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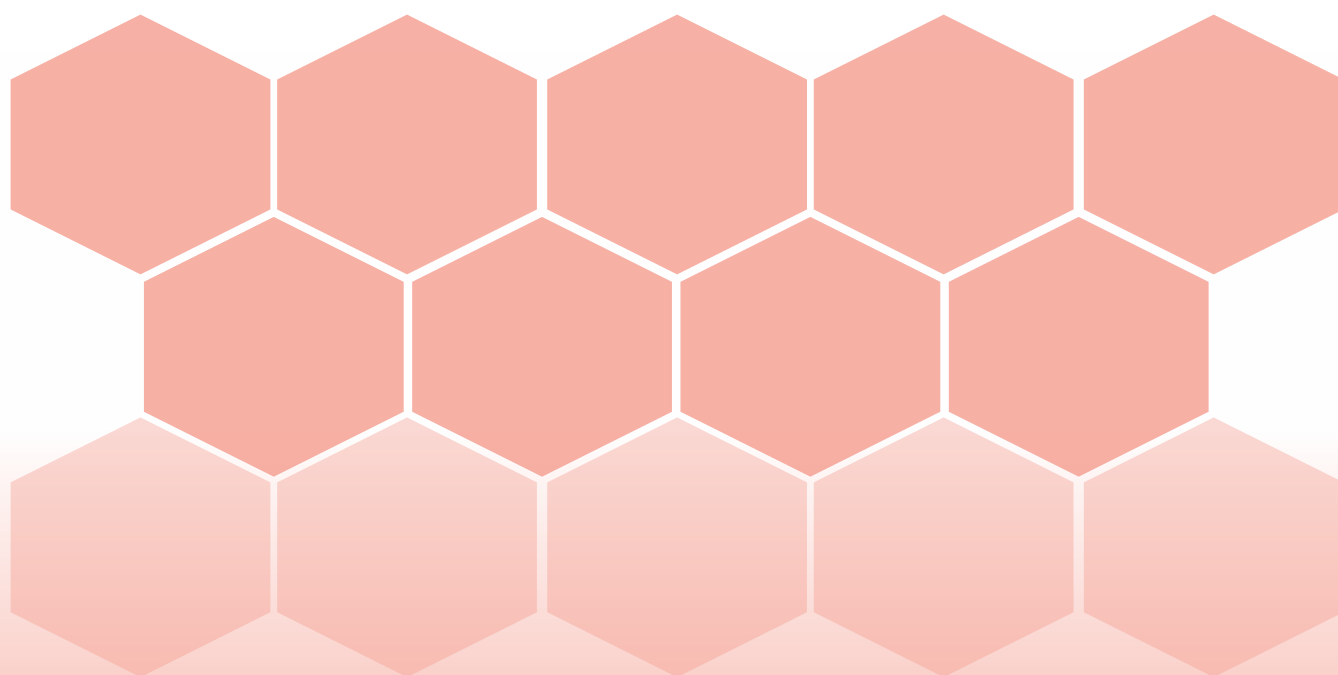


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1532<sup>nd</sup> Conference

# 11<sup>th</sup> World Gastroenterologists Summit

December 14-15, 2017 Dubai, UAE

## Posters



11<sup>th</sup> World

# GASTROENTEROLOGISTS SUMMIT

December 14-15, 2017 Dubai, UAE

## Comparison of magnetic resonance enterography and video capsule endoscopy in established Crohn's disease and or suspected small bowel Crohn's disease

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Mercy University Hospital, Ireland

**Background:** With the beginning of 21<sup>st</sup> century, the development of Wireless Video Capsule (WVC) caused a breakthrough in the intraluminal visualization of the entire small bowel in a well-tolerated and non-invasive way. It has enhanced the diagnostic gap between conventional gastroscopy and colonoscopy.

**Aim:** To compare MRE and WVC in detecting small bowel involvement in previously diagnosed CD and or suspected small bowel CD.

**Methodology:** An observational cohort study conducted in Mercy University Hospital from January 2016 until August 2017. The recruited patients were patients referred for WVC with either established CD and/or suspected small bowel CD. All cases referred with suggestive clinical symptoms such as (diarrhea, abdominal pain, weight loss and iron deficiency anemia) and biochemical signs of systemic inflammation (raised CRP/fecal calprotectin). A standardized work-up including blood and stool samples, gastroscopy, ileocolonoscopy and MRE were performed to all included patients. WVC performed in patients with no stenosis detected on ileocolonoscopy and MRE. Exclusion criteria were patient who had no MRE in 2016.

**Results:** Total of 20 patients were recruited-13 female, aged 19-74 years (mean age-44). Of the 20 patients, 8 patients were established IBD and 12 patients with suspicion of small bowel CD. Out of 12 patients with suspected small bowel CD, only 8 patients had small bowel pathology detected radiologically. 4 patients (50%) had positive WVC, one patient (12.5%) had positive MRE and 3 patients (37.5%) had positive WCV and MRE. In all IBD patients, small bowel pathology detected with WCV (100%). 2 out of 8 patients with IBD (25%), small bowel pathologies detected in both MRE and WVC.

**Conclusion:** Small bowel imaging is an essential component in diagnosing, monitoring and treating small bowel CD and suspected small bowel pathology. Both MRE and WVC are complementary methods for small bowel CD. VCE is more capable of detecting limited mucosal lesions that may be missed by MRE.

