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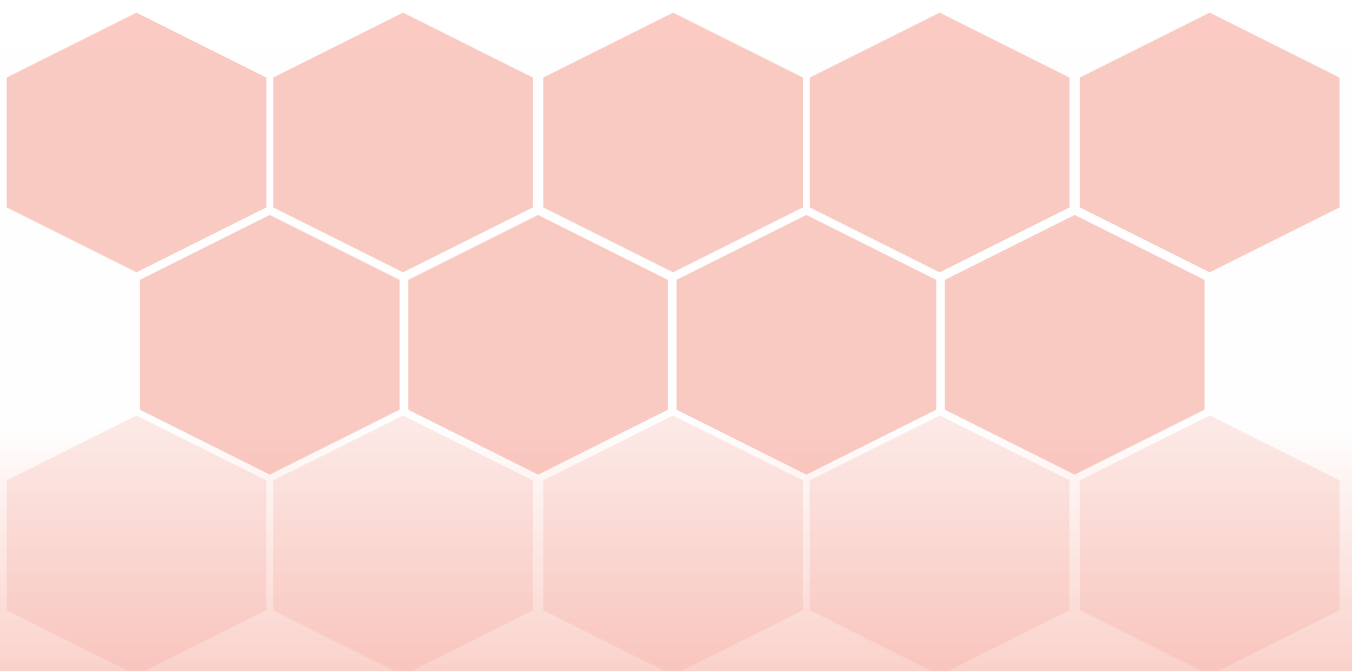


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1532nd Conference

11th World Gastroenterologists Summit

December 14-15, 2017 Dubai, UAE

Workshop (Day 1)



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December 14-15, 2017 Dubai, UAE



Gulen Arslan Lied

Haukeland University, Norway

An overview of potential pathophysiological mechanisms in food hypersensitivity

Majority of the patients with perceived food hypersensitivity have irritable bowel syndrome (IBS) and a significant proportion of IBS patients also attribute their gastrointestinal complaints to food items. Different factors such as disturbed intestinal fermentation, enteric dysmotility, post-infectious changes and altered microbial flora in the colon as well as psychological disturbances likely play a role in the pathophysiology and symptoms generation in patients with food hypersensitivity. The management of these patients should be interdisciplinary. The results of our more than 10 years' interdisciplinary research program dealing with such patients showed that food allergy was seldom diagnosed despite extensive examinations. The majority of the patients fulfilled the diagnostic criteria for irritable bowel syndrome. In addition, most suffered from several extra-intestinal health complaints and had considerably impaired quality of life. However, psychological factors could explain only approximately 10% of the variance in the patients' symptom severity and 90% of the variance thus remained unexplained. Intolerance to low-digestible carbohydrates was a common problem and abdominal symptoms were replicated by carbohydrate ingestion. A considerable number of patients showed evidence of immune activation by analyses of B-cell activating factor, dendritic cells and "IgE-armed" mast cells. In addition, a number of other studies in these patient groups indicate that local, systemic and mucosal immune systems are activated. During the presentation, the role of these potential factors including management of these patients will be reported in patients with perceived food hypersensitivity.

