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A Aslanyan et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Case report: Splenic haematoma after acute pancreatitis

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This is a case report of about a 40 year old patient, who was admitted with epigastric pain and vomiting. Two weeks before, the patient was admitted with acute pancreatitis. Unexpected CT finding was the presence of a huge left subscapular splenic haematoma and no evidence of acute pancreatitis. The earlier CT with IV contrast, which was performed when the patient was diagnosed with acute pancreatitis 2 weeks ago, showed the features of acute pancreatitis. Spleen was within normal limits. These findings had resolved on the current CT. This case report aims to remind everyone that splenic complications should be ruled out in any patient with acute abdominal pain who were known to have acute pancreatitis in the recent past.

Biography

A Aslanyan has completed his MBChB degree in 2014 after which he started working as a Foundation Year 1 Doctor at Scunthorpe General Hospital, UK. He is currently working as a Foundation Year 2 Doctor at Hull Royal Infirmary, UK. His article on this topic was successfully published in EURORAD.

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Notes:

Amna AL Araimi et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Anti-fibrotic effect of gum arabic in recovery from inflammatory bowl disease

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Ulcerative colitis (UC) is characterized by chronic inflammation of the colonic mucosa, and in advanced stage it may also involve the submucosa layers. Fibrotic damages post-inflammatory phase results disturbed colonic functions associated with poor quality of life. In the present study, the effect of gum arabic (GA) was evaluated in a mouse model of acute experimental colitis induced by dextran sulphate sodium (DSS). Seventy mice were divided into three groups: Control, not treated with GA, a group given GA after colitis induction (post-GA) and a group given GA before induction of colitis (pre-GA). We showed that GA facilitated recovery of pathologic changes in the colon as evidenced by a significant less body weight reduction, decrease of disease activity index and decreased histopathological features of colitis. The GA effect was not explained by changes in systemic and local markers of inflammatory and anti-inflammatory and not by changes in microbiota metabolic markers. Similarly, there were no differences in ultra structures between GA and non-GA treated mice. We observed less colonic structures post-recovery in mice given GA evidenced by less reduction in colon length and also by histological analysis of collagen depositions. GA treated mice showed less expression of alpha-smooth muscle actin, a marker of active pro-fibroblasts and less expression of SMAD 1,2 and TGFBR1 protein levels. Our present findings suggest that GA has both preventive and protective effect on inflammatory damages in colon and have direct effect on fibrotic signaling pathways. Further mechanistic study is needed to study effect of GA on fibroblasts.

Biography

Amna AL Araimi is a PhD student in College of Medicine and Health Sciences, Department of Biochemistry at Sultan Qaboos University, Sultnate of Oman. Her Doctorate project focuses on pathophysiology of inflammatory bowel disease with focus on hormonal (growth hormone) and herbal therapy. Her work has generated mechanistic understanding of the actions of hormones and also herbal by-products in alleviation of tissue damages and especially fibrotic lesions. This is of greater interest in establishment of proper colonic function during recovery from inflammatory bowel disease.

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Notes:

Hector Martínez-Gomez et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Pancreatic cancer: Experience at Hospital de Oncologia National Medical Center, Mexico

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Pancreatic cancer is the fifth cause of death in developing countries, there are 232,000 new cases every year diagnosed around the world with an incidence of 10.9 by 100,000 people, 37,700 are diagnosed as new cases and 34,000 deaths, only 20% are found at diagnosis and only 5% are resectable. In Mexico, 13,080 new cases are reported every year and it do represent fifth place among males and seventh place for women. 353 pancreatic cancer new patients are admitted every year at Hospital de Oncología in Mexico. Between 1995 and 2005, there has been reported 75% of pancreatic fistulaes with mortality of 19% and 75% morbidity. Soon it was decided that a three surgeons' group should get additional training for performing the procedure. Between January 2010 and July 2012, 78 patients were admitted for pancreatoduodenectomy, 28 (35%) of them were not resectable during laparotomy, 4 patients (5%) experienced disease progression. There were 3 (4%) deaths during the immediate postoperative period and the causes were lung embolism, pancreatic-yeyuno anastomosis dehiscencia with sepsis, and mesenteric thrombosis. There were 10 patients with complications (12%) including pancreatico-yeyuno anastomosis dehiscencia in 5 patients, hepato-yeyuno anastomosis dehiscencia in 4 patients and bleeding in 3 patients. The bleeding was between 550 ml and 1000 ml and the average operating time was 6 hours. Hospital staying was between 7 and 10 days and none patient required intensive care unit admission. Survival was 35% at 3 years and recurrence 25%.

Biography

Héctor Martínez-Gómez is serving as an esteemed doctor in Hospital de Oncología National Medical, Center Mexico. He is the recipient of numerous awards for his expert research works in related fields. His research interests reflect in his wide range of publications in various national and international journals.

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O. O. Omotosho et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Gastric lesions and molecular evidence of *Helicobacter suis* infection in pigs in Nigeria

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University of Ibadan, Nigeria

Gastric lesions in pigs and humans have been associated with *Helicobacter suis* infection. This study was designed to determine the occurrence of gastric lesions and *Helicobacter suis* infection in pigs in Nigeria. Stomach from 480 pigs in Southwestern Nigeria was assessed for gastric lesions using a modification of a standard lesion grading method. Mucosa samples from the fundus of 160 pig stomachs from four regions of Nigeria (Lagos, Delta, Enugu and Plateau states) were collected for molecular detection of *H. suis*. The DNA from samples was extracted with ZR Fungal/Bacterial DNA MiniPrep TM Isolation Kit (Zymo research corp. USA). PCR was done using previously published primers. Data obtained were presented as frequency counts and analysed using analysis of variance (ANOVA) and Chi-square techniques. Significance was determined at $p \leq 0.05$. Gastric lesions were encountered across the four regions of the stomach with a point prevalence of 57.3%. The prevalence of lesions in the non-glandular region was 32.9%. *Helicobacter suis* was detected in samples from all regions with frequency of occurrence 8%, 6%, 10% and 14% in Lagos, Delta, Enugu and Plateau states respectively. The gastric lesion distribution across the four regions of the stomach and the occurrence of ulceration in the fundus showed an unusual pattern which is rarely reported in other parts of the world. This is a first report of *Helicobacter suis* infection of pigs in Nigeria. These findings present the need for further studies to determine its possible role in gastric lesions in pigs and humans in Nigeria.

Biography

O. O. Omotosho is a Lecturer and Doctoral student at the Department of Veterinary Medicine, University of Ibadan, Nigeria. He is Sub-Dean (Undergraduate) of the Veterinary Faculty. He has conducted several researches in the field of Swine health, Infectious diseases of Swine and Gastroenterology. He has published 10 papers in reputed journals and is a reviewer to 3 journals.