### Biography

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## Dual effect of phenylephrine to improve coronary perfusion during anaphylaxis management

**Joseph S Tobias, Elizabeth Richards and Chu Woon Ng**

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Adrenaline, the drug of choice in anaphylaxis may produce side effects like tachycardia resulting in impaired coronary perfusion in the setting of severe hypotension. In this situation, Phenylephrine was used to improve coronary perfusion by increasing coronary flow time from reflex bradycardia and an increase in coronary perfusion pressure resulting from an overall increase in systemic blood pressure. We describe a situation where at the end of an elective high anterior resection for colovesical fistula, immediately after administering reversal agents (neostigmine and glycopyrrolate); there was severe hypotension with systolic blood pressure of 40 mmHg unresponsive to ephedrine and metaraminol. Adrenaline boluses resulted in tachycardia with marked ST segment elevation and slight increase in blood pressure. Intravenous Phenylephrine 100 mcg bolus was given, repeated twice over a period of 15 minutes which reduced the heart rate from 130 to 100 beats per minute as well as increased the blood pressure with ST segment returning to baseline. ANZAAG guidelines were followed to maximize management and team efficiency during and after the crisis and resulted in an uneventful recovery. A 10-fold increase in serum tryptase confirmed anaphylaxis. Anaphylaxis to reversal agents (neostigmine and glycopyrrolate) is rare and in this situation, it was complicated by ECG evidence of tachycardia induced ST segment elevation after administration of 2 doses of 100 mcg increments of adrenaline with only small increase in blood pressure. Phenylephrine improved the myocardial perfusion and blood pressure. We recommend that Phenylephrine should be considered in the presence of adrenaline induced tachycardia to improve myocardial perfusion during anaphylaxis management.

### Biography

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## Effective hemostasis by spraying cyanoacrylate glue on difficult-to-control bleeding duodenal ulcer

Omar Naji Alnabihi<sup>1</sup>, Faisal M Sanai<sup>2</sup>, Faisal Batwa<sup>2</sup> and Waleed Alshumrani<sup>2</sup><sup>1</sup>King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia<sup>2</sup>King Abdulaziz Medical City, Saudi Arabia

Upper gastrointestinal bleeding can be managed with a number of different endoscopic techniques. However, a small number of patients have persistent bleeding requiring radiological or surgical intervention. Herein, we present a case of massive duodenal ulcer bleeding that was managed by spraying cyanoacrylate glue on the duodenal ulcer after failure of multiple modalities. A 44-year old female with multiple comorbidities including metastatic breast cancer presented with melena. She was not using any anti-steroidal or anticoagulant medications. At admission, the heart rate was 132 beats per min, supine blood pressure was 81/52 mmHg and FiO<sub>2</sub> was 99%. An esophagogastroduodenoscopy (EGD) revealed an actively bleeding duodenal ulcer, managed with injection of 10 ml of epinephrine (1:10,000) and by applying three endoclips and she was maintained on proton pump inhibitor infusion. However, the bleeding recurred within 24 hours, with hemodynamic instability, bright red blood in the naso-gastric tube and reduction in the Hb. A repeat EGD revealed active bleeding from the ulcer. Argon plasma coagulation was applied repeatedly on the ulcer area that failed to control the profuse bleeding. Subsequently, cyanoacrylate (Histoacryl®) was sprayed on to the ulcer surface that achieved immediate hemostasis. No further bleeding occurred and the patient was discharged from the hospital after 7 days. This case demonstrates the potential efficacy of cyanoacrylate glue spray on the ulcer surface for hemostasis in patients with difficult-to-control bleeding failing conventional endoscopic therapies. Prospective studies with a larger number of patients are required to evaluate the role of the cyanoacrylate spray technique for ulcer bleeding.

### Biography

Omar Naji Alnabihi is currently a Medical Intern at King Abdulaziz Medical City in Saudi Arabia. He has completed his graduation from the College of Medicine from King Saudi bin Abdulaziz University for Health Sciences in Saudi Arabia.

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## Spontaneous posterior rectus sheath hernia

**Chu Woon Ng**

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Posterior rectus sheath hernia is a very rare form of abdominal wall hernia and there are scarce of reports of this herniation in the literature to date. This case report presents a spontaneous posterior rectus sheath herniation in a 79 year old male with previous abdominal surgery for appendicitis. His herniation was discovered incidentally during examination for his chief complaints of lower abdominal pain and diarrhea which were later diagnosed as salmonella related gastroenteritis. A computed tomography scan of the abdomen and pelvis showed abdominal wall hernia with loops of small bowel extending into the rectus abdominis muscle. In this case, it was decided to leave the situation alone for now due to no evidence of bowel obstruction and the low risk of this hernia getting strangulated, which otherwise would have warranted urgent surgery. This report adds to limited stock of available literatures on this unique issue and strengthens evidence-based on best approach to support informed clinical decision making. Significant clinical implication of such case reports is increased identification rate of rare clinical conditions which otherwise often go unnoticed.

### Biography

Chu Woon Ng is a General Surgery Principal House Officer at Bundaberg Base Hospital in Queensland, Australia. She has obtained her Bachelor's degree in MBBS from Queensland University. She is presently an Associate Lecturer at The University of Queensland Faculty of Medicine.

