility of multi visceral resections in advanced malignancy, we present a clinical case Multi visceral resection total gastrectomy, pancreaticoduodenal resection and the extended right colectomy. A woman 39 years was examined about the violation of gastric emptying and symptoms of gastric bleeding, appeared 2 months prior to treatment. After the examination stomach cancer (poorly differentiated adenocarcinoma, antrum, body and Borrmann III) with the spread to duodenum, invasion of pancreatic head, with involvement of perigastral lymph node without distant metastases was diagnosed. At intraoperative examination circular tumor of stomach with involvement of antrum, body, subcardia, spreading to proximal part of duodenum and Invasion of pancreatic head, right flexure of the colon, right Para colon and mesocolon with middle colic vessels, metastatic lesion of lymph node in groups 3, 4d-7, 15 were detected (cT4N1M0, fT4N2M0 (R0)). Total gastrectomy, pancreatoduodenectomy, extended right colectomy with regional lymphadenectomy D2-3 (lymph nodes of groups 1-13, 14v, 15, 16b1 were removed) were performed. Reconstructive phase of surgery included the formation of nutritional and biliopancreatic loops of the small intestine by Y-en-Roux. In time of the alimentary loop formation esophagoenterostomy and Iliodendostomy were performed. In the biliopancreatic loop have been performed invaginated pancreaticoenterostomy and hepaticoenterostomy. Surgery was completed insertion of transnasal feeding tube in the alimentary loop and four drainages in the abdominal cavity. Postoperative period has been executed according to ERAS with enteral nutritional and physical activation at one day after surgery. There were no complications in the postoperative period. Final diagnosis was the patient was discharged on day 10 in a good condition for adjuvant chemotherapy (XELOX). Within 12 months of observation after 6 months of the adjuvant treatment no local or metastatic progression of tumor and no dyspeptic symptoms have been identified.

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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 (PKC ι), 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, PKC ι , 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.

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Prognostic impact of preoperative prognostic nutritional index in resected advanced gastric cancer: A multicenter propensity score analysis

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Background: Advanced gastric cancer (AGC) causes debilitating malnutrition and leads to deterioration of the immune response. However, the concept of the prognostic nutritional index (PNI) is controversial when applied to patients with AGC.

Aim: The aim of the present study was to evaluate the effect of the PNI after gastrectomy in patients with AGC.

Materials & Methods: A multicenter retrospective study was conducted using propensity score matching (PSM) in gastric adenocarcinoma patients who underwent resection via laparoscopic or open surgery between 2014 and 2017. To overcome selection bias, we performed 1:1 matching using five covariates.

Results: The resection margins ($P<0.001$) and LNM ($P=0.004$) were significantly different between the two groups. In univariate analysis, poor tumor differentiation ($P=0.038$) (R1+R2, $P=0.004$), vascular and neural invasion ($P<0.001$), and a $PNI<50$ ($P<0.001$) were associated with poor recurrence-free survival (RFS). In multivariate analysis, a $PNI<50$ (Hazard ratio (HR), 12.993; $P<0.001$) was a risk factor for RFS. Univariate analysis for overall survival (OS) revealed that a $PNI<50$ ($P<0.001$) (R1+R2, $P=0.006$) and vascular and neural invasion ($P<0.001$) were risk factors. In subsequent multivariate analysis, a $PNI<50$ (HR, 24.501; $P<0.001$) was a significant risk factor for OS. Clinical assessments performed during a 12.34 (± 5.050) month follow-up revealed that OS ($P<0.001$) and RFS ($P<0.001$) were worse in patients with a low PNI (<50) than in matched patients with a high PNI.

Conclusion: A low PNI is a strong predictor of unfavorable RFS and OS in patients with AGC.

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Relevance of proton pump inhibitors prescriptions in the hospital setting in Lebanon

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Statement of the Problem: Studies have shown that PPIs are frequently used in an inappropriate way, above the standard doses and against the recommendations, leading to adverse events like malabsorption problems, community acquired pneumonia, hip fractures and Clostridium difficile colitis. In Lebanon only one study about the out-patient use of PPI was done in community pharmacies, but in-patient prescription studies are inexistent. Our study will evaluate the use of PPIs in a hospital setting in Lebanon and will compare it to international recommendations.