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Eslam Ahmed Habba, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Seronegative autoimmune hepatitis in children: A report of a rare case in Egyptian community

Eslam Ahmed Habba
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Background: Autoimmune hepatitis is seen in all the ages and races. The general principles of diagnosis and management of AIH presenting in childhood are similar to those presented in adult patients with some caveats. More than 50% of children will have evidence of cirrhosis and the milder forms are not usually seen, this justifies initiation of early treatment following diagnosis.

Case: A 4 year old boy was presented with jaundice and abdominal enlargement especially on the right hypochondrium. On physical examination it was found that there was a hepatomegaly about 10 cm below right costal margin and jaundice. CBC, liver function tests, serum markers for HAV, HBV, HCV, AIH, hemochromatosis, Wilson disease and primary biliary cirrhosis were not conclusive except positive HAV IgM lasting for more than a year and rising ALT & AST up to 1113 IU/ml. Biopsy was done which revealed a picture of severe autoimmune hepatitis with incipient cirrhosis. Immunosuppressive therapy was started with marvelous treatment response and resolution of the severe hepatitis.

Conclusion: AIH is a rare liver disease that can be presented aggressively in children. Early treatment can control the hyper immune state and save the liver.

Biography

Eslam Ahmed Habba is an Assistant Lecturer of Hepatology, Gastroenterology And Infectious Diseases at Tropical Medicine Department, Faculty of Medicine, Tanta University Hospitals, Egypt. He is an active member of European Association for the Study of the Liver (EASL). Also, he is a Member of American Association for Study of Liver Diseases (AASLD) and a Member of Liver Tumors Committee at New Tanta Universal Teaching Hospitals. He has some published papers in the field of hepatology and infections. Recently, he had a published book about hepatocellular carcinoma available online and everywhere. He was granted an EASL membership for the year 2016 after his research poster was awarded in EASL monothematic conference in Romania in 2015.

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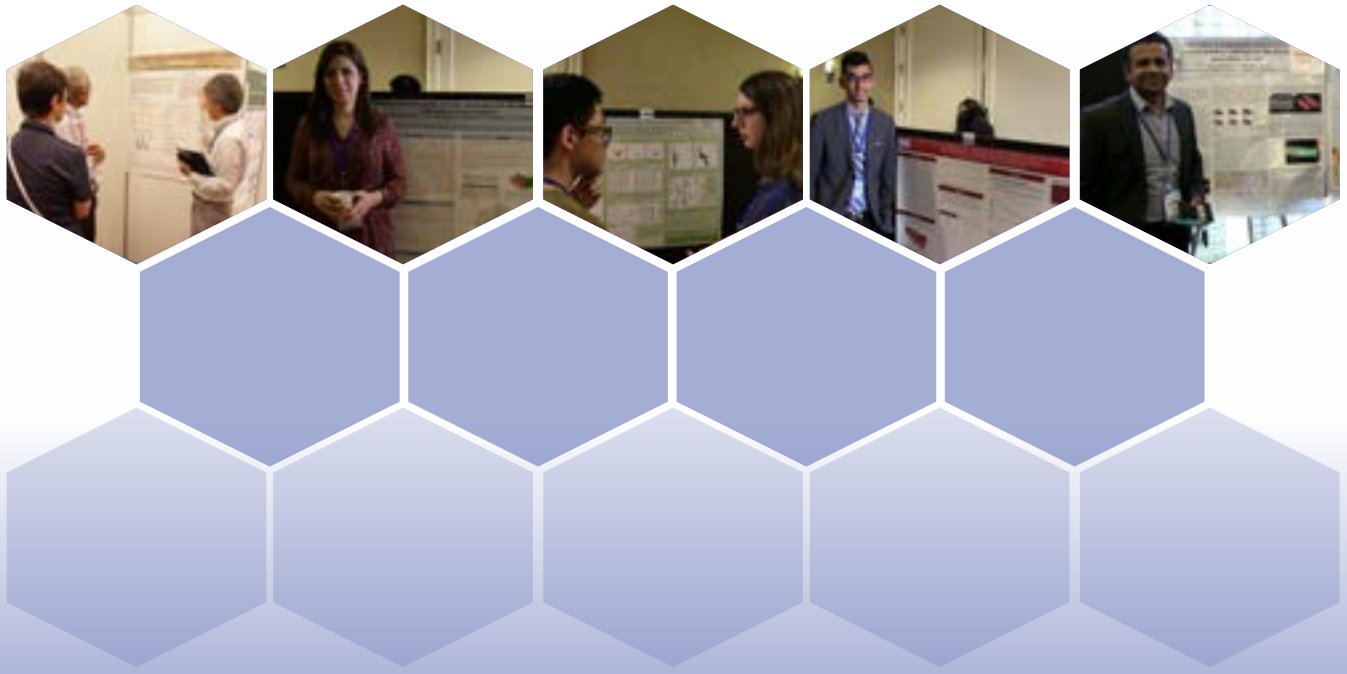

Muhammad Khurram Zia et al., J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Intra peritoneal abscess as the clinical outcomes of Nocardia Asteroides

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Background: Nocardiosis is an uncommon bacterial infection that is caused by aerobic actinomycetes of the genus Nocardia. This pathogen has emerged as an important cause of mortality and morbidity among both immunocompetent and (more commonly) immunocompromised hosts. The prevalence of Nocardiosis is unknown in Pakistan. In this study, we performed a 7-year retrospective review of all cases of Nocardiosis identified at the Abbasi Shaheed Hospital in Karachi. Clinical presentation, risk factors, site of disease involvement, radiological features, and outcomes of 55 patients with peritoneal abscess complication were presented. The present study identifies the risk factors for Nocardiosis, clinical symptoms and radiographic features and the factors that affect its prognosis.

Materials & Methods: A retrospective review of all cases of Nocardiosis over the last seven years.

Results: Fifty five cases of Nocardiosis with intra peritoneal abscess were identified for surgery. The disease was more common in males. Fever, cough and dyspnea were the most common presentation. Most of the patients had chronic steroid administration and an underlying malignancy. The most frequent abnormality in the chest X-ray was pleural effusion followed by consolidation. Cure was possible in thirty six cases, while nineteen patients died. Co-trimaxazole was most commonly used for the treatment. Duration of therapy ranged from 12 days to 95 days. Chest tube placement was indicated in 13 patients. Most common complication observed was pulmonary infection but least common were intra-abdominal peritoneal abscess.

Conclusion: Nocardiosis is difficult to diagnose as diagnosis is frequently delayed and a high level of suspicion is, thus, required in patients with underlying diseases or chronic corticosteroid therapy. Also, there is frequent dissemination and high mortality associated with Nocardia. Prevalence is not known in Pakistan. A database is urgently needed to better evaluate the prevalence of the illness among the Pakistani population.

Biography

Muhammad Khurram Zia is serving at an esteemed academic position in Atia General Hospital, Pakistan. He has worked for more than 10 years in the related field and gained a plethora of knowledge in related field. His international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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Yuridia Renata Macias Angeles, J Gastrointest Dig Syst 2016, 6:4(Suppl)
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Compared efficacy of two bowel preparation for colonoscopy formulations at the Hospital General de México

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Introduction: Colonoscopy is the "Gold Standard" for detection of polyps and precancerous lesions. An adequate cleansing is critical for effective colonoscopy. Intestinal preparations should be effective, safe and well tolerated by the patient.