Biography

Gulen Arslan Lied is a Consultant Gastroenterologist and Professor at the Haukeland University Hospital, Department of Gastroenterology in Bergen, Norway. She has engaged in active research since 2001 and she supervises many PhD candidates and master students in field of gastroenterology and human and clinical nutrition. Her fields of interests include clinical trials in interactions between nutrition and gut microbiota, inflammation, functional gastrointestinal disorders (irritable bowel syndrome) including nutritional and allergeo-immunological aspects, food allergy and intolerance (food hypersensitivity) and experimental studies (food allergy model in mice and colitis models induced by DSS or TNBS in rats).

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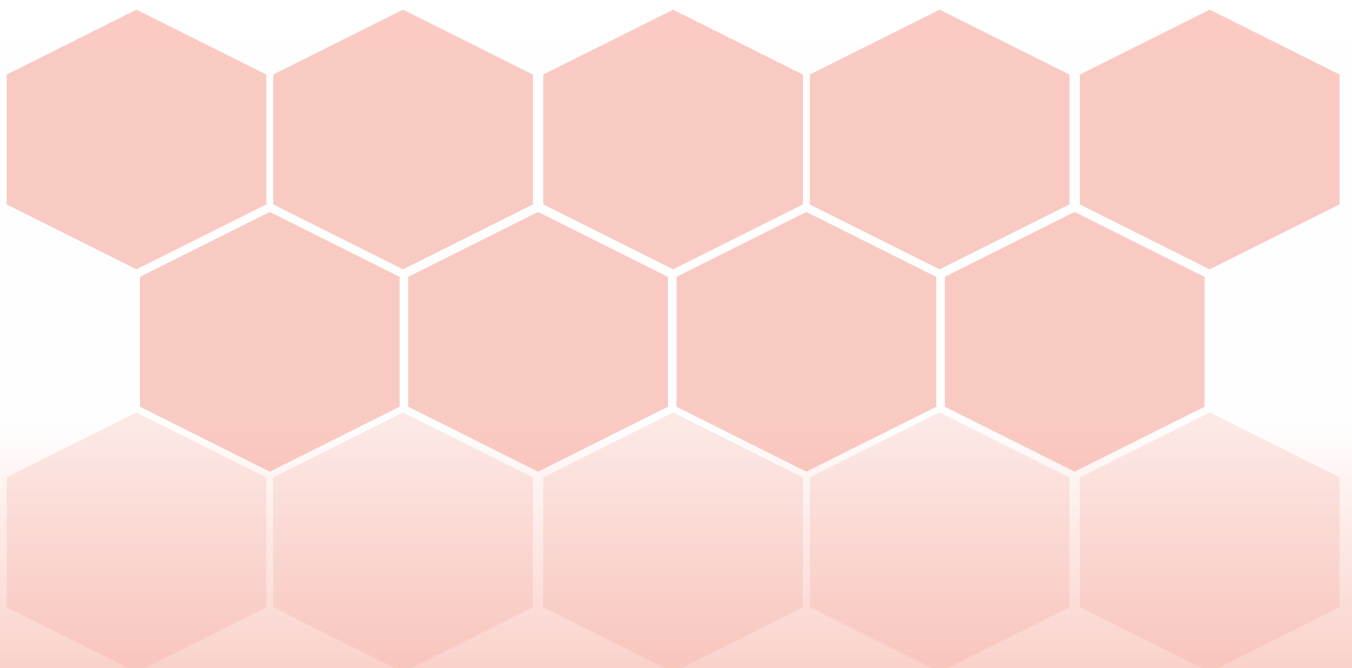


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Bio-similar in inflammatory bowel disease: A review of post-marketing experience

Vito Annese^{1, 2}¹Valiant Clinic, UAE²Careggi University Hospital, Italy

The introduction of anti-tumor necrosis factor alpha (anti-TNF α) antibodies about two decades ago has revolutionized the management of inflammatory bowel disease (IBD). However, they are also expensive and their cost can lead to restricted access for many patients. Infliximab has been the first anti-TNF α agent to be used and the first to lose the patent, whereas CT-P13 (Celltrion) has been the first infliximab bio-similar to be available. The clinical trial program of CT-P13 has been performed in patients with ankylosing spondylitis (AS) and rheumatoid arthritis (RA). Both were randomized, double-blind, multinational trials with 30 weeks of treatment, subsequently followed-up to 54 weeks with a further open-label 48-week extension and switch from infliximab to CT-P13. All these studies have demonstrated pharmacokinetic equivalence and clinical efficacy in both AS and RA up to 102 weeks, also after switching. The indication of CT-P13 has been extended since 2013 by EMA and more recently by FDA and Health Canada also to IBD. So far no controlled trials are available in IBD therefore we have made an extensive review of the available open label case series of IBD patients treated across the world. More than 600 IBD patients were evaluated, 39 in pediatric age and 183 switched from infliximab. In most cases, only a clinical evaluation was performed. The mean efficacy was 72%, the rate of adverse events 10.4% and the rate of infusion reactions was 5.5%. These findings are very much comparable to the experience with infliximab, waiting for the data of the controlled trials.