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## Impact of educational program on self-control of blood glucose among patients with non-insulin dependent diabetes mellitus

Faisal Faheed H Alsobiai<sup>1</sup>, Hussain Abdullah M Alzahrani<sup>2</sup>, Ammar Mohammed Halawani<sup>2</sup>, Ahmad Abdulrahman M Bayamin<sup>2</sup> and Ali Saad M Almuqbil<sup>3</sup>

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**Introduction & Aim:** The increase in diabetes incidence, combined with its long-term complications, will greatly increase in the burden of health care. Therefore, education on self-care of person with diabetes and preventing its complications could reduce the burden of the disease in the future. This study aimed to assess the effect of diabetes self-care educational program on control of non-insulin dependent diabetes mellitus NIDDM using HgbA1c as a proxy indicator.

**Methods:** This is a pre and post interventional study; it was conducted to determine the effect of diabetes education program given to patients with NIDDM on diabetes control. The study included 132 newly diagnosed patients divided into two groups, an interventional group with intensive follow-up and control group of standard follow-up group. The intervention consisted of three months health education for diabetic patients (13 weekly lectures). It aimed to improve knowledge and skills about control of blood sugar. Data analyzed using SPSS (statistical package for social science).

**Results:** The pre and post comparison of diabetic control within intervention group showed significant reduction of mean HbA1c (%) before and after the intervention from  $8.1 \pm 1.8$  to  $7.5 \pm 1.6$  ( $P=0.001$ ). However, in the control group there is a slight non-significant increase in mean HbA1c (%) after 3 months of study beginning ( $P=0.210$ ). The comparison between groups at the time of outcome assessment (after 3 months), showed significant difference between groups ( $P=0.003$ ).

**Conclusion:** This study demonstrated the importance of education and training for the NIDDM patients in regards to self-monitoring and control of blood glucose.

### Biography

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## Initial experience with intra-gastric balloon Lexbal® in the treatment of patients with mild to moderate obesity (type I-II)

**Fernando Daniel Robledo**

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**Background:** Evaluate the effectiveness and response gastric balloon (Lexbal) in the treatment of mild to moderate obesity. Descriptive observational study in which the sample is made up of the 12 patients treated with balloon Lexbal. The variables studied were age, sex, weight, BMI, percentage of weight lost, fill volume, tolerance and satisfaction.

**Objective:** To evaluate the effectiveness and response balloon (Lexbal) in the treatment of mild to moderate obesity.

**Methods:** We conducted an observational, retrospective study in Hospital Paroissien. We have compiled the results of 12 follow intra-gastric balloons (Balon Lexbal) in obese patients with mild to moderate type I-II (BMI between 28 and 34.9 kg/m<sup>2</sup>) placed in 2012 and 2016 losses have been achieved over 70% of excess weight. The variables studied were age sex, weight BMI, % of weight lost, fill volume, tolerance, satisfaction and dietary monitoring.

**Results:** Over 80% degree of patient satisfaction, 70% decrease in weight above the average (over 12 kilos) better response in those presenting adherence to nutritional treatment and no differences were observed in the volume of filling the balloon.

**Conclusion:** Treatment with intra-gastric balloon, along with a nutritional monitoring allows us to re-educate the patient and change their eating habits. Just for gradual diet and to adapt each phase as tolerated by the patient, helps us to improve dietary behavior and facilitates greater weight loss The IG balloon is a safe, well tolerated, with few adverse effects.

### Biography

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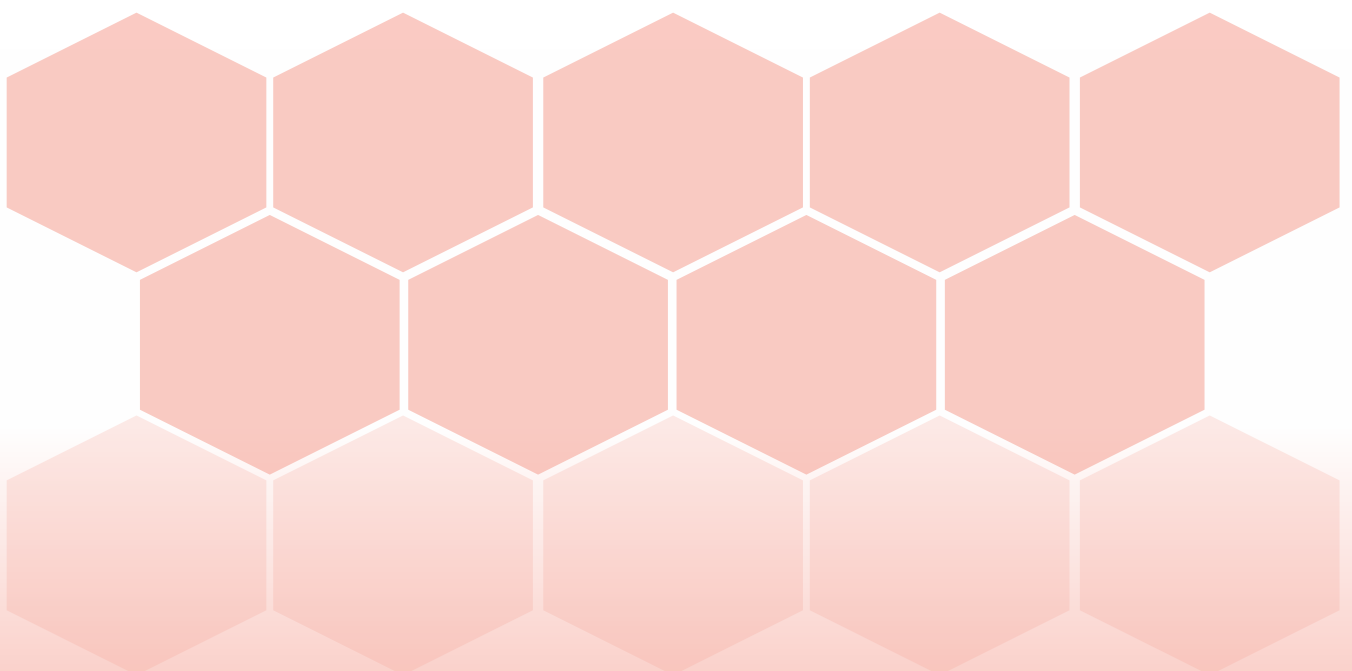