Objetive: To compare the bowel cleansing efficacy, tolerability and cost of the two preparations: Polyethylene glycol 4 L vs 2 L Polyethylene + bisacodyl.

Material & Methods: A transverse, prolective, comparative and analytical research was conducted. Patients referred to colonoscopy, for any indication, between 18 and 85 years of age were included. We excluded patient with a history of allergy to the formulas used, heart failure and resection of a segment of colon. Two groups were formed by single randomization: Group 1 received 4 L of polyethylene glycol (PEG), and group 2 received 2 L PEG and bisacodyl 10 mg.

Results: In a total of 92 patients, 74 were included. 37 (50%) were men and 50% were women. Group 1 included 39 patients (53%) and group 2 included 35 patients (47%) the mean age was 50 years. The tolerance of the preparation was measured with the Likert scale with a mean of 4 points in both groups. Efficacy was measured with the Boston scale with a value in group 1 of 7.36 and in group 2 of 7.43 (RR 0.063).

Conclusions: In our study, no significant difference in colon cleansing and tolerance between groups was observed.

Biography

Yuridia Renata Macias Angeles is serving at an esteemed positionin Hospital General de México, México. She is the recipient of numerous awards for her expert research works in related fields. Her research interests reflect in her wide range of publications in various national and international journals.

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Accepted Abstracts

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Incidental liver mass

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One of the main challenges the medical profession is facing is to place all the information that exists in the form and make it an effective instrument to achieve the diagnosis. The application of the principles of moderation can protect doctors and help them make clinical decisions in cases of uncertainty. Lesions found in asymptomatic subjects, do not show specific symptoms attributable to the presence of liver injury. All those tumors arising in liver, with known previous liver disease or those tumors that occur in patients with extrahepatic oncological pathology known, are excluded from this denomination. The availability of ultrasound for the evaluation of non-specific clinical conditions allow us to detect injuries that, in the past, had not been diagnosed. The appearance of an incidental hepatic mass ranges from 10.2% to 52% of cases. Other authors demonstrated an incidence of 10.2% to 14.3% of the CT scan. Currently, there are no evidence-based guidelines regarding the proper approach to diagnosis, interpretation of findings and laboratory images and indication of surgical resection. Lack of controlled prospective trials, with underpowered and randomized decision elective resection of benign lesions of the liver. Many patients with lesions detected, come to us for evaluation with high rates of anxiety regarding possible cancer diagnoses. These basic questions will be gradually responded along with a correct clinical history, prudent selection of complementary studies (imaging, endoscopic and laboratory) and finally, the assessment of the need for a biopsy of the lesion. Liver tumors originating from epithelial tissue or mesenchymal tissue may be solid or cystic both benign or malignant. The most common is described and the diagnosis is made differential. I will describe the indications for biopsy and subsequently the clinical and surgical treatments, according to each pathology.

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Split liver transplantation report from a multicenter Argentinean experience

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The shortage of deceased donor's liver is the most significant factor inhibiting further application of liver transplantation for patients with end stage liver disease. Several strategies were adopted around the world. Grafts from split livers constitute an accepted approach to expand the donor pool. Over the last five years, most Argentinean centers have shown significant interest in increasing the use of this technique. The purpose of this study was to describe and analyze the outcomes of right-side grafts (RSGs) and left-side grafts (LSGs) from a multicenter study. The multicenter retrospective study included data from 111 recipients of SL grafts from between January 1, 2009 and December 31, 2013. Incidence of surgical complications, patient and graft survival, and factors that affected RSG and LSG survival were analyzed. Grafts types were 57 LSG and 54 RSG. Median follow-up times for LSG and RSG were 46 and 42 months, respectively. The 36-month patient and graft survivals for LSG were 83% and 79%, respectively, and for RSG were 78% and 69%, respectively. Re-transplantation rates for LSG and RSG were 3.5% and 11%, respectively. Arterial complications were the most common cause of early re-transplantation (less than 12 months). Cold ischemia time (CIT) longer than 10 hours and the use of high-risk donors (age 40 years or body mass index 30 kg/m2 or five days intensive care unit stay) were independent factors for diminished graft survival in RSG. None of the analyzed variables were associated with worse graft survival in LSG. Biliary complications were the most frequent complications in both groups (57% in LSG and 33% in RSG). Partial grafts obtained from liver splitting are an excellent option for patients in need of liver transplantation and have the potential to alleviate the organ shortage. Adequate donor selection and reducing CIT are crucial for optimizing results.

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Metabolic surgery for low BMI type 2 diabetes

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Asians develop type 2 diabetes at a lower BMI because of their genetic propensity to have more visceral fat for their BMI range. It is no longer believed now that the reversal of diabetes after metabolic surgery is due primarily to weight loss and there is now much data showing that diabetes reverses quite quickly after surgery before much weight loss has occurred. Clearly hormonal mechanisms are at play, some of which have been worked out and others remain to be discovered. It is also no longer in doubt that bypass operations have a stronger anti-diabetic effect, although a sleeve resection does an adequate job in the obese and overweight patient. In this small series of 60 patients, we document the result of an unselected group of low BMI patients operated mainly with the goal of improving or reversing their type 2 diabetes. We define full reversal as those who get off all medication including insulin and are able to document a HbA1C result of 6.5% or below. We collected 60 patients of average age 50.3 years (Range 33-64 years). There were 34 males and 26 females. Duration of diabetes averaged 8.3 years. 22 were on insulin and 38 were only on oral medication. Average blood sugar before surgery was 9.5 mmole/l. Average weight of patients before surgery was 78.59 Kg (Range 51.5 Kg to 126.7 Kg). BMI before surgery was 28.99 Kg/square meter (Range 18.7 Kg/square meter to 37.66 Kg/square meter). 18 patients had BMI 27 or under and only 4 patients had BMI more than 35 Kg/square meter. Pre-operative C-Peptide level was 2.4 UG/L (Range 0.75 to 4.5). All patients who were obese with BMI around 27 or above had a laparoscopic gastric sleeve resection. Those under BMI of 27 had a Roux-en-Y gastric Bypass or Mini-bypass. The Bypass was modified to minimize the weight loss effect of the operation. Average blood sugar before the surgery was 9.57 mmole/l, this dropped to 6.03 mmole/l after this operation. The difference was 3.28 mmole/l. After an average of 18 months follow up, 90% were off all medications. 6 patients (10%) were still on oral medication but were off insulin. Patients who were previously only on oral medication were all off diabetic medication. Of the 6 patients who are still on medication, 4 are in the below BMI 27 Kg/square meter group. This gives a success rate in this very low BMI group of 77%. Success rate in the above BMI 27 group was 95% (40 of 42 patients). Average HbA1C before surgery was 8.02%. All of these were despite medication or insulin. Average HbA1C after surgery was 5.9% (Range 4.9% to 6.8%). The average drop in HbA1c was 2.9%. Average weight of patient after the surgery was 62.27 Kg (Range 46.7 Kg to 91.5 Kg). Average weight loss was 12.5 Kg (Range 6.3 Kg to 22.1 Kg). No patient became excessively underweight after the surgery. We strongly believe that the effect of metabolic surgery on type 2 diabetes is independent of start weight or weight loss and that BMI should no longer be considered in evaluating patients for metabolic surgery. There should not be any fixed lower BMI for doing this surgery.