Biography

Vito Annese has received his MD in 1981 and subsequently the CCST in Internal Medicine and Gastroenterology at the Catholic University of Rome Italy. He has over 30-years of experience in gastroenterology, with specific interest in functional and inflammatory bowel disorders. He authored more than 250 peer reviewed publications. In the last 10-years he has been head of Gastroenterology at the Research Hospital of S. Giovanni Rotondo and at the University Hospital Careggi of Florence and aggregate professor at the University of Foggia and Florence in Italy. Since September 2016 is Consultant Gastroenterologist at the Valiant Clinic of Dubai.

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Comparison of clinical outcomes and cost of mini open vs. laparoscopic cholecystectomy in 10-year interval

Chu Woon Ng and Andreas Lambrianides
Redcliffe Hospital, Australia

Objective: To determine differences in procedure duration, length of stay, outcomes and cost based on types of surgery in the year 2004-5 and 2014-15.

Methods: The study design was a 10-year interval retrospective study conducted in a district hospital in Queensland, Australia. Data were extracted from hospital record for the years 2004-5 and 2014-15. Incomplete and inaccurate data were excluded from the study and a total of 247 records were included in final analysis. Fischer's exact test, Chi-square test and Mann-Whitney U test with 0.05 level of significance were used. Odds ratio with 95% confidence interval were also calculated.

Results: Patients treated with laparoscopic surgery had significantly shorter hospital stay than those treated with mini-open surgery ($p < 0.001$) and it was consistent for both time-period. Antibiotic use and postoperative complications were significantly higher in mini open cholecystectomy cases ($P < 0.05$). In both time-period, laparoscopic cholecystectomy showed significantly less inpatient complications compared to mini open cholecystectomy. Lack of cost components restricts direct comparison of cost, however increased complication, antibiotic use and longer stay suggests high indirect cost in patients treated with mini open cholecystectomy.

Conclusion: Laparoscopic cholecystectomy has become the preferred management of acute cholecystitis. This research provides evidence on improved intraoperative and postoperative outcome in laparoscopic cholecystectomy compared to mini open cholecystectomy. Shorter hospital stays, less postoperative complications and less antibiotic use make this technique more cost-effective. However, longitudinal study using cost effectiveness analysis in future will provide robust conclusion.

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 (MBBS) from Queensland University in 2015. She is also an Associate Lecturer at The University of Queensland Faculty of Medicine.

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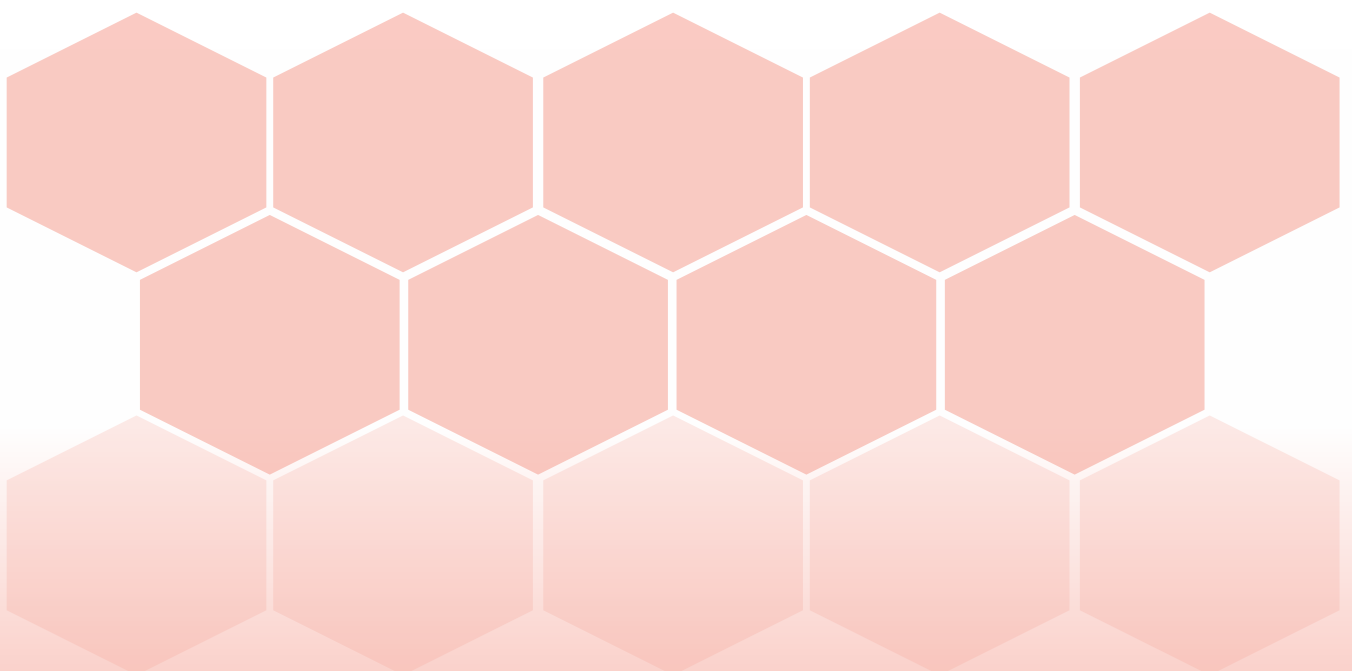