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## Accepted Abstracts





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## Pediatric GI motility: Clinical updates

**Anil Darbari**

Children's National Health System, USA

The field of pediatric GI motility has seen several advances over the recent past. Updates in Pathophysiology: As the field of neuro-gastroenterology has advanced, knowledge about the pathophysiology at the cellular, tissue, organ and torso levels has all advanced. While the Enteric Nervous System (ENS) has been studied for decades, advances allow us better understanding of the intrinsic primary afferent neurons (IPANs), interneurons, motor neurons and the intestinofugal neurons. There is better understanding of the interstitial cells of Cajal (ICC) as well as the extrinsic control of the ENS and of the sensation of the gut. Updates in GI motility studies: Various modalities for assessing GI motility have been utilized. From radiological testing of scintigraphy, radiopaque markers and contrast studies, there have been advances with the use of MRI and fMRI studies to evaluate how intestines move. Gastroenterologists have also paid much attention to this field in the 21<sup>st</sup> century. The use of manometry has advanced tremendously with the advent of high-resolution manometry (HRM), high resolution impedance manometry (HRIM) and 3D HRM. Sleeve Manometry and EndoFLIP have changed our understanding of reflux parameters. With the advent of the wireless capsule, transit times and other motility parameters can be studied non-invasively. Updates in therapies for GI motility disorders: Newer drugs continue to advance the field of neuro-gastrointestinal pharmacological therapy. Endoscopic therapy has shown tremendous progress with procedures such as endoscopic dilatation, injection of botulinum toxin to the various sphincters and the advent of endoscopic procedures such as Per Oral Endoscopic Myotomy (POEM). Surgical therapy techniques continue to be refined progressively and used for primary surgical procedures such as minimally invasive surgery (MIS), laparoscopy and surgical resections. New therapeutic techniques such as gastric electric stimulation (GES), sacral nerve stimulators as well as the prospect of stem cell transplant continue to keep the horizon of GI motility disorders bright.

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## Diagnostic yield, safety and efficacy of push enteroscopy in children

Anil Darbari, Carmen Cuffari and Anthony Kalloo

Children's National Health System, USA

Despite advances in radiological techniques, diagnosis and some therapeutic approach still require access to the small bowel. Crohn's disease may involve chronic inflammation of small bowel only in 5-15% of cases. Advances in imaging techniques such as intravenous gadolinium enhanced MRI of abdomen may identify more of the isolated small bowel disease. While wireless capsule endoscopy has provided an interesting access to endoscopy of the small bowel, obtaining biopsies and other therapeutic maneuvers necessitate intubation of the deep small bowel regions. Studies of the use of enteroscopy in children are few. We reviewed the use of push enteroscopy and its safety and diagnostic yield in children. We report first 26 children who underwent the push enteroscopy procedure. Their mean age was 12.2 years (range 8-18 years). Histologic diagnosis resulted in a change of medical management in 76.9% of patients following push enteroscopy. Biopsies were within the reach of a standard upper endoscopy in 30.7% of cases only. Procedure duration and recovery times after push enteroscopy were comparable to those of upper endoscopy. The procedure is safe to perform in children and the diagnostic yield far surpasses that of a standard upper endoscopy with access to the proximal small bowel. We review the literature on access of the small bowel using other modalities of enteroscopy such as single and double balloon enteroscopy techniques.

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## Barrett's esophagus: Current controversies

**Chidi Amadi**

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Esophageal adenocarcinoma is rapidly increasing in Western countries. This tumor frequently presents late in its course with metastatic disease and has a very poor prognosis. Barrett's esophagus is an acquired condition whereby the native squamous mucosa of the lower esophagus is replaced by columnar epithelium following prolonged gastro-esophageal reflux and is the recognized precursor lesion for esophageal adenocarcinoma. There are multiple national and society guidelines regarding screening, surveillance and management of Barrett's esophagus, however all are limited regarding a clear evidence base for a well-demonstrated benefit and cost-effectiveness of surveillance and robust risk stratification for patients to best use resources. Currently the accepted risk factors upon which surveillance intervals and interventions are based are Barrett's segment length and histological interpretation of the systematic biopsies. Further patient risk factors including other demographic features, smoking, gender, obesity, ethnicity, patient age, biomarkers and endoscopic adjuncts remain under consideration and are discussed in full. Recent evidence has been published to support earlier endoscopic intervention by means of ablation of the metaplastic Barrett's segment when the earliest signs of dysplasia are detected. Further work should concentrate on establishing better risk stratification and primary and secondary preventative strategies to reduce the risk of adenocarcinoma of the esophagus.