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Biliary cannulation difficult, tips and tricks

Jesus Perez Orozco
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Encoscopic Retrograde Cholangiopancreatography (ERCP) is a therapeutic procedure aimed at treating various biliary and pancreatic diseases. Biliary cannulation is a step indispensabe subsequent biliary instrumentation. There are different strategies to achieve the papilla cannulation in certain cases of difficult biliary cannulation. We have specialized instruments and various maneuvers to achieve it. An algorithm is presented for management steps to achieve and cannulate the papilla through conventional cannulation with guide until techniques precut double guide and derivatives.

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Neuromuscular electrical stimulation combined with strength training to prevent excessive loss of muscle mass in bariatric subjects

Cristina Aquino
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Obesity is a multifactorial chronic disease, which affects more than 500 million people worldwide and contributes to functional losses, poor quality of life, dementia, type 2 diabetes, and increases mortality rate, mainly due to cardiovascular disorders and cancer. Considering the fail of conservative treatments, bariatric and metabolic surgery are considered the most effective intervention and are among the most commonly performed gastrointestinal procedure in operating rooms today. Although it can reach a record of >50% excess weight loss (EWL), in most cases there are up to 30% fat free mass loss, that could compromise the long term results. The identification of the skeletal muscle as a secretory organ, mostly dependent upon contraction and that can communicate with many organs, brought a new perspective about the importance of muscle mass on the systemic health. The most effective intervention aiming to maintain and gain muscle mass is Strength Training, integrated with consistent modifications in lifestyle. However, the first recommendation for hypertrophy is using loads close to 80% of one repetition maximum (1RM), which can compromise articular integrity, due to a high mechanical load, low grade inflammation, osteoarthritis and sedentary behavior. Subjects must follow an adaptation period that varies according to the individual responses and nutritional intake. But what if we could increase the muscular activation level without raising the load? It is plausible through the combination of Strength Training with Neuromuscular Electrical Stimulation (NMES), that involves the application of an electric current through eletrodes placed over targeted muscle, while the subject does the specific exercise. These combination is safe, and it can potentiates the muscle fiber activation, leading to quicker results in strength, power, maximum voluntary force and possibly increasing the muscle cross sectional area (CSA), as many studies have shown, in different cases, like reconstruction of the anterior cruciate ligament, osteoarthritis, spinal cord injury, patellofemoral dysfunction, low back pain, preoperative total knee arthroplasty, COPD and even in athletes.

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Arterial stiffness is increased in inflammatory bowel disease

Luca Zanoli
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Arterial stiffness is increased with chronic inflammatory disorders. The reduction of inflammation by immunomodulatory therapy is associated with a restoration of arterial function. I have recently reported for the first time that arterial stiffness is increased in subjects with inflammatory bowel disease (IBD). In another work, I have also reported that the increased arterial stiffness detected in IBD subjects is dependent upon inflammation and reduced by anti-TNF-alpha therapy. Subsequently, in an invited review I have discussed on the causes of arterial stiffening in IBD subjects. Consecutively, in an editorial I have discussed on the IBD paradox (subjects with IBD have an increased cardiovascular risk despite the low burden of classic cardiovascular risk factors) and suggested that inflammation may explain the difference between expected and observed risk in IBD. Finally, I have recently published a systematic review and meta-analysis that has confirmed the results of my previous works.

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Psychodynamics of patients who regained weight after bariatric surgery

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Bariatric surgery has been identified as the best treatment to severe obesity, considering criteria of loss and maintenance of weight as well as reversing the adverse effects of obesity. However, 20-30% of patients undergoing surgery begin to regain weight, on average, 24 months after the procedure, possibly decreasing their levels of quality of life, health and psychosocial well-being achieved with weight loss. This study is the first author's doctoral work and is ongoing. It aims to identify the psychodynamics of patients who regained weight after bariatric surgery. To this end, it intends to apply a semi-structured interview (with the use of questionnaires) and run group of patients who regained weight. The group will be attended by up to 15 people who have bariatric surgery for at least three years ago. Participants will be invited in private clinic specializing in obesity. It is intend to make 12 bimonthly sessions, with discussion of subjects generators, in other words, issues related to the context of obesity and weight regained and previously defined based on the demand of the participants and the experience of the researcher. It is believed that there are unclear psychodynamic issues present in obese people, which surgery does not access, leading to weight regained. From the better understanding of the phenomenon regain, it intends to improve the guidelines for psychological care to the subject in the pre and post-bariatric surgery and be able to rethink the current psychological inclusion and exclusion criteria for the surgical procedure.

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The importance of oral health in pre and postoperative bariatric patients

Ricardo Bruno Ventre
University of Mogi das Cruzes, Brazil

Oral health has become an important part of the multidisciplinary team that works with the candidates for bariatric surgery. Important studies have shown the relationship of obesity and its impacts on oral health, demonstrating that this combination can lead to the worse of both problems. The diabetes mellitus is a major target of this relationship especially with periodontal disease that is a leading cause of tooth loss. Bariatric patients could be more vulnerable to tooth decay based on the need of more frequent and prolonged meals during the day. It can also lead to plaque accumulation and the formation of dental calculus, which, if untreated, can implicate in worst periodontal diseases by compromising the bone support of the tooth. The meals' periodicity and its quality, as well as the modification of the salivary activity and its modified Ph (vitamin deficiencies and anemia), can lead to an increased cariogenic capacity of the biofilm adhered to tooth surface. Without teeth and some changes in the oral structures, especially with prosthesis not well adapted, you cannot chew and grind the food correctly, and that is the basic condition for the main nutrients absorption.

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Colon cancer: Colon cancer perspective and analysis in Turkey. Fact and figures public health: Screennig and prevention, colon cancer and nutrition

Seda Kansu
Pembe Hanım, Turkey

The large differences in cancer rates among countries, striking changes in these rates among migrating populations, and rapid changes over time within countries indicate that some aspect of lifestyle or environment is largely responsible for the common cancersThe incidence rates of colon cancer are high in North America and northern Europe, lower in southern Europe, and much lower in Asia and Africa. It is widely believed that environmental factors, particularly dietary patterns, account for most of this marked variation in rates. By and large, the number one cancer that one can prevent through diet is colorectal cancer. Studies and researches have revealed that a healthy balanced diet that includes a variety of fruits and vegetables, whole grains, lean protein, lower fat milk products and healthy fats has been linked to a decreased risk of colorectal cancer. Conversely, a diet high in fat and calories, low in fibre, vegetables and fruits and eating too much red meat and processed meats,has been linked to an increased risk of the disease. There is a great variance worldwide in the incidence of colorectal cancer with some countries having 10 to 20 times the rate of other countries. Although genetics may play a role in the disease, many researchers believe that as much as 90% of these differences can be explained by dietary factors alone. Fortunately, there are many dietary habits and nutrients that may help to prevent this devastating and potentially deadly disease. Key nutrition facts for colon cancer is considered to be a great challenge for the prevention of colon cancer. Diet: risk factors you can change, nutrition /supplemention, oxidation and antioxidant rescue.