Methodology & Theoretical Orientation: Cross-sectional study, conducted in a university hospital in Lebanon (CHU NDS) between June and November 2018, included 186 randomly selected Lebanese inpatient adults.

Findings: Less than half of the participants (46.8%) received a PPI for the adequate indication and 83.9% received the adequate PPI molecule, whereas only 9.2% received the adequate dose. The rate of PPI misuse was higher in the surgery ward (59.6%) than in the medicine department (40.4%) (Cardiology, internal medicine, neurology, pneumology, nephrology, infectious diseases, gastro-enterology and rheumatology). Concerning age, 56.3% of the ≥ 65 year's old patients were taking PPI for the right indication. However, among those who are < 65 years old, only 43.7% of the prescriptions were recommended. Also adequate PPI indication and adequate choice of drug was mainly noticed in patients having GI history or taking antiplatelet therapy.

Conclusion: Our study has shown that a significant amount of PPIs was prescribed inadequately leading to a need to re-evaluate or adjust the use of PPIs among Lebanese physicians.

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Iatrogenic biliary injuries: Multidisciplinary management in a major tertiary referral center

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Background: Iatrogenic biliary injuries are considered as the most serious complications during cholecystectomy. Better outcome of such injuries have been shown in cases managed in a specialized center.

Objective: Evaluation of biliary injuries management in major referral hepatobiliary center.

Patients & Methods: 472 consecutive patients with post-cholecystectomy biliary injuries were managed with multidisciplinary team (hepatobiliary surgeon, gastroenterologist and radiologist) at major Hepatobiliary center in Egypt over 10 years period using endoscopy in 232 patients, percutaneous techniques in 42 patients and surgery in 198 patients.

Results: Endoscopy was very successful initial treatment of 232 patients (49%) with mild/moderate biliary leakage (68%) and biliary stricture (47%) with increased success by addition of percutaneous (Rendezvous technique) in 18 patients (3.8%). However, surgery was needed in 198 (42%) for major duct transection, ligation, major leakage and massive stricture. Surgery was done urgently in 62 patients and electively in 136 patients. Hepaticojejunostomy was done in most of cases with transanastomotic stents. One mortality after surgery due to biliary sepsis and postoperative Stricture was in three cases (1.5%) treated with percutaneous dilation and stenting.

Conclusion: Management of biliary injuries was much better with multidisciplinary care team with initial minimal invasive technique to major surgery in major complex injury encouraging for early referral to highly specialized hepatobiliary center.

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Study of the gut enterotypes in some Egyptian patients with Type 1 diabetes mellitus

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Introduction: Gut microbiota cluster into three enterotypes named the *Bacteroides*, *Prevotella* and *Ruminococcus*. While each person's microbial "fingerprint" is unique, there are specific patterns seen in those that are healthy and those that have specific illnesses.

Objective: The objective of the present study was to identify the enterotypes that are possibly associated with Type I Diabetes Mellitus (T1DM) Egyptian patients as well as their possible role in the course of the disease.

Subjects & Methods: The study included 40 T1DM patients as well as control group of 20 healthy subjects of matched age and sex. Stool specimens were taken from each. Quantitative SYBR Green Real-Time PCR was done for the identification and quantitation of *Bacteroides*, *Prevotella* and *Ruminococcus* which constitute the core of the three major enterotypes.

Results: Enterotype 1 was the most common enterotype detected in T1DM and control cases (75% versus 65% respectively) with no significant differences between the two groups ($P=0.418$). Regarding enterotype 2 no significant differences was noted between T1DM patients and control group (25% vs. 35% respectively $P=0.324$). For enterotype 3, it was detected neither in patients with T1DM nor in control cases.

Conclusion: There was no significant difference in the distribution of enterotypes in all study groups. Therefore, collapsing the whole microbiome variations into dominant enterotypes was not appropriate to identify disease association or to be used as a disease biomarker.