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**Evaluation of *Helicobacter pylori* as a predicting risk factor for the development of IGR in pre-eclamptic patients****Zeinab Nabil Said, Moneira Gad, Amal Abdelnaby, Azza Ghanem and Marwa Tantawy**  
Al-Azhar University, Egypt

Pre-eclampsia (PE) is a major cause of maternal and neonatal mortality and morbidity. There is mounting evidence that certain infectious agents including *Helicobacter pylori* can induce endothelial inflammation and injury. The aim of this work is to evaluate the pathogenic role of *Helicobacter pylori* in PE and whether it is associated or not with intrauterine growth retardation (IUGR). Maternal sera were collected from 45 pregnant women with a diagnosis of PE and/or IUGR and from 45 women with normal pregnancies of comparable age and gestational period (controls) for detection of antibodies against *H. pylori* and specific antibodies against CagA protein using commercially available ELISA kits. Seropositivity was determined according to manufacturer's instructions. No significant difference was detected between patients and controls regarding *H. pylori* IgG antibody seropositivity and CagA positivity ( $P > 0.05$ ). Patients with early onset PE had significantly higher frequency of *H. pylori* IgG. No significant association was found between CagA and PE onset ( $P < 0.05$ ). A significantly higher frequency of IUGR was recorded in HP positive patients (12 (33.3%) when compared with HP negative ones (0%) ( $P < 0.05$ ). It was found that all patients with PE and IUGR (12) had significantly higher frequency of both *H. pylori* and CagA positivity when compared with PE patients without IUGR and control groups. ( $P < 0.05$ ). *H. pylori* infection is quite prevalent in Egyptian community. Virulent *H. pylori* infections may be a risk factor to PE complicated by IUGR.

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## The efficacy of balloon dilation in achalasia is the result of stretching of the lower esophageal sphincter, not muscular disruption

Fathali Borhan-Manesh, Mohammad J Kaviani and Ali R Taghavi  
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**Background:** Pneumatic dilation (PD) of the lower esophageal sphincter (LES) is a major palliative treatment in achalasia. It is generally believed and frequently stated in the Gastroenterology Textbooks and Journals, that the beneficiary effect of PD in achalasia, is the result of rupture of the circumferential muscular layer of the LES, as done in Heller surgical procedure. However, the effectiveness of PD, contrary to that of Heller myotomy, is often short lived, and recurrence of dysphagia necessitates repeat PD with a larger balloon diameter (35-40 mm).

**Aims:** The lack of durability of effectiveness of PD in achalasia and the lack of any previous study in support of the presumptive mechanism of action of PD to explain the effectiveness of this procedure, prompted the author to investigate the state and the integrity of the LES, 24 hours after PD and clarify the most likely mechanism for symptomatic relief after PD in achalasic patients.

**Method:** To look for and detect the occurrence and the extent of any muscular disruption at the LES, 43 eligible and consenting patients with definite diagnosis of achalasia, underwent endoscopy ultra-sound, using Olympus GF-UE160 echoendoscope with an Aloka prosound probe at 7.5 MHZ, 24 hours after PD.

**Results:** Out of 43 patients, 36 (83.7%) revealed an intact LES, 5 (11.6%) demonstrated small area of muscular disruption and 2 (4.6%) showed small hematoma. None of the investigated patients developed symptoms or signs of esophageal perforation.

**Conclusion:** Our results convincingly demonstrate that clinical improvement from PD in achalasia is not related to rupture of the muscular layer of the LES, but is the result of circumferential stretching of the LES. One may also conclude from this study that any muscular disruption from PD in achalasia should be considered a complication of the procedure and not the intended result.

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## The role of hypnotherapy for the treatment of inflammatory bowel diseases

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Inflammatory bowel diseases (IBD) are chronic disorders of unknown etiology which are characterized by episodes of exacerbations and remissions. There is evidence that perceived distress contributes to IBD symptom flares, anxiety and depression are frequently found in patients with the active disease. Because there is no cure, treatment has to focus on prevention of complications, induction/maintenance of remission and improvement of quality of life. Gut-directed hypnotherapy has been used successfully in functional gastrointestinal disorders. Experimental studies and case reports have been published for IBD; Gut-directed hypnotherapy increases the health related quality of life and reduces symptoms. Additionally, a randomized controlled study on hypnosis in patients with ulcerative colitis has shown that gut-directed hypnotherapy seems to have an immuno-modulating effect and is able to augment clinical remission in patients with quiescent ulcerative colitis. A precise overview will be given about all published studies and reviews on hypnotherapy for the treatment of inflammatory bowel diseases.

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## Metabolomics as novel non-invasive diagnostic biomarkers of GI disorders

**Iftikhar Ahmed**

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

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## Diagnosis and treatment in hepatology: The case of non-alcoholic fatty liver disease

**Ludovico Abenavoli**

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Hepatic steatosis, a hallmark of non-alcoholic fatty liver diseases (NAFLD), is the hepatic manifestation of the metabolic syndrome and can vary from simple steatosis to cirrhosis and hepatocellular carcinoma. The pathogenesis of NAFLD is linked to a multiple-hit process. Although epidemiological data varies widely, it can be admitted that a realistic prevalence is around 30% of the general population. Its high prevalence in the general population and its many causes and complex mechanisms make it a pathology which must be treated and requires careful diagnosis also in terms of underlying causes, which may strongly vary among subjects. Non-invasive diagnostic methods should be able to reflect the presence and severity of liver fatty changes and the presence and severity of hepatic inflammation and fibrosis, since these are related to the risk of progression and clinical complications. The recent awareness of the commonness of NAFLD has prompted intensive research which unraveled many different mechanisms causing hepatic steatosis, from diet to intestinal diseases and liver receptors. Epigenetic factors must be added to this list. The variety of causes and mechanisms open many different potential therapeutic approaches. Performing randomized long-term clinical studies including liver biopsies appears as prerequisite to determine which treatment is the most valuable, however not ignoring that the therapeutic choice may require individualization among subjects as a function of the origins of NAFLD.

