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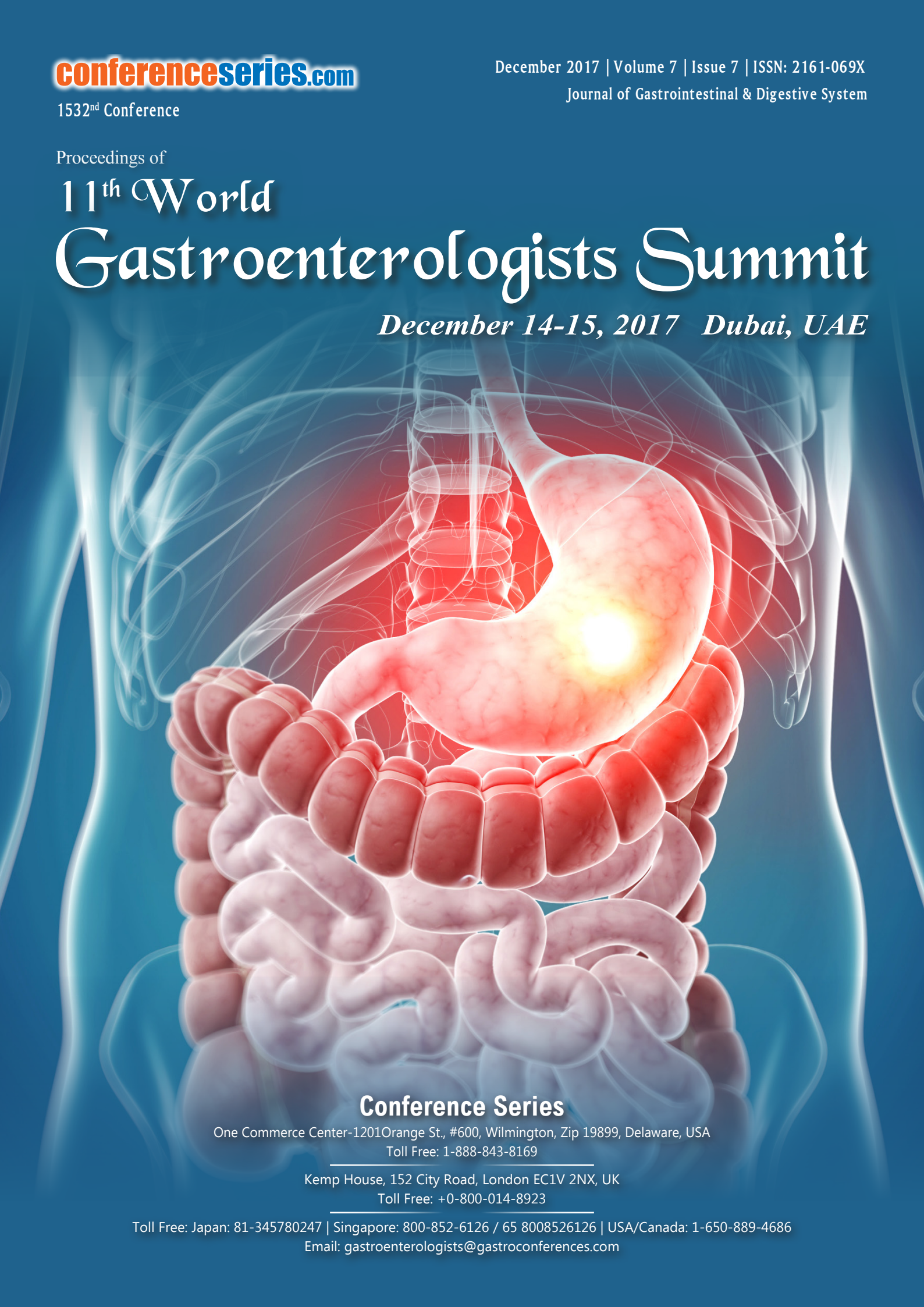
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11th World Gastroenterologists Summit