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Endoscopic detorsion of sigmoid volvulus in pregnancy: A case report and literature

Ibtihal Y Mahboob, Hani A Jawa and Laila K Ashkar
King Abdul Aziz University, KSA

Sigmoid volvulus is a very rare condition causing intestinal obstruction in pregnancy associated with extremely high rate of morbidity and mortality for both mother and fetus, early diagnosis based on clinical judgment and use of modern imaging modalities are required for achieving better results and avoiding any surgical intervention. We report the case of a 23-week pregnant lady, present with severe abdominal distention and constipation, diagnosis was achieved using magnetic resonance image, emergency flexible sigmoidoscopy with detorsion of volvulus was done successfully with no complication to the mother or fetus, she was maintained on stool softener and remained well on follow-up. We have reviewed the available literature on this topic, as of 2017, less than 100 cases had been reported since first reported case in 1885, most of them ended by surgical resection of gangrenous part of the colon and the need for colostomy. One case had been managed by endoscopy is reported in Brunei. Sigmoid volvulus is the most cause of intestinal obstruction during pregnancy accounting for up to 44% of reported cases. Delay in diagnosis usually goes back to similarity between common gastro-enteric symptoms in pregnancy that can mask truly obstructive one and also hesitate in use of radiologic image for evaluation. Effective management represents a challenge, as a delayed presentation and diagnosis will lead to catastrophic fetomaternal complications. A high incidence of clinical suspicion and timely intervention are the key to a favorable outcome.

Biography

Ibtihal Y Mahboob has completed her Saudi Board (PhD) in Internal Medicine and currently holds a Gastroenterology Fellowship.

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Parsonage-turner syndrome due to acute hepatitis E infection

Areeb Khan, Hameed Ur Rehman Habib Ur Rehman
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We report a case of a 59-year-old male, with no past medical history and foreign travel, who presented with a 1 week history of left arm weakness and numbness followed by an inability to contract his biceps for duration of 48 hours. These symptoms occurred after eating Pork Ribs at a local restaurant 2 weeks ago. On presentation, he was jaundiced and his liver function tests demonstrated a hepatitis-like picture. He had a positive hepatitis E PCR result. His diagnosis was brachial neuritis secondary to acute hepatitis E infection. Viral hepatitis E infection has been reported in 10% of patients with brachial neuritis. According to the most recent case report, an article published in April 2017 in the Journal of NeuroVirology, only 9 such cases have been reported in the UK. We therefore possibly reported the 10th case of hepatitis E associated brachial neuritis in the UK in a non-immunocompromised patient without any past medical history. This case again reminds us to consider hepatitis E infection in a patient presenting with neurological signs and deranged liver function tests.

Biography

Areeb Khan has completed his MBBS from Barts and The London School of Medicine and Dentistry and his Postdoctoral studies from Stanford University School of Medicine. He is currently a core Medical trainee at the Chesterfield Royal Hospital, UK.

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ERCP for pancreatic diseases: Experience in our tertiary care center

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Institute of Medical Gastroenterology, Madras Medical College, India

Aim: To retrospectively analyze the indications and the success rates of the ERCP procedures done for pancreatic diseases in our tertiary care center (RGGGH).

Materials & Methods: All the patients who underwent ERCP procedure for pancreatic diseases during August 2015 to July 2017 were included in the study and the details were analyzed.