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Secondary occult Hepatitis C Virus infection (HCV) in chronic HCV patients after treatment with sofosbuvir and daclatasvir

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HCV direct-acting antivirals revolutionized the treatment outcomes especially in areas considered to be highly endemic as Egypt, where the government adopted a National Treatment Program and successfully reached a large sector of the HCV patient's population. High response rate to treatment with Sofosbuvir and Daclatasvir necessitated confirmation of total cure through excluding HCV occult infection. Our aim was to estimate the occurrence of occult HCV in patients treated with Sofosbuvir and Daclatasvir, by detecting HCV RNA in their PBMCs. Quantitative estimation of HCV viral load in serum samples and PBMCs of 40 patients undergoing treatment with Sofosbuvir and Daclatasvir, was done using COBAS AmpliprepTM/COBAS TaqManTM. At the start of treatment serum samples were positive for HCV RNA (ranged from 2.50×10^3 - 6101.0×10^3). After one month of the treatment our data revealed that serum HCV RNA was negative by PCR. After three months, HCV RNA was detected in PBMCs in 10 out of 40 via RT-PCR. Comparison between the results of HCV RNA in serum and PBMCs by PCR after three months of treatment, showed statistically significant difference of $p=0.001$. This reveals the high prevalence of HCV RNA in PBMCs denoting occult HCV infection after combined treatment with Sofosbuvir and Daclatasvir. It also signifies that although the combined treatment was effective in eliminating the virus from the serum, it is less effective in its elimination from the PBMCs. These results also highlight the importance of testing for HCV RNA in PBMCs after end of treatment to confirm total HCV elimination.

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Clinical features of gastric outlet obstruction in Kigali, Rwanda

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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.

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Clinical profile, response to therapy and outcome of primary intestinal lymphangiectasia in children

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Objective: Intestinal lymphangiectasia (IL, primary or secondary) is an important cause of protein-losing enteropathy. We evaluated the clinico-laboratory profile, response to therapy, complications and outcome of children with primary IL (PIL).

Methods: Consecutive children (≤ 18 years) diagnosed with PIL (clinical setting, typical small bowel histopathology and exclusion of secondary causes) from 2007 to 2017 were evaluated.

Results: 28 children with PIL (16 boys, age at symptom onset-12 months and at diagnosis 8 years) were studied. Pedal edema (93%), chronic diarrhea (78.6%) and recurrent anasarca (64%) were the common presentations. Ascites, pleural and pericardial effusion was seen in 64% (n-18; chylous-5, non-chylous-13), 18% and 18% cases respectively. Hypoproteinemia, hypoalbuminemia, hypocalcaemia and lymphopenia were present in 82%, 82%, 75% and 39% cases respectively. Duodenal biopsy established the diagnosis in 86% cases, while 14% required distal small bowel biopsies. Dietary therapy was given in all and 6 cases required additional therapy (octreotide-6, tranexamic acid-3 and total parenteral nutrition-1). Lymphedema (3/5 vs. 1/23), pleural effusion (4/5 vs. 1/23) and need of additional therapy (4/5 vs. 2/23) was significantly more common in patients with chylous ascites (n=5) than those without chylous ascites (n=23). 24 cases were in follow-up for 39 (6-120) months and showed improvement, however 8 required readmission (symptom recurrence-6 [25%], complication- 2 [8.3%, Budd Chiari Syndrome-1 and abdominal B cell lymphoma-1]).

Conclusion: Presence of chylous ascites suggests severe disease in children with PIL. Majority of PIL children respond to dietary therapy; only 20% need additional therapy. Symptom relapse and complications occur in 1/3rd of cases and need long-term follow-up.