December 14-15, 2017 Dubai, UAE



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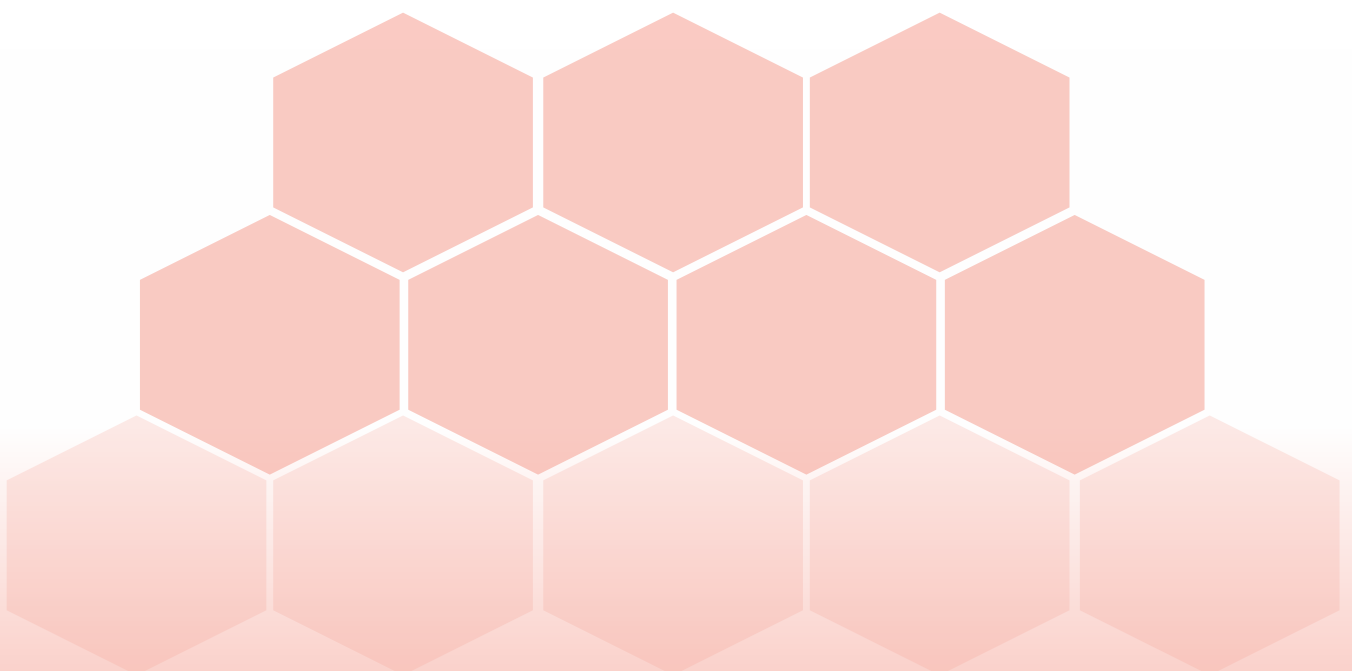


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Keynote Forum (Day 1)



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Ahmed Zaky

University of Alabama at Birmingham, USA

Appraising cardiac dysfunction in liver transplantation: An ongoing challenge

End stage liver disease (ESLD) is a multi-system disease that complexly and mutually interacts with other body organs. The heart is one of the organs most adversely affected by liver disease both directly and indirectly. Cardiac dysfunction in the setting of cirrhosis may contribute to mortality as high as 50% post liver transplantation. The spectrum of heart diseases associated with liver cirrhosis includes 3 major groups: (1) Underlying heart disease aggravated by cirrhosis, (2) Heart disease that is caused by a pathologic process that concomitantly affects the heart and the liver and (3) Cirrhosis-associated cardiac disease, which may be vascular, myocardial or pericardial. Liver transplantation while considering the definitive treatment of patients with ESLD, can independently contribute to further deterioration of pre-existing cirrhosis-associated cardiac dysfunction. These adverse effects occur as a result of acute changes in loading conditions and the liberation of inflammatory cytokines and other mediators during graft reperfusion. Furthermore, following liver transplantation there is an increased risk of adverse cardiac events associated with chronic immunosuppressive therapy. Thus, such patients require a thorough cardiac evaluation prior to being deemed acceptable liver transplant candidates. A thorough cardiac evaluation of liver transplant candidates is a challenging task, however. Altered cardiac response to stress, the heterogeneity of cardiac disease in liver transplant candidates and the paucity of well-designed studies investigating preoperative cardiac testing, all explained the current lack of agreement on a single best screening strategy to optimize perioperative and postoperative outcomes. This talk discusses the following: Profiles of cardiac dysfunction in ESLD, short and long term cardiac dysfunction associated with liver transplantation and the preoperative evaluation of liver transplant candidates in light of the current evidence, appraising its limitations. Also, this talk proposes avenues for future investigation of cardiac function in liver transplant candidates.