Results: A total of 83 patients underwent ERCP for pancreatic diseases. The indications were symptomatic pancreatic pseudocysts (21), symptomatic pancreatic duct strictures in CCP (17), intra ductal calculi (15), pancreatic ductal leak with pancreatic ascites (12), pancreatic divisum with F/O CCP (11) and traumatic pancreatitis (7). About 15 patients of pseudocysts, 14 with pancreatic ductal strictures, 9 with intra ductal calculi, 8 with pancreatic duct leaks eventually required surgical intervention either due to failed procedure or persistent symptoms. However, among the 18 patients who had pancreatic divisum and traumatic pancreatitis only two ended up requiring surgical intervention with 16 of them being successfully treated with ERCP.

Conclusion: ERCP proved to be an effective minimally invasive technique among patients who had pancreatic divisum and traumatic pancreatitis.

Discussion: ERCP's main benefit is the minimally invasive nature in the management of pancreatic and biliary diseases. However, the complex nature of the technique demands a long learning curve. ERCP is done increasingly for pancreatic diseases in our center, Rajiv Gandhi government general hospital and the results are very encouraging especially pancreatic divisum and traumatic pancreatitis where the cure rate approaches 90%. There is a 66% cure rate among the patients who have pancreatic ductal leaks with pancreatic ascites. Among the other indications for ERCP in pancreatic diseases the cure rates are less than 40% and most of them required a surgery at the end.

Biography

Sibithooran K has completed his under-graduation from Sri Devaraj Urs Medical College, Kolar and his Masters in Internal Medicine from the Manipal University. He is currently a Resident of Gastroenterology at Madras Medical College, Chennai.

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Transient elastography in non-cirrhotic portal fibrosis: A comparative study with child's A cirrhosis in a tertiary care center**Mohammed Noufal B, Prem Kumar K, Venkateswaran A R, Kani Shaikh M, Ratnakar Kini, Pugazhendhi T, Radhakrishnan N, Thinakar Mani B and Sibithooran K**

Institute of Medical Gastroenterology, Madras Medical College, India

Background & Aim: Non-cirrhotic portal hypertension (NCPH) is one of the important causes of variceal bleed in tropical countries. In chronic liver disease, a very useful non-invasive method for the diagnosis of fibrosis is liver stiffness (LS) measurement by transient elastography (TE). There are only limited studies evaluating TE in patients with Non-cirrhotic portal fibrosis (NCPF). So, the aim of this study was to evaluate role of TE in NCPF.

Methods: This is a case control study of retrospectively collected data from 25 patients of NCPF from September 2015 to August 2017. All patients had liver biopsy, TE, computed tomography of abdomen. 25-age and gender matched healthy subjects and 50-age matched patients with cirrhosis whereas Child's A was taken as controls.

Results: The mean age of the patients was 26.5 (15-40) years, with female predominance (Female>Male=19:6). Of the 25 patients, 21 had variceal bleed requiring endoscopic band ligation and 3 required glue therapy for fundal varices. The platelet count (87 vs. 115×10³/ml) was lower and total leucocyte count (2.5 vs. 5.9×10³/cu mm, P< 0.05), was significantly lower in patients with NCPF compared to patients with cirrhosis. TE (Fibroscan) was significantly low in patients with NCPF compared to cirrhotic patients (8.2 vs. 47.4 kPa, P<0.005), but high compared to healthy controls (8.2 vs. 4.7 kPa, P<0.005).

Conclusion: Transient elastography (Fibroscan) is significantly low in patients with NCPF compared to patients with cirrhosis. It is a very useful non-invasive technique to differentiate between Child's A cirrhosis and non-cirrhotic portal fibrosis.

Biography

Mohammed Noufal B has completed his MBBS and MD Internal Medicine from The Tamil Nadu Dr. MGR Medical University, Tamil Nadu, India. He is currently pursuing his Post-graduate course in Medical Gastroenterology at the Madras Medical College, Chennai, India. He has published papers in reputed journals and conducting various research studies.

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Role of endotherapy vs. surgery in the management of traumatic pancreatic injury: A tertiary center experience**Thinakarmani¹, Ratnakar Kini¹, Bharat Narasimhan², Venkateswaran A R¹, Kani Sheikh¹, Prem Kumar¹, Rajkumar Solomon¹, Malar Vizhi¹, Thangavelu Pugazhendhi¹, Mohammed Ali¹, Sibithooran¹, Radhakrishnan¹, Mohammed Noufal¹**¹Institute of Medical Gastroenterology, Madras Medical College, India²Department of Internal Medicine, KMC Mangalore, Manipal University, Karnataka, India

Background & Aims: Pancreatic injury remains a complicated condition requiring an individualized case by case approach to management. In this study, we aim to analyze the varied presentations and treatment outcomes of traumatic pancreatic injury in a tertiary care center.