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From traditional knowledge to an innovative approach for application of lactic acid bacteria in human and veterinary medicine

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The modern human and veterinary medicines are based on application of different approaches in treatment of diseases related to well establish therapeutically practices and new technologies. Complexity of treatment of pathogenic bacteria includes not only application of antibiotics (and other antimicrobial preparations), buy the modern treatment takes care for protecting and reestablishes the integrity of the natural GIT microbiota. By definition, bacteriocins, an antimicrobial peptides produced by LAB are ribosomally synthesized antimicrobial proteins (polypeptide or small proteins), usually active against genetically related species. In last decade, based on the intensive research in area of bacteriocins, we have sufficient examples for bacteriocins that may have application in controlling Gram-negative bacteria, some yeast, *Mycobacterium* spp. and even viruses. Bacteriocins have been of interest by medical industry, based on simple fact that they are produced by non-pathogenic bacteria, most of the with GRAS status, that normally are present the human gastro intestinal tract (GIT) and several fermented food products. In the last decades, bacteriocins have also been suggested to be candidates in the cancer treatment; were tested as potential AIDS drugs, but the studies did not progress beyond *in vitro* tests on cell lines; some bacteriocins been suggested as a potential for treatment of other viral infections as single or accompanying therapy; bacteriocins been suggested a possible potential medical and veterinary application for treatment of mastitis; been suggested as accompanying therapy against MRSA or bacterial vaginosis.

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The use of intraoperative endoscopy may decrease postoperative stenosis in laparoscopic sleeve gastrectomy

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Aim: Laparoscopic sleeve gastrectomy (LSG) is becoming one of the most common bariatric surgeries performed worldwide. Leak or stenosis following LSG can lead to major morbidity. We aim to evaluate whether the routine use of intraoperative endoscopy (IOE) can reduce these complications.

Methods: All cases of LSG between 2009 and 2015 were reviewed. In all cases, we placed the 32 Fr endoscope once we were done with the greater curvature dissection. We performed an IOE at the end of surgery. If IOE showed stenosis, the over-sewing sutures were removed and the IOE is repeated.

Results: During the study period, 310 LSG were performed (97.4 % were primary LSG cases). The study population included 213 (68.7 %) females. The average age for our cohort was 34.9 years (range 25-63 years), the average BMI was BMI 45 kg/m2 (range 35-65 kg/m2), and the average weight was 120 kg (89-180 kg). The average length of stay was 2.2 days. Our clinical leak rate was 0.3% (1/310). Our leak rate in primary LSG was 0% (0/302), and in revisional LSG was 12.5% (1/8). All IOE leak tests were negative and the only patient with leak had negative radiographic studies as well. In contrast, IOE showed stenosis in 10 LSG cases (3.2%), which resolved after removing over-sewing sutures. Our clinical stenosis after LSG was 0%.

Conclusion: Routine use of IOE in LSG has led to a change in the operative strategy and could be one of the reasons behind the acceptable leak and stenosis in this series of laparoscopic sleeve gastrectomy.

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Management of complications in post bariatric surgery

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Background: The prevalence of obesity has increased worldwide and in Saudi Arabia, the obesity affecting 30% of the population has led to increase the number of bariatric surgery. Since obese patients lack the physiological reserve as ideal weight patients, which can lead to rapid deterioration, there exist a unique risk to these patient that still present a significant concern in clinical practice.

Methods: Four case scenarios will be discussed: Three cases of leak post sleeve gastrectomy with three different clinical presentations and different approaches of management, one of cases referred from outside facility and; a fourth case of minigastric by-pass was referred with afferent loop obstruction that are managed laparoscopically during same admission.

Conclusion: Early detection and diagnosis is important for good outcome. Adequate pre-operative planning with optimization of nutritional status with control of local and systemic sepsis is paramount of ultimate success.

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Crohn's disease (in adults)

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Introduction: Crohn's disease (CD) is of idiopathic etiology which is characterized by transmural inflammation of the various parts of the gastrointestinal tract (most common location is terminal part of the ileum and ascending colon). Crohn's disease involvement in various parts of GIT are as follows:

Clinical manifestations: Patients can have symptoms for many years prior to diagnosis

Abdominal pain: Most common presentation is crampy abdominal pain in right lower guardant or in the peri umbilical region. Pain is often relieved by defecation.

Diarrhea: Prolonged diarrhea without bleeding is suggestive of inflammatory bowel disease (IBD). Diarrhea is due to bile salt malabsorption due to an inflamed or resected terminal ileum which often leads to steatorrhea.

Bleeding: Bleeding associated with diarrhea in uncommon in CD. (10% patients occasionally may show microscopic levels of blood in guaiac or immunochemical test). Aphthous ulcers is most common earliest clinical manifestation. Mass and tenderness in right iliac fossa is observed.

Other gastrointestinal involvement: Esophageal involvement may present with odynophagia and dysphagia. Gastroduodenal CD, may present with upper abdominal pain and symptoms of gastric outlet obstruction. Reduction in the bile acid to cholesterol ratio increases the risk of formation of pigmented gallstones due to impaired bilirubin metabolism.

Systemic symptoms: Fatigue is a common feature of CD. Weight loss and loss of appetite may also be related to malabsorption and the degree of diarrhea.

Extraintestinal manifestations: 1) Arthritis - Most common extra intestinal manifestation of CD includes arthritis of large joints. Central or axial arthritis, such as sacroiliitis, or ankylosing spondylitis can be seen. 2) Ophthalmic involvement - Ophthalmic involvement includes uveitis, iritis, and episcleritis. 3) Skin changes - Erythema nodosum and pyoderma gangrenosum. 4) Pulmonary involvement - Pulmonary manifestations of CD include bronchiectasis, chronic bronchitis, interstitial lung disease, bronchiolitis obliterans with organizing pneumonia (BOOP), sarcoidosis, necrobiotic lung nodules, pulmonary infiltrates with eosinophilia (PIE) syndrome, serositis, and pulmonary embolism. 5) Primary sclerosing cholangitis is observed. 6) Fistulas - 1/3rd of the patients present with fistulas. More commonly perianal. 7) Secondary amyloidosis is seen in severe forms of CD that leads to renal failure and multi organ dysfunction. 8) Venous and arterial thromboembolism resulting from hypercoagulability. 9) Renal stones due to severe malabsorption are common. 10) Bone loss and osteoporosis due to impaired Vitamin D and Calcium absorption is also observed. 11) Vitamin B12 deficiency leads to pernicious anemia.