Biography

Ahmed Zaky is currently an Associate Professor at the Department of Anesthesiology and Perioperative Medicine at the University of Alabama at Birmingham. He has completed 2 residencies in Anesthesiology in Egypt and at the University of Miami and also he has completed 3 Fellowships in Multi-organ Transplant, Critical Care and Cardiac Anesthesiology from the University of Miami, Johns Hopkins University and the Cleveland Clinic, respectively. Further, he has completed his Master's degree in Public Health from the University of Washington, Seattle. He has published over 30 peer reviewed publications and numerous book chapters on the appraisal of cardiac dysfunction in critically ill patients. He is also a funded Investigator and Co-Investigator on several grants that target interventions to early detect and treat cardiac dysfunction in animals and in humans exposed to toxic inhalants. In 2015, he has received the UAB Award for Faculty Academic Achievement to study acute kidney injury post cardiopulmonary bypass.

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Hassan Ashktorab

Howard University, USA

Targeted cancer gene sequencing identifies potential causative novel candidate mutations in colon carcinogenesis

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 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 *MHS3* and *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, COSMIC, Polyphen2 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 in MMR genes detected here were of a deleterious nature with a therapeutic interest.

Biography

Hassan Ashktorab has completed his PhD from Utah University and Postdoctoral studies from Indian University and University of Florida, School of Medicine. He is the Director of Microarray lab and a Member of Gastro-interstitial Research group. He has published more than 100 papers in reputed journals and has been serving as an Editorial Board Member of many journals including *DDS*, *GUT*, *PlosOne* and others.

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Cosimo Alex Leo

St. Mark's Hospital Academic Institute, UK

THD Anopress©: The new kid in the block

The new Anopress© device has been promoted as a portable, quick and reliable new device which can reproduce easily pressures measurements of the anal canal. The aim of these studies was to formulate normative data for this newer device by recording the anorectal function in asymptomatic subjects. We also intended to assess its practicality and acceptability in daily clinic in symptomatic patients. Anorectal function was assessed in 150 asymptomatic volunteers using the Anopress©. All volunteers were tested in a standardized way in accordance with the study protocol and normative values were obtained. 60 patients with fecal incontinence were retrospectively evaluated. A cohort of other 60 patients had both Anopress and high resolution manometry. Further statistical analysis allowed calculation of normal values for this newer device. All the patients tolerated the procedure. When comparing the two manometric evaluations, there were significant differences in terms of pressures likely due to the different technology of the two machines. Anopress© appears to be an easy, quick and a straightforward way of measuring anal canal pressure. One of the main advantages is the solid state probe which is able to represent the pressures of the whole anal canal. This newer device is also portable and we could use it easily in clinic at the bedside.