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## Endoscopic ultrasound-guided drainage of pelvic abscess: A case series of 8 patients

**M Hadithi**

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Endoscopic ultrasound (EUS) has proven to be safe and effective in the management of deep pelvic abscess that are inaccessible for percutaneous drainage. EUS-guided drainage could be performed in eight consecutive patients with pelvic abscess that were not amenable to drainage under computed tomography (CT) guidance. These patients developed the abscesses secondary to diverticulitis (n=4), postsurgical surgical complications (n=2), iatrogenic after enema (n=1) and Crohn's disease (n=1). The abscess was peri-sigmoidal in 2 and was multilocular in 4 patients. All procedures were performed under conscious sedation and without fluoroscopic monitoring. Abscesses were all drained under EUS guidance via a transrectal or trans-sigmoidal approach. Fluid samples were successfully retrieved for microbiological studies in all cases and antibiotic policy was adjusted according to culture results in 5 patients. EUS-guided placement of one or two 7 Fr pigtail stents was technically successful and uneventful in all 8 patients (100%). Follow-up CT showed complete recovery and disappearance of abscess. The stents were retrieved by sigmoidoscopy in only two patients and had spontaneously migrated to outside in six patients. All drainage procedures resulted in a favorable clinical outcome. All patients became afebrile within 24 hours after drainage and the mean duration of the post-procedure hospital stay was 8 days (range 4-14). Within a median follow up period of 38 months (range 12-52) no recurrence was reported. EUS-guided drainage of pelvic abscesses without fluoroscopic monitoring is a minimally invasive, safe and effective approach that should be considered in selected patients.

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

**Maria Elizabeth Ching and Marie Antoinette Lontok**  
St. Luke's Medical Center, Philippines

Acute liver failure (ALF) in the young is rare, yielding limited known data in its pathophysiology and management. ALF refers to sudden massive hepatic necrosis with encephalopathy and impaired synthetic function without pre-existing cirrhosis. 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. Interval between jaundice and encephalopathy was hyperacute (<7 days). Laboratory findings showed hyper-bilirubinemia, transaminitis, elevated alkaline phosphatase, impaired coagulation hyper-ammonemia 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. Medical and supportive treatments were promptly provided. Orthotopic liver transplantation (OLT) was contemplated, however, cerebral edema and hemorrhage ensued on day 5 leading to demise. 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. We report a case of indeterminate hyper-acute liver failure in a healthy 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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## The investigation and management of rectal neuroendocrine tumors

**Raj Srirajaskanthan**

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Rectal neuroendocrine tumors (NETs) are increasingly identified at endoscopy the cause of which may be in part related to bowel cancer screening programs. This lecture will aid clinicians in the diagnosis and management of rectal NETs plus cutting edge advances in treatment. Whilst most rectal NETs are <1 cm there are specific endoscopic characteristics to help diagnose these tumors and also determine optimal management. These include size, atypical appearance, grade and depth of invasion. The primary resection modality influences complete resection rates and the need for secondary therapy. A thorough pre-resection diagnostic work up is required for lesions that are at higher risk of invasion and metastasis. Device-assisted endoscopic mucosal resection (EMR) and endoscopic sub-mucosal dissection (ESD) are used to resect localized rectal NETs <2 cm. The treatment of advanced disease is multi-modal.

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## Chemotherapy-induced adverse effects in the gastrointestinal tract and role of cannabinoids

**Raquel Abalo**

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Chemotherapy, intended to kill cancerous cells, is also toxic to healthy cells. In the gastrointestinal tract, three main types of adverse effects may be induced: nausea/emesis; diarrhea; constipation. Each kind of antineoplastic drug may induce one or more of these effects. For example, cisplatin is considered highly emetogenic and induces both acute and delayed nausea and vomit, associated to alter gastric emptying and gastric distension. 5-fluorouracil induces diarrhea, potentially fatal due to dehydration. Finally, constipation is typically induced by drugs like vincristine, with the development of paralytic ileus. The three drugs alter the gut wall architecture, with the development of mucositis of different degrees and evolution after treatment finalization. Several lines of evidence, mainly in experimental animals, have shown that manipulating the endo-cannabinoid system may be beneficial to prevent/treat the effects on gastrointestinal motility. Thus, although their effects are not that clear in rodents, which do not vomit, cannabinoid agonists have been shown to reduce signs of nausea/emesis in animals capable of vomiting and they are actually used in the clinic as antiemetic adjuvants. Cannabinoid agonists may be useful, even at low, non-psychoactive doses, to reduce chemotherapy-induced diarrhea. Finally, cannabinoid antagonists were shown to reduce paralytic ileus induced by vincristine in a rat model, suggesting that endo-cannabinoid activity is increased by this antineoplastic drug. Thus, cannabinoid-based drugs could be used to relieve and prevent chemotherapy-induced adverse effects in the gastrointestinal tract and could then contribute to better preserve quality of life of cancerous patients during treatment.