Materials & Methods: All consecutive patients hospitalized at our center with traumatic pancreatic injury between 2013 and 2017 were included. The American Association for Surgery of Trauma (AAST) classification was used to stratify patients into five grades of severity. Outcome parameters were then analyzed based on the treatment modality employed.

Results: Of the 35 patients analyzed, 26 had an underlying blunt trauma with the remaining 9 presenting due to penetrating injury. Overall in-hospital mortality was 28%. 19 of these patients underwent exploratory laparotomy with the remaining 16 managed non-operatively. 9 patients had severe injury (>grade 3); of which 4 underwent endotherapy, 3 had stents placed and one underwent an endoscopic pseudocyst drainage. Among those managed non-operatively, 3 underwent a radiological drainage procedure.

Conclusion: Mortality rates were clearly higher in patients managed operatively. This is likely a result of significantly higher degrees of major associated non-pancreatic injuries and not just a reflection of surgical morbidity. Despite this, surgical management remains the mainstay of therapy, especially in higher grades of pancreatic injury. However, we would like to emphasize that endoscopic intervention remains the preferred treatment modality when the clinical setting permits. This is especially applicable in cases of main pancreatic duct injury with ascites as well as pseudocysts.

Biography

Thinakar Mani has completed his MBBS from Pondicherry University and MD Internal Medicine from Manipal University. Currently, he is working as a Senior Resident at Institute of Medical Gastroenterology at Madras Medical College, India. He has presented many papers at national conferences all around India.

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Portal vein thrombosis: A tertiary care experience

Radhakrishnan N, Kani Sheikh M, Ratnakar Kini S, Prem Kumar K, Venkateshwaran A R, Thinakar Mani B, Mohamed Naufal and Sibi Thooran K
Institute of Medical Gastroenterology, Madras Medical College, India

Introduction & Aim: Portal vein thrombosis (PVT) has become an increasingly recognizable disorder during evaluation of cases of abdominal pain with usage of widespread imaging techniques. PVT can result due to various clinical conditions like chronic liver disease, infections, malignancies and hypercoagulable states. The objective of this study is to observe the clinical presentation and to do the etiological work up of cases of PVT in a tertiary care center. This can aid in early diagnosis and expert intervention thereby reducing the morbidity in cases of PVT.

Methods: The study is a cross-sectional observational study done on patients having PVT, who presented to Institute of Medical Gastroenterology, MMC and RGGGH, during the period of Jan 2016-July 2017 were taken up for the study. The clinical presentation of the above patients was observed and their etiological work up done.

Results: Totally 45 cases were taken into study. 27 were males and 18 were females. Clinical presentation: The main symptoms were, abdominal distension (18 patients, 51%), abdominal pain (10 patients, 27%), pain associated with diarrhea and vomiting (5 patients, 14%) and pain with nausea and anorexia (3 patients, 8%). Etiological work up showed chronic liver disease (24 patients, 54%), prothrombotic states (9 patients, 20%) local factors, prothrombotic risks and idiopathic causes (12 patients, 26%). Detection of PVT were done mostly by Portal vein Doppler (32 patients, 72%) computed tomography (13 patients, 27%).

Conclusion: Higher incidence of PVT was seen among patients with chronic liver disease. Prothrombotic states like myeloproliferative disorders and coagulation defects were the next common causes detected. PVT presenting as plain abdominal pain, pain associated with nausea, vomiting and diarrhea were seen in patients as well, thereby suggesting that PVT is an important differential diagnosis in patients presenting as abdominal pain with a negative work up for common causes. With the help of widespread and improved imaging techniques, earlier diagnosis of PVT can be achieved and early intervention can greatly reduce the morbidity of patients.

Biography

Radhakrishnan N is currently pursuing DM in Medical Gastroenterology in Institute of Medical Gastroenterology, Madras Medical College and RGGGH, Chennai, India. He has completed his Masters, MD in Internal Medicine from the same institute.