Biography

Cosimo Alex Leo has completed his MD from Udine University and obtained a CCT in General and Colorectal Surgery. He is currently working as a Senior Specialist Registrar at the prestigious St. Mark's Hospital in the UK and he is aiming a new MD in Physiology and Neurostimulation at the Imperial College of London. He has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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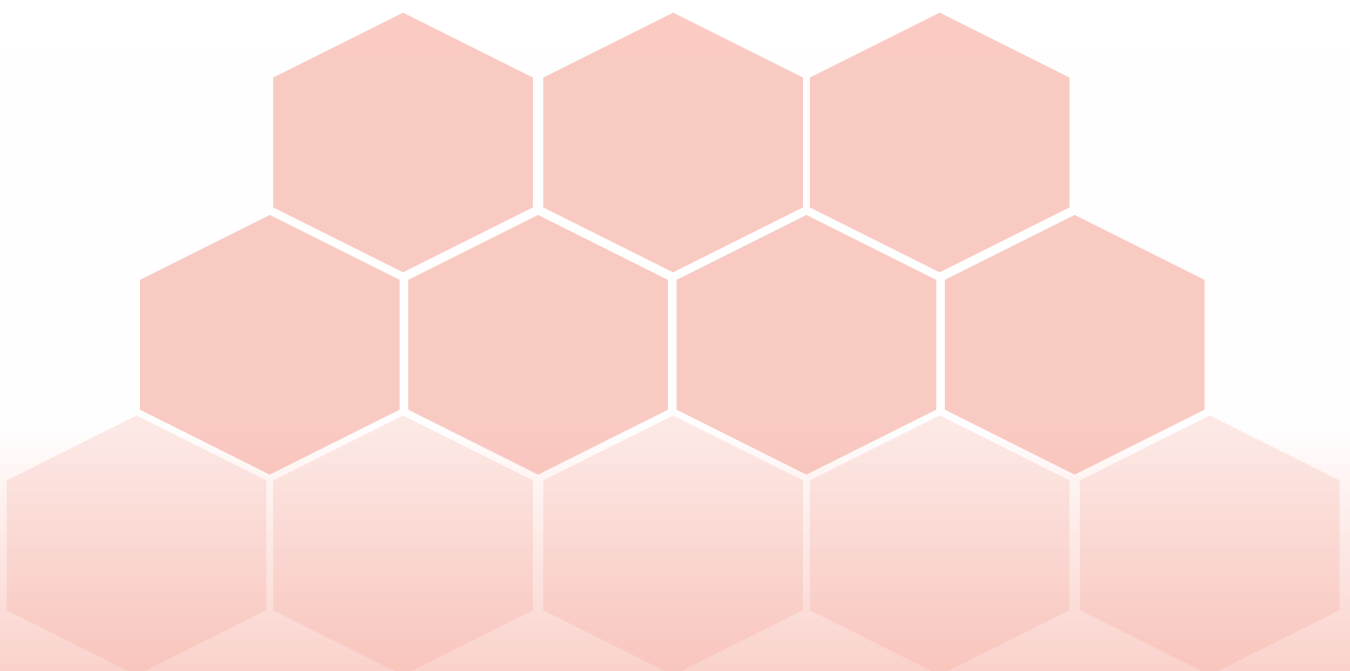


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Michele Cicala

Campus Bio Medico University of Rome, Italy

New classifications of GERD and impact on clinical management

Gastro-esophageal reflux disease (GERD) is a highly prevalent condition (affecting up to 20% of subjects in Western populations) which significantly impacts the daily quality of life. GERD encompasses a heterogenous group of manifestations, with esophageal and/or extra-esophageal symptoms, ranging from complicated phenotypes such as erosive esophagitis and Barrett's esophagus to the non-erosive symptomatic disease. The pathophysiology of non-erosive disease is incompletely understood. Diagnostic work-up and treatment may be challenging when patients are incorrectly classified. Beside upper endoscopy, direct reflux tests such as ambulatory esophageal pH-metry or, more recently, pH-impedance monitoring allow an accurate classification of conditions presenting with esophageal symptoms without endoscopic abnormalities. Findings of reflux testing, essentially esophageal acid exposure time and temporal association between symptoms and reflux events, are able to discriminate patients with a true non-erosive disease displaying a pathological reflux from patients affected by hypersensitivity to a physiological reflux and from patients affected by functional heartburn (FH), the latter defined as a functional esophageal disorder characterized by chronic heartburn unrelated to acid or non-acid reflux. In FH patients symptoms persist despite PPIs and are considered to be strongly associated with peripheral or central sensitization. This new classification, recently adopted by international groups of experts-the Rome foundation for functional GI disorders and GERD international group-might provide a better support to different therapeutical approaches. There is still a great unmet clinical need for therapeutic drugs that can be used to treat FH and the development of novel drugs, diagnostic tests and biomarkers is eagerly awaited.

Biography

Michele Cicala has completed his PhD and Postdoctoral studies from Sapienza University of Rome, Italy. He is responsible for the Unit of Gastroenterology and Digestive Endoscopy and Head of the Postgraduate course of Campus Bio Medico University of Rome, Italy. He has published more than 90 papers in reputed journals and has been serving as an Editorial Board Member of reputed.

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Michael S Kasperek

University of Munich-Campus Grosshadern, Germany

Long-term quality of life of patients with permanent end ileostomy: Results of a nationwide cross-sectional survey

Background: Patients with permanent end ileostomy are at high risk for detrimental stomal effects on their quality of life (QoL). However, there are little data regarding long-term QoL in these patients.

Objective: To assess long-term QoL in patients with permanent end ileostomy.