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11<sup>th</sup> World

# GASTROENTEROLOGISTS SUMMIT

December 14-15, 2017 Dubai, UAE

## Consent for endoscopy: A shift from paternalism to shared decision making in one word

**Simon Everett**

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In 2015 the ruling of the Supreme Court in favor of Montgomery resulted in a paradigm shift in the provision of information to patients undergoing interventional procedures, including endoscopy. Up to this point, the responsibility of the endoscopist had been to inform a patient of any significant risk that would affect the judgment of a reasonable patient. The Montgomery ruling indicates that the patient must be aware of any material risks in which the test of materiality is whether a reasonable person in the patient's position would be likely to attach significance to the risk. The relevance of the shift from significant to material is to place importance on exploring with each patient those matters that will influence their very individual decision. Within a year, this led to the publication of new guidelines for informed consent from each of the gastroenterology, surgical and anesthetic societies in Britain. The concept of Montgomery embeds in endoscopic practice the principles of patient autonomy and shared decision making and moves ever further away from paternalism. Embracing shared decision making is becoming ever more demanding when the margins of benefit from a particular course of action are not clearly defined and as the available options for investigation and treatment become wider. This places responsibility on clinical practitioners to have sufficient knowledge and devote enough time to seek the patient's priorities and inform them of their options, whereas the research community must provide clear information on efficacy and risks of treatment where such margins are unclear.

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## Advances in inflammatory bowel disease

**Subramanian Sreedhar**

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The genetics of isolated colonic Crohn's disease place it approximately midway between Crohn's disease with small intestinal involvement and UC, making a case for considering it as a separate condition. We have therefore systematically reviewed its epidemiology, pathophysiology and treatment. Key findings include a higher incidence in females (65%) and older average age at presentation than Crohn's disease at other sites, a mucosa-associated microbiota between that found in ileal Crohn's disease and UC, no response to mesalazine, but possibly better response to anti-tumor necrosis factor than Crohn's disease at other sites. Diagnostic distinction from UC is often difficult and also needs to exclude other conditions including ischemic colitis, segmental colitis associated with diverticular disease and tuberculosis. Future studies, particularly clinical trials, but also historical cohorts, should assess isolated colonic Crohn's disease separately. The therapeutic armamentarium in IBD is expanding rapidly with the recent approval of new biological agents such as ustekinumab in Crohn's disease and the imminent approval of the JAK inhibitor tofacitinib. In addition, several new therapeutic approaches such as intensive fecal microbiota transplantation in UC and new pipeline molecular therapeutics are on the horizon. This talk will provide a comprehensive overview of new developments in the field of IBD.

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## Evaluation of the prescription pattern of proton pump inhibitors and the associated adverse drug reactions in the medicine unit of a secondary care hospital, Ras-al-Khaimah (RAK), United Arab Emirates (UAE)

**Sukaina Salim Damji**

Ras-al-Khaimah Medical and Health Sciences University, UAE

The inappropriate prescription pattern of Proton Pump Inhibitors (PPIs) continues to rise every year despite extensive literature addressing inappropriate utilization. This is significantly associated with drug-related problems (adverse drug reactions and drug-drug interactions). An observational, prospective study was carried out involving patients of age 18 and greater, admitted in the medicine ward of IBOH, RAK, UAE and who were prescribed with PPIs. Patients were monitored by the investigator, participating in the wards rounds with the clinician and relevant details was accessed through WAREED and documented in the patient profile form. All ADRs observed was confirmed by the physician and documented in the ADR forms. The ADRs scales utilized were: Naranjo, WHO, Hartwigs, Modified Schumock and Thornton's scale. Identified drug-drug interactions were graded based on the severity and the documentation was as per the Micromedex database 2.0. Statistical analysis was performed using SPSS version 20.0 and a total of 172 patients were studied. The predominant gender was female and 83 patients were in the age group of >58 years. The PPIs prescribed were; Pantoprazole (n=148), Esomeprazole (n=10), Rabeprazole and Omeprazole. An appropriate use of PPIs was found to be 37% whereas its inappropriate use was 63%. Five patients received the inappropriate dose of PPIs. Three clinically insignificant ADRs were observed in 5 patients with the use of Pantoprazole. No drug-drug interactions were observed. Majority of the prescriptions were not in line with the NICE guidelines utilized in the study site, in terms of its appropriateness. Our findings suggest the need for frequent prescription evaluation; institutional protocols and communication between a clinical pharmacist and a physician are crucial approaches.