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Bariatric surgery and diabetes

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Egyptians are the fattest Africans, says WHO. Approximately 90 percent of type 2 diabetes mellitus (T2DM),the most common form of diabetes, is attributable to excessive body fat. Bariatric/metabolic surgery is a legitimate and cost-effective approach to the treatment of type 2 diabetes in obese patients in cases where treatment with diet, exercise, and medications have proved to be insufficient, bariatric/metabolic surgery can be an alternative and/or additional treatment for obesity and type 2 diabetes.

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Non communicable risk factors in development of hepatocellular carcinoma among Egyptian chronic liver disease patients

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The prevalence of hepatocellular carcinoma (HCC) increased tremendously in Egypt over the last decade mainly because of high prevalence of HCV and HBV. The contribution of non communicable risk factors as smoking, pesticides, obesity and diabetes has not been thoroughly assessed. Therefore, we aimed to study the prevalence of the following potential risk factors: smoking, exposure to pesticides, obesity and diabetes among HCC and chronic liver disease Egyptian patients. In the period from January 2003 to December 2008, 595 out of 8550 CLD patients attending CLC were diagnosed as HCC cases and formed group A, while another group B consisted of 1750 CLD patients were taken by random sampling technique. Obesity was calculated by BMI >30 after excluding cases with ascites and edema. The results of the current study revealed that prevalence of HBsAg was nearly the same in both HCC (5.8%) and CLD groups (5.3) (P=0.741) and the prevalence of HCVAb was 90.6% in HCC group versus 82.8% in CLD group (P=0.000). Schistosomiasis was positive in 68.4% in HCC group versus 57.4% in CLD group (P=0.000). The risk of HCC development were increased with increasing age, those in age group 40-59 years were at six folds more risk to develop HCC whereas age 60 years and over were at 16 times more risk (OR=6.1, OR=16.76, P=0.000, respectively). Synergistically with HCVAb and HbsAg positivity, DM, smoking and exposure to pesticides were associated to HCC development (OR=2.7, P=0.000 for obesity, OR=1.6, P=0.000 for DM, OR=1.3, P=0.003 for smoking and OR=1.7, P=0.04 for pesticides exposure), but in absence of HCV and HBV the association increased (obesity OR=10.4, DM OR=1.9, smoking OR=1.4). Exposure to pesticides was only significant for patients in rural regions (OR=10.6, P=0.05). It was concluded that tobacco, obesity, diabetes mellitus were associated with significant increase in risk to develop HCC. This association is pronounced among subjects without evidence of hepatitis virus infection. Exposure to pesticides represents an important health hazard for HCC development in rural CLD patients.

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Role of serum procalcitonin and C-reactive protein in diagnosis of spontaneous bacterial peritonitis

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Spontaneous bacterial peritonitis (SBP) is defined as an infection of the previously sterile ascitic fluid after exclusion of perforation of viscus, intra-abdominal inflammatory focus like abscess, acute cholecystitis, or acute pancreatitis. The bacterial inoculation mechanism of ascites has been the subject of argument and debate since Harold Conn first identified the disorder in the 1960s. Enteric organisms have been isolated from more than 90% of ascitic fluid in patients with SBP, suggesting that the gastrointestinal tract is the source of bacterial contamination. The diagnosis of spontaneous bacterial peritonitis (SBP) is dependent upon a manual count of ascetic fluid polymorph nuclear leukocytes (PMNs). This procedure is operator-dependent, lysis of PMNs can occur during transport to the laboratory, and that explains the presence of false-negative results. Furthermore, ascetic fluid culture is insensitive and consumes much time to give result so there is need to research about new diagnostic tools of SBP. Objectives: To compare between serum procalcitonin PCT and C-reactive protein regarding diagnosis of SBP. Results: The cut-off point of PCT at which SBP can be diagnosed was 495 pg/ml with sensitivity and specifity of 96% and 99% respectively. The cut-off point of serum CRP at which SBP can be diagnosed was 10.5 mg/L with sensitivity and specifity of 91% and 97% respectively. Conclusion: Serum procalcitonin and CRP are good indicators of SBP.

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Clinical experience of endoscopic feather in human parasite

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A parasite is an organism that lives on or in a host and gets its food from or at the expense of its host. Parasites can cause disease in humans. The burden of these diseases often rests on communities in the tropics and subtropics, but parasitic infections also affect people in developed countries. We live in southeastern Taiwan, which located on subtropical area. Parasites normally enter the body through the skin or mouth. Close contact with pets can lead to parasite infestation as dogs and cats are host to many parasites. Other risks that can lead people to acquire parasites are walking bare feet, inadequate disposal of faeces, lack of hygiene, and close contact with someone carrying specific parasites, and eating undercooked or exotic foods. Due to poor health knowledge, relatively low socioeconomic status, high rates of alcohol abuse, and limited access to healthcare in the past, the cases of parasite infection are more than other area in Taiwan. Most of them are caused by eating undercooked or exotic foods. In our clinical experience, we had some clinical cases of parasite infection, which were found from endoscopic studies, such as Tapeworm, Capillaria philippinensis, Hook worm, Trichuris trichiura, Enterobius vermicularis, and Strongyloides stercoralis. Some of them were found due to abdominal pain, anemia, chronic diarrhea, and weight loss. Some of them were noted with symptoms free. We also had detail review about Tapeworm and Capillaria philippinensis infection of Taiwan and southeastern Taiwan. However, the cases of parasite infection are less than before because of improved medical care and public healthcare. Here, we share our clinical experience of parasite infection.

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Results of gastric bypass as revision bariatric surgery

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Background: Gastric bypass is one of the most effective procedures for treatment of morbid obesity. The conversion to Roux en Y gastric bypass can rescue weight loss failure in purely restrictive bariatric procedures such as adjustable gastric banding and vertical banded gastroplasty and in failed of primary gastric bypass procedure.

Materials & Methods: A retrospective review off all gastric banding (AGB) and vertical banded gastroplasty (VBG), sleeve and gastric bypass (GBP) that were revised to Roux en Y gastric bypass due to inadequate weight loss, was performed.

Results: A total of 75 revisions to gastric bypass for failure to loose weight were undertaken between 2009 and 2013. The conversions to gastric bypass included: 47 AGB, 9 sleeve, 7 VBG and 12 GBP. Revision surgery was performed laparoscopically. Major morbidities included one anastomotic leak. No mortality was recorded. Mean EWL was 36% after six months and 61% after 12 months, 64% after 18 months, and 68% after 24 months.

Conclusion: Gastric bypass is an effective revision procedure for inadequate weight loss following gastric band, vertical banded gastroplasty, sleeve and gastric bypass.