Data Sources & Study Selection: A cross-sectional survey of 1,434 patients with permanent end ileostomy registered at the German self-help organization, ILCO.

Main Outcome Measures: Assessment of QoL was performed according to the Short Form (SF-) 36, including physical (PCS) and mental component summary (MCS) scores, gastrointestinal quality of life index (GIQLI) and the Cleveland global quality of life index (CGQLI). Multivariate risk factor analysis was performed.

Results: A total of 783 responders were included. The indications for ileostomy included ulcerative colitis (44%), Crohn's disease (38%) and colorectal cancer (7%). Adverse effects in daily life due to stoma were reported by 72% of participants. QoL was significantly impaired compared to the general population on all summary scores and several subscales (PCS: 44.6±10.4 (Mean±SD) vs. 50.2±10.2, P<0.001; MCS: 47.5±10.7 vs. 51.5±10.2, P<0.001; GIQLI: 94.4±16.4 vs. 126.0, P<0.001). Stoma care problems were reported by 63% of respondents to affect QoL, including parastomal hernia (P<0.001), stenosis (P=0.003) and prolapse (P=0.0078). Vitamin-B12, iron and zinc deficiencies were also associated with diminished QoL, with vitamin-B12-deficiency particularly associated with reduced mental and emotional QoL. The profound negative effect of stoma care problems and deficiencies was confirmed by multivariate analysis.

Conclusions: QoL was markedly impaired in patients with permanent end ileostomy compared to the general population. The main reasons were stoma-associated morbidity and deficiency syndromes. These findings emphasize the importance of prevention, screening, and adequate treatment.

Biography

Michael S Kasperek has begun his clinical and academic career at the Department of Surgery at the University of Tubingen in Germany in 2001. His research focused on postoperative ileus and fast track surgery as well as on quality of life in patients with colorectal cancer and chronic inflammatory bowel disease. After coming back to Germany in 2007, he continued his clinical and scientific work at the Department of Surgery at the University of Munich, Germany. In 2015 he became the Head of the Department of Surgery of the Klinik Josephinum in Munich, Germany and continues his scientific work in collaboration with the University of Munich.

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Lakshman Agarwal

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Single incision trans-umbilical laparoscopic cholecystectomy using conventional laparoscopic instruments: An experience of 500 cases

Cholecystectomy is considered the gold standard surgery for cases of cholelithiasis. Since the first successful laparoscopic cholecystectomy was performed in 1987, there has been a trend toward minimizing the required number and size of ports from four to three and finally a single port to reduce abdominal wall trauma, postoperative pain and yield better cosmetic results. We report our experiences from study of 500 cases of single incision laparoscopic cholecystectomy by transfacial technique using conventional instruments. The study was undertaken at a tertiary care hospital over three years of 500 patients of USG proven cholelithiasis in a single surgery unit by a single operator. The study included all cases above 14 years, male to female ratio of patients in was 1:10 and exclusion criterion was same as for conventional cholecystectomy. The procedure was performed using a trans-umbilical incision of size 2-2.5 cms with two 5 mm subfacial stabs for working ports and one 10 mm stab for camera. An anterior axillary line minigrasper was used when required. The mean operative time was 30 min (range: 22-45 min). Four of the cases were subjected to open cholecystectomy as Calot's triangle was frozen. There was cystic artery bleed in three cases which was taken care of using harmonic. There was slipping of clip in post-operative period in two cases which was managed by ERCP stenting. 435 patients discharged on the 1st postoperative day and 65 patients (13.33%) discharged on the 2nd postoperative day. The average wound length measured on 3rd postoperative day in follow up was 2 cm (range: 1.3-2.1 mm); while average score of patient satisfaction of the surgery was of 9.32 (range: 7-10). We concluded that in uncomplicated gall bladder disease, single incision laparoscopic cholecystectomy is feasible and safe with excellent cosmetic results and high grade of patient satisfaction and can be performed with the conventional laparoscopic instruments with adequate experience.

Biography

Lakshman Agarwal is a Senior Professor and ex-Head of Department of Surgery in SMS Medical College and Hospital, India. He holds an MBBS and MS from SMS Medical College, Jaipur. He has more than 25 years of surgical experience in gastrointestinal surgeries. He specializes in advanced laparoscopic procedures with 13+ years of experience, consulting 100+ cases and operating 50+ cases per week pertaining to GI related problems.

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