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The effect of vitamin D supplementations on TNF-A, serum Hs-CRP and NF-κB in patients with ulcerative colitis: A randomized, double-blind, placebo-controlled pilot study

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Background & Objective: Inflammatory bowel disease (IBD), including Crohn's disease (CD) and ulcerative colitis (UC) is an immune-mediated chronic intestinal disorder with an unknown etiology. The overexpression of proinflammatory factors such as proinflammatory cytokines is believed to have pivotal role in development of UC. Among them tumor necrosis factor alpha (TNF-α) is identified as a key cytokine. Also it has indicated that the levels of expression of NF-κB reflect development and progression of UC. It has no cure until now and the purposes of treatments are to alleviate signs, lengthening remission and improvement in quality of life in these patients. Different mechanisms for the effects of vitamin D on inherent and acquired immune systems are supposed to reduce inflammation, promote immunological tolerance and increase the intestinal epithelial integrity. Thus this study was designed to determine the effects of vitamin D supplementation on TNF-α, serum hs-CRP and NF-κB in patients with UC.

Materials & Methods: In this randomized, double-blind, placebo-controlled study, 50 patients with UC were divided into two groups which the case group received two pearls of vitamin D (2000IU) once/day for 12 weeks and the control group received one placebo capsule and one pearl of vitamin D (1000IU) per day. Serum inflammatory markers, serum hs-CRP and NF-κB were assessed at baseline and the end of the study. Dietary intake and physical activity of patients is assessed by a valid questionnaire. Anthropometric and diet measurements were assessed in this study. The SPSS was used for data analysis.

Results: In this study, 24 patients in case group and 22 in control group. Among 50 participants completed the intervention. At the beginning of study, no significant differences were seen in baseline variables between two groups. At the end of 12 weeks there were no significant differences in serum hs-CRP, TNF-α between the case and control group after adjustment for confounders. The level of NF-κB in both groups increased, but this increase in the low dose group was statistically significant at the end of the study comparing to the beginning (P value=0.006).

Conclusion: Supplementation with 2000IU vitamin D daily for 12 weeks made no changes in serum hs-CRP. Serum TNF-α, remained with no change in both groups after adjustment. We recommend supplementation of vitamin D with appropriate dosage in all patients with UC in order to take advantage of its great therapeutic benefits.

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ERCP and laparoscopic cholecystectomy as a single setting procedure, can it be done safely in peripheral rural hospital?

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Background: The ideal management of cholecysto-choledocholithiasis is an open cholecystectomy (OC) with the CBD exploration worldwide. The single setting 2-stage approach- Endoscopic retrograde cholangiopancreatography (ERCP), sphincterotomy (EST) and common bile duct (CBD) clearance followed by laparoscopic cholecystectomy (LC) offers advantages, mainly by reducing the hospital stay and the morbidity.

Objective: To compare the ERCP + LC single setting approach with an OC with the CBD exploration for the treatment of cholecysto-choledocholithiasis.

Methods: We included the retrospective review of the open procedure which was maintained database from November 2012 onwards at our hospital and did a prospective study of the ERCP +LC procedure October 13 to October 2015 at Lumbini Medical College and Teaching Hospital, Palpa, Lumbini. The open cases were our control group. Patients with cholecysto-choledocholithiasis underwent 2-stage ERCP + LC in a single setting was compared with the 2-stage OC with CBD exploration in a single setting approach. All the cases included in the study are elective. The primary objective is to study the feasibility of the procedure, whereas secondary objectives are to 1). Detect the morbidity (Post-ERCP, Cholangitis, Pancreatitis, Abdominal collection, Wound infection) 2). The length of stay and 3). Stone clearance respectively. This is an interim analysis with 83 patients in ERCP + LC and 77 in open group respectively.

Results: Hospital stay was significantly shorter in the ERCP + LC group; 3.92 ± 0.719 days versus 10.30 ± 1.557 days, $P < 0.05$. There was significant difference in total morbidity of ERCP + LC group 7(8.4%) vs. 14(18.2%), p -value < 0.05 , where wound infection in ERCP + LC group was 2(2.4%) vs. 4(5.2%) and there was one case of abdominal collection 1 (1.2%) which was managed symptomatically. The incidence of retained CBD stone in ERCP + LC was 3(1.2%) which was managed successfully with ERCP. Post-ERCP amylase value was found within the normal limit in all the cases.

Conclusions: The analysis of our results suggests ERCP + LC in the settings of the peripheral hospital are feasible in terms of cost, length of hospital stay, morbidity and stone clearance.

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