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## Small intestine bacterial overgrowth: A major biomarker in the pathogenesis of environmental enteropathy (EE)

**Ulysses Fagundes-Neto**

Universidade Federal de São Paulo, Brazil

EE is a subclinical disorder that affects children usually of low income families who live in environments with poor sanitation and hygiene. EE is now widely recognized to be the major contributor to childhood malnutrition. EE is marked by alterations of the digestive-absorptive function and morphological abnormalities of the jejunal mucosa, such as villous flattening, crypt hyperplasia and increased inflammatory infiltration in the lamina propria. Small intestine bacterial overgrowth (SIBO) by the colonic type of bacteria has been reported in children of low income families in several different developing countries. The metabolism of these proliferating bacterial flora leads to de-conjugation and 7-alpha de-hydroxylation of the primary bile salts; colic and chenodeoxycholic transforming them in secondary bile salts, deoxycholic and lithocolic, respectively. These de-conjugated and secondary bile salts are injurious to the jejunal mucosa able to induce sodium and water secretion, carbohydrate mal-absorption, morphological damage and even rupture of the intestinal permeability barrier. Considering that SIBO plays a very important role in the pathogenesis of EE, it becomes mandatory to search its presence when suspected. There are two well-known biomarker tests available to investigate SIBO, namely: (1) Invasive: Jejunal fluid culture for aerobic and anaerobic bacteria; (2) Non-invasive: Hydrogen breath test utilizing lactulose, a non-absorbable carbohydrate, as a substrate. The objective of this presentation is to describe our experience utilizing these biomarkers in Brazilian children living in various different communities of low income families with lack of basic sanitary conditions.

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## Simultaneous laparoscopic adjustable gastric band removal and sleeve gastrectomy

Vasileios Drakopoulos, Athanasios Bakalis, Nikolaos Roukounakis, Sotirios Voulgaris, Vassilis Vougas and Spiros Drakopoulos  
Evangelismos General Hospital, Greece

**Background & Aim:** Laparoscopic adjustable gastric band (LAGB) related complications often require revision procedures with band removal and/or conversion to laparoscopic sleeve gastrectomy (LSG) or Roux-en-Y Gastric By-pass (RYGB). The optimal method of revision remains controversial. Single-stage removal and LSG or RYGB seems to be safe and efficient, while others suggest a two-stage approach. We present our 6 year experience concerning simultaneous LAGB removal and LSG.

**Methods:** We retrospectively analyzed 35 patients who underwent simultaneous LAGB removal and LSG, from January 2011 to December 2016, 10 men and 25 women. Average age is 38 (18-49). Mean BMI before conversion was 48 and 45.5, respectively. All patients underwent preoperative endoscopy and barium swallow, with no sign of stomach perforation, erosion or severe band slippage. We emphasize on a case of a 41-year-old male, who had undergone two operations of gastric band placement. The first band had developed slippage, while the second one infection without erosion. However, a successful single-stage definitive LAGB removal and LSG was achieved.

**Result:** No severe postoperative complications were mentioned, while no conversion to open surgery was required. Mean weight loss in the first year was 70% of the excess weight.

**Conclusion:** Simultaneous laparoscopic gastric band removal and sleeve gastrectomy for morbid obesity seems to be safe and efficient, especially in cases of absence of gastric erosion.

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## Robot-assisted transmediastinal radical esophagectomy

**Yasuyuki Seto**

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**Background:** Surgical treatment is still main stream for esophageal cancer. In radical esophagectomy, three fields' lymph node dissection, cervical, mediastinal and abdominal regions, is standard procedure. Frequent complications after radical esophagectomy are well known. Japanese nation-wide database (National Clinical Database) shows that minimally invasive esophagectomy (MIE) as compared to the conventional open procedure, could not reduce the development of postoperative pneumonia. MIE was shown to fail to decrease the morbidity. Therefore, the prevention of post-operative complications, especially pneumonia, is most important issue yet.

**Aim & Methods:** With the aim of achieving lymph node dissection equivalent to the conventional procedure (open or VATS) and decreasing the development of post-operative pulmonary complications simultaneously, we developed the novel procedure, transmediastinal (non-transthoracic) radical esophagectomy by using da Vinci. It is the combination of transhiatal robotic manipulation for the middle and lower mediastinum and a video-assisted trans-cervical procedure for the upper mediastinum.

**Results:** That procedure has been performed in 68 cases with esophageal cancer, to date. Conversion to open thoracotomy was necessary in 1 case. No postoperative pneumonia occurred among 67 cases and the number of harvested mediastinal lymph nodes was equal to the conventional open surgery. Furthermore, the QOLs after surgery were observed to be better as compared to the conventional group.

**Conclusion:** Robot-assisted transmediastinal (non-transthoracic) radical esophagectomy offers a new radical procedure for esophageal cancer.

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## Recent insights into immunity to hepatitis C virus

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Hepatitis C virus (HCV) infection is still a major public health problem worldwide since its first identification in 1989. HCV infection was previously claimed to be post-transfusion infection, particularly in developing countries. Recently, due to IV drug abuse, HCV infection became number one health problem in well-developed countries as well. The outcome of acute HCV is determined by the interplay between the host genetics, the virus and the virus-specific immune response. A successful clearance of HCV infection requires the coordinated action of innate immunity and acquired immunity, on the other hand, chronic infection is characterized by the presence of functionally and phenotypically altered NK and T cell responses that are unable to clear the virus but most likely contribute to the ongoing liver disease due to ineffective HCV-specific CD4<sup>+</sup> and CD8<sup>+</sup> T cell responses. The virus has developed multiple strategies to escape host immune responses. These challenges have to be taken into account for the design of efficient antiviral strategies. A thorough understanding of host-virus interactions is a prerequisite for the rational design of a vaccine. An effective affordable preventive vaccine should be able to induce strong neutralizing antibodies as well as powerful cellular immune responses to provide the best long-term goal for controlling the HCV infection globally. Therapeutic vaccines may be used with DAAs and thus providing IFN-free treatment protocols.

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