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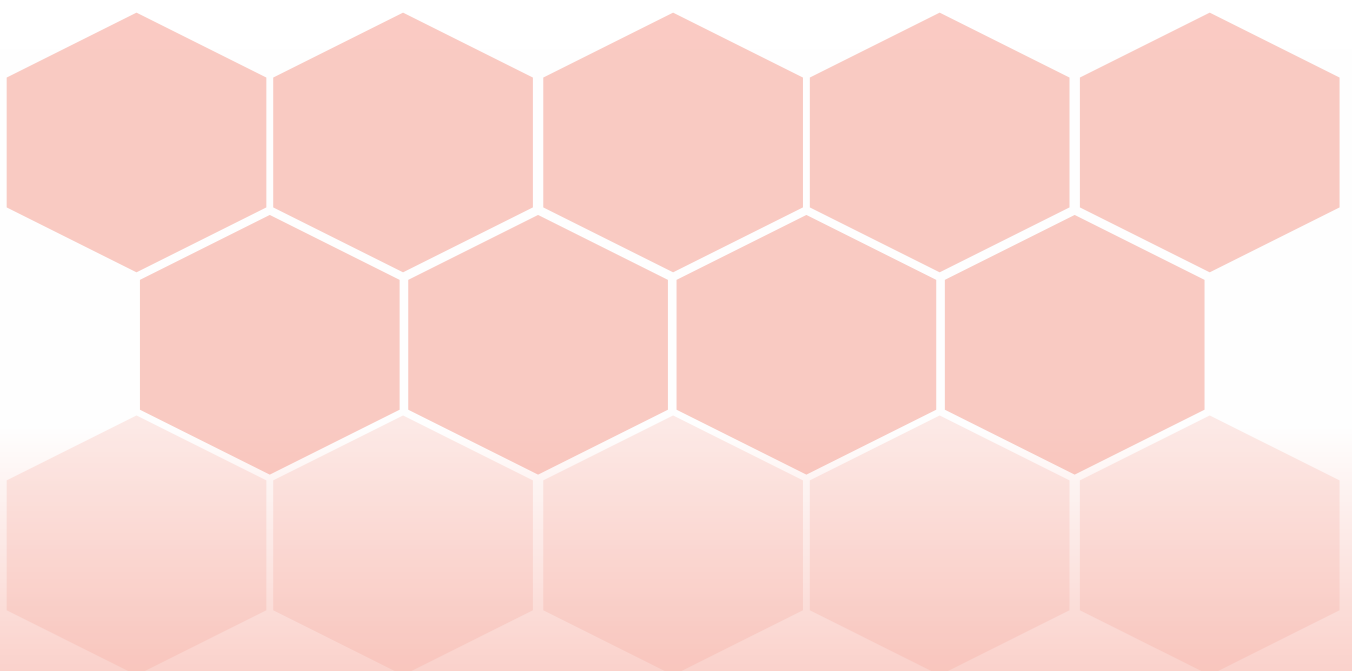


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Therapy for IBD and risk of cancer

Vito Annese
Valiant Clinic, UAE

Cancers caused by immunosuppressant drugs represent a minority of the incident cancers observed in patients with IBD. Thiopurines can promote cancer in several different ways, such as carcinogenic mutations of cell DNA, impaired tumor-cell immune-surveillance, reduced number and/or function of immune cells, and facilitating the proliferation of cells with microsatellite instability. However, several studies conducted in referral centers and adequately powered nationwide studies have suggested that cancer risk in general is not increased. In a recent meta-analysis, the overall standardized risk ratio (SIR) for lymphoma considered in the population studies was significantly increased in IBD patients receiving thiopurines, (5.7, 95% CI 3.2-10.1), but not in former users or patients who had never used these drugs. The absolute risks were globally higher by a factor of 2 to 3 in men compared with women, irrespective of age and drug exposure. The highest absolute risks for lymphoma (any type) were found in patients over 50 years (2.6/1000 patients) and in males under the age of 30 (estimated crude risk: 1 to 2/1000 patients). Hepatosplenic T-cell lymphomas (HSTCLs) occur almost exclusively in males under the age of 35 who are exposed to thiopurines. However, over 80% of the cases of HSTCL occur after the first 2 years of combination therapy of thiopurines with anti-TNF. Data suggesting an excess risk of non-melanoma skin cancer (NMSC) in IBD patients being treated with thiopurines have emerged from several studies conducted in the last five years and a recent meta-analysis, which found a pooled adjusted HR for NMSC in thiopurine-treated IBD patients of 2.3. The carcinogenic effect of thiopurines has been attributed to increased UVA-induced DNA damage, increased production of reactive oxygen species in skin epithelial cells. Since 1995, several studies have investigated the cancer risk associated with TNF-alpha antagonists used in IBD. Most patients treated with these agents in these studies also used (or had used) thiopurines, so it is difficult to attribute the findings to anti-TNF therapy alone. More recently an adequately powered nationwide study in Denmark have confirmed the data of meta-analysis and pooled analysis for infliximab and adalimumab excluding an excess of risk. It is not clear whether concomitant anti-TNF treatment increases the risk of thiopurine-associated lymphoma, except for the hepatosplenic T-cell variety. The results of a recent meta-analysis indicate that the risk of melanoma is mildly increased (37%) in IBD patients, independent of the use of biologic therapy. In a large nested case-control study performed with data from a large health insurance claims database, the use of TNF-alpha antagonists was independently associated with an increased melanoma risk in patients with IBD (OR=1.9; 95% CI, 1.1-3.3), but in a Danish cohort the adjusted odds ratio was non-significant. Reliable data regarding risk of cancer and therapy with Methotrexate and Cyclosporine in IBD are lacking. Data on methotrexate related to rheumatologic experience do not report an excess risk of solid cancer or hematological malignancies. Calcineurin inhibition is associated with an unequivocal excess risk of cancer in the post-transplant state, but is generally dose and duration-dependent; therefore, is not an issue for IBD.