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SSI prevention in gastrointestinal surgery: A surgical technology perspective

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Standards of practice involving aseptic techniques were researched and authored by Association of Surgical Technologists (AST), AST Education and Professional Standards Committee and have been approved by the AST Board of Directors under the American College of Surgeons (ACS) guidelines. These standards were effective in April 13, 2008. The purpose of the standards is to provide an outline that healthcare workers (HCWs) in the perioperative setting can use to develop and implement policies and aseptic procedures during gastrointestinal (GI) surgery. The standards are presented with the understanding that it is the responsibility of the healthcare facility to develop, approve, and establish policies and contamination-free procedures during bowel technique according to established hospital protocols. The standards of practice to prevent surgical site infection (SSI) are related to the use of aseptic techniques during case preparation and intraoperative phase, as well as the use of bowel techniques during surgery. Both techniques are also referred to as isolation techniques utilized to prevent cross-contamination of the surgical abdominal wound by microorganisms that could result in SSI. SSI is the third most frequently reported nosocomial infection. Additionally, SSI is the most common nosocomial infection among surgical patients accounting for 38% (CDC, 2011) of infections and of those, two-thirds involved the incision and one third involved organs or body cavities. SSI results in an increase in postoperative days that the patient spends in the hospital and deep SSI is associated with a greater increase in hospital stays and costs. Even though SSI significantly contributes to the morbidity and mortality rates of surgical patients, improved standards of practice, such as the use of meticulous pre and intraoperative aseptic and bowel techniques aid in reducing the risk of SSI to the surgical patient. Therefore, aseptic and bowel techniques should be practiced on all surgical procedures that involve entry into the GI tract; this includes open and endoscopic procedures. All members of the surgical team should be involved in the process of developing and implementing healthcare facility policies and procedures for establishing the consistent use of appropriate standards of practice.

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Learning curve in laparoscopic surgery bariatric in the western Amazon: 100 first cases

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Obesity stands as an endemic disease, affecting approximately 502 million adults worldwide. This demand has required a bariatric surgery formation and multidisciplinary teams for the obesity's treatment. We call the learning curve, when we measure the time and number necessary to do the procedure for adaptation and training in new surgical techniques. Aim of this study was to demonstrate the learning curve of a laparoscopic bariatric surgery team in a population of western Amazonia. Between October 2010 to August 2012, 100 bariatric surgeries performed by laparoscopy were analyzed. The sample consisted of 75 female patients and 25 male. Mean age 37.7 [17-62 years]. BMI mean preoperative 41.3 [35-55 kg/m2]. The techniques used were Roux-Y gastric bypass in 76 and vertical gastrectomy in 24 patients. Surgery was performed in approximately four hours in the first 30 cases, after that, it was decreased to three hours until the 60 surgeries, fixing the two hours time to complete 100 surgeries. There was little change at the beginning; the hospitalizations were 72 hours in the first 30 cases and it was stabilized in 48 hours after. Among the complications, we quote: it had happened some bleeding in the drain in two, surgical site infection, one case, gastro-jejunal stenosis, one case, inadvertent clipping of the anterior gastric wall, in one case and jejunum of drilling by Fouchet, in one case. All the complications happened in the first 30 cases. Our team reached the learning curve in about 30 cases of bariatric surgery by laparoscopy.

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Is there any difference in clinical outcome according to the tumor subsite location within the colon when performing laparoscopic complete mesocolic excision?

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Aim: Procedures of laparoscopic colectomy are different from each other according to the tumor subsite within the colon, and short-and long-term outcomes of laparoscopic complete mesocolic excision (CME) and central vascular ligation (CVL) for colon cancer have never been compared based on the tumor location.

Method: Clinical data of patients who received laparoscopic colectomy for primary colon cancer between April 1995 and December 2010 from single surgeon were retrospectively reviewed. Data were analyzed and compared among three groups; patients whose tumor location was between ascending and proximal transverse colon (A, n=142), mid transverse and descending colon (TD, n=55), and sigmoid and rectosigmoid colon (S, n=214).

Results: Female patients were more common in group A (53.5% vs. 38.2% vs. 39.3%, p=0.020). Other baseline characteristics were comparable. Operative time was shorter in group S than another groups [245(145-855) vs. 279(150-485) vs. 295(145-455) min, p=0.000]. There were no differences among the groups in perioperative complication and patient recovery. Local recurrence rate was comparable among the groups (4.2% vs. 5.5% vs. 3.3%, p=0.594) for the median follow up period of 73(0-120) months.

Conclusion: Laparoscopic CME and CVL for colon cancer can be performed with comparable short- and long-term outcomes regardless of tumor subsite except for the operative time.

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Computational analysis to detect resistance mutations to direct acting antivirals in hepatitis C virus

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Hepatitis C virus (HCV) infection is considered as a major public health problem, with an estimate of 200 million people infected worldwide. HCV infection is the major cause of chronic liver disease, with severe outcomes including cirrhosis and hepatocellular carcinoma and it is the main cause of liver transplantation. The treatment for HCV chronic infection with pegylated interferon alpha plus ribavirin inhibitors is unspecific; consequently, the treatment is effective in only 50% of patients infected. This has prompted the development of direct-acting antivirals agents (DAA's) that target virus proteins. Unfortunately, since the virus has a high replication rate and its RNA polymerase lacks proofreading activity, genetic variations might produce resistance against the DAA's. These DAA's have demonstrated a potent effect in vitro and in vivo; however, virus mutations associated with the development of resistance have been described. The objective of this work is to detect mutations in known aminoacids to be implicated in resistance to DAA's in sequences obtained of conventional Sanger and cloning sequencing. We have designed and developed an online information system named Biomedical Mutation Analysis (BMA), which allows users to calculate changes in nucleotide and amino acid sequences for each selected sequence from conventional Sanger and cloning sequencing. BMA allows the computational analysis quickly, easily and effectively. Furthermore, the development of different visualization techniques allows a proper interpretation and understanding of the results. The data obtained from BMA will be useful for HCV resistance surveillance, for the design of broad-range inhibitors and rationale therapeutic regimen.

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Phytobezoars removal with a simple and cost-effective method: Report of 97 cases

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Phytobezoar (PBZ) is mainly composed of fibred food, commonly formed and found in stomach and can be treated with various methods. In low-resource settings such as Vietnam, the choice of treatment is strongly depended on its cost, efficacy and availability. Our retrospective study was on 97 patients with PBZ by endoscopic fragment with "modified snare" from 2013 to March 2016 at Bach Mai National Hospital. The instrument that we created to cut the masses dominates the existing trademark ones with adjustable loop diameter and low cost, moreover it is simple and easy to use. It includes a thin metal string and a small flexible plastic tube going through working channel. Each patient has a profile containing relevant data. After the mass removal, patients were re-checked by endoscopy in one day and followed-up in one week. In the study, female accounted for 59%. PBZ locations found were stomach (74%), duodenum (21%) and jejunum (5%); masses in the two later positions caused obstruction; mean (SD) dimensions of the conglomeration were 4.6 (1.6) x 3.9 (1.2) x 3.3 (1.2) cm. The successful cases with one and two/three endoscopic sessions accounted for 96% and 4% respectively. Mean cost of the "modified snare" for each patient is $2 (1-5). Average time for each session was 30 (15-60) minutes. There were two complicated cases including one jejunum obstruction due to the fragged masses and one gastric mucosal incision. To conclude, this method is safe and cost-effective for PBZ elimination.

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The role of the novel alarmin IL33 signaling pathway in ulcerative colitis

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ST2/IL33 signaling pathway has been related to many inflammatory disorders as well as inflammatory bowel disease (IBD). IL-33, a member of the IL-1 family, is expressed in endothelial and epithelial cells and regulates gene transcription upon its nuclear translocation. IL-33 is released during necrosis episodes and its precursor is enzymatically processed to promote an inflammatory response as a damage-associated molecular pattern or alarmin. The IL-33 receptor ST2, encoded by IL1RL1, is expressed as both a membrane-anchored receptor (ST2L) activated by IL-33 and as a soluble variant (sST2) that behaves as a decoy receptor in inflammatory conditions and we proposed as a prognostic disease biomarker. We characterized the IL33/ST2 system in mucosa from IBD patients and the effect of clinical course and therapy on sST2 content and cellular distribution as predictive markers of response to treatment, disease activity and outcome. Additional findings demonstrate the molecular and cellular mechanisms that regulate mucosa inflammation. This conference will propose cutting-edge biomedical data on recent advances in the role of ST2 in IBD.

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Demographic profile and clinical presentation of ulcerative colitis in Trimurti hospital from 2007 to 2014

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Backround: There is paucity of clinical and demographic information of ulcerative colitis (UC) in rural area of Gujarat.

Objective: To provide clinical and demographic data of UC patients.

Methods: A review was performed in all cases of ulcerative colitis patients in the hospitals from 2007-2014 by retrieval from medical record department. The diagnosis of UC was based on a combination of clinical, endoscopic and histological findings consistent with UC. This study focused on food habits which included self identified food triggers and tobacco chewing. Along with this extraintestinal manifestation were also taken into account. As the duration of study was quite long and data were obtained by primary questionnaire and follow up. Patients were asked to come to hospital for filling up a questionnaire which included their current disease condition tobacco chewing habits, smoking history food habits, presumed food triggers analysis was performed using the Microsoft Excel and Graphpad prism.

Results: A total of 47 patients with UC consulted over the 80 years study period (2007-2014). The mean annual incidence of UC from 2007-2014 was 17.9 new cases: 100,000 new consults per year. An increase in the mean annual incidence from 9.9 in 2007-2010 to 25.9 in 2011-2014 was noted. 29.8% patients were chronic regular tobacco chewer, 2.1% were regular smokers and 2.1% patient consumed alcohol regularly. There were 17% patients with family history of UC. Astonishing fact is that none of the patient required surgical intervention and their symptoms are usually controlled by medicines therapy. None of the patients had gut obstruction, massive intestinal bleed or toxic megacolon. Mean ESR compared for both the groups was statistically significant.Weight loss and anemia were one of the key features of UC patients. Extraintestinal manifestation: 8.6% had episcleritis, 23.4% patients had mouth ulcers, 2.1% patients had erythema nodusum and 17% (8) patients had complain of hairfall and itching. 31.9% patients had pain while defecation and could not sit longer, who were later diagnosed with sacroilitis. None of the patient had colingitis.

Conclusion: The incidence of UC in our study is higher than Indian and other Asian country estimates but our rates may be an overestimation of the true regional incidence since our hospital and associated centers are referral centers. Clinical presentation is similar to neighboring state and countries except for higher appearance of extraintestinal symptoms and no surgical intervention. Extensive research is required to understand food habits, tobacco chewing and reason or pattern of high incidence of disease in this region.

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Nucleic acid polymers: Antiviral mechanisms and application in the treatment of chronic HBV and HBV/HDV infection

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Nucleic acid polymers (NAPs) are a newly emerging antiviral technology for the treatment of chronic HBV infection and HBV / HDV co-infection. NAPs have the unique ability to clear HBsAg from the blood of human patients, a critical step in achieving a functional cure in HBV and HBV / HDV infection. Current mechanistic data underlying the basis for this unique antiviral effect of NAPs as well as updated clinical data from trials using NAP-based combination therapy in patients with chronic HBV infection and HBV / HDV co-infection will be presented.

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Development and validation of an endoscopic classification of diverticular disease of the colon: The DICA classification

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On March 2012, a group of Italians gastroenterologists began to develop a new classification for diverticular disease. Some classifications are based on imaging, in particular on the appearance of the disease by abdominal computerized tomography (e.g. Buckey or Ambrosetti of Hinchey's modified classification). Surprisingly, an endoscopic classification of the disease is still lacking. DICA (Diverticular Inflamation Complication Assessment) consider endoscopic parameter to classifiy the disease: extension of diverticulosis (right or left), number of diverticula (more than 15 or less than 15), inflamation (absccess, edema/hyperaemia, erosions and segmental colitis) and complications (pus, rigidity, stenosis and bleeding). All of these parameters are summarized in a DICA clasification from Grade I to Grade III. A multicentric retrospective study was done in 26 centers (Italy, Norway, Brazil and Venezuela). The study enrolled 1651 patients. The median (interquartile range) follow-up was 24 (9-38) months. The results states that this classification has a predictive value. It is is simple to use, has excellent reproducibility, a significant correlation with some clinical and laboratory markers of diverticular disease. DICA endoscopic classification would seem to be a good way to evaluate the clinical outcome of patients with diverticular disease diagnosed by colonoscopy. In this moment, a multicentric prospective clinical trials is done with the aim to validate this classification, evaluate its reproducibility and to assess its impact in the natural history of diverticular disease. In this moment, more than eight countries are involved in a prospective study.

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Group and social-historic factors that affect the weight regain in patients undergone in bariatric surgery-Roux-en-Y gastric bypass

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The present study aimed to show that group factors and social historical factors interfere in patient's weight regain that have undergone bariatric surgery. The technique of choice for the study was the Roux-en-Y gastric bypass, considered the gold standard in Brazil. To conduct the qualitative study, 10 patients were interviewed. The criteria of selection of these patients were at least 15% of weight regain of the total weight loss and four or more years of bariatric surgery. The patients were interviewed according to semi-structured questionnaires that addressed demographics data, dietary habits, lifestyle changes, behavioral changes, body image, self-esteem and prejudice experienced and weight regain. The interviews were recorded and the data were transcribed to perform content analysis. It was found that all interviewed patients had the fear of weight regain, that getting thin allows to access slimming and younger clothes, pairs feeding do constraint bariatric patients, they considered the social return of body shape an important marker and weight regain was noticed when people spoke about the issue. New eating habits were installed after the operation, like beer and chocolate. It was found that the group insists on observing the amount of food eaten by bariatric surgery patients and the little amount of food raises social and peer food supply.

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