Biography

Vito Annese has received his MD in 1981 and subsequently the CCST in Internal Medicine and Gastroenterology at the Catholic University of Rome Italy. He has over 30-years of experience in gastroenterology, with specific interest in functional and inflammatory bowel disorders. He authored more than 250 peer reviewed publications. In the last 10-years he has been head of Gastroenterology at the Research Hospital of S. Giovanni Rotondo and at the University Hospital Careggi of Florence and aggregate professor at the University of Foggia and Florence in Italy. Since September 2016 is Consultant Gastroenterologist at the Valiant Clinic of Dubai.

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A single institute experience with single port laparoscopic surgery (SPLS) for complex Crohn's disease and Ulcerative Colitis

Cosimo Alex Leo

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Single port laparoscopic surgery (SPLS) is a technique which is increasing in popularity. The benefit of SPLS in complex Crohn's disease (CD), which includes a significant cohort of young patients sometimes needing multiple operations, has not been comprehensively assessed. This study analyses our experience with this technique. Patients who underwent SPLS for CD were included. Data were collected prospectively from January 2013 to December 2015. Ileocolic resections, right hemicolectomy, small bowel stricturoplasties and resections were included in the complex CD cohort. Primary and redo operations were analyzed separately. 57 patients were included in the study: (59 ileocolic resections, 16 small bowel stricturoplasty/resections). Of the total, 41 were primary resections and 34 were redo-resections. The median age was 39 years (Range: 14 years to 74 years) and the median hospital stay was 7 days (Range: 3 days to 28 days). The total complication rate was 31.5% most of which were Clavien-Dindo type 1 and 2. There was no difference in operating time, average blood loss, conversion rates, complication rate and hospital stay, between those who had primary or redo surgery. In our experience SPLS can be performed safely in patients with complex Crohn's disease even in redo surgery. There may be some technical advantages to the procedure in this group of patients.

Biography

Cosimo Alex Leo has completed his MD from Udine University and obtained CCT in General and Colorectal Surgery. He is currently working as a Senior Specialist Registrar at 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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What can a new endoscopic ling classification do for achalasia?

Yaqi Zhai and Enqiang Linghu

Chinese PLA General Hospital, China

Peroral Endoscopic Myotomy (POEM) is a new minimally-invasive endoscopic method for achalasia, being expected to be the first treatment choice with satisfactory short and moderate term outcome. We performed our first POEM in Oct 2010, and gradually found not all the achalasia patients were eligible and equally safe to undergo POEM. Although achalasia had been staged or classified on radiography or manometry, there was no endoscopic classification. We retrospectively analyzed the endoscopic features of 976 achalasia patients in our endoscopic center and proposed a new endoscopic Ling classification. According to presence of multi-ring, crescent-like structure and diverticulum, achalasia was divided into three subtypes: type I, type II (a,b,c), type III. Then prospective study enrolling 341 patients with POEM was performed to evaluate the clinical value of the achalasia. Patients with different Ling subtypes suffered the similar degree of symptoms according to Eckardt scores. Yet the Ling classification had significant correlation with symptom duration and lower esophageal sphincter pressure (LESP). The patients with longer duration were more likely to developed Typer IIc and III and LESP of these Typer IIc and III patients was obviously lower than the others. The overall success rate of POEM was 97.7% within 1-year follow-up and there was no significant difference among different subtypes, whereas Ling classification had significant correlation with complications, such as gas-related adverse and mucosal perforation. Ling IIc was showed to have the highest risk of complication and a modified POEM with short tunnel was demonstrated effectively by us.

Biography

Yaqi Zhai is a Chief Doctor of Department of Gastroenterology and Hepatology of Chinese PLA General Hospital, completed his MD degree from Chinese PLA Medical School. He was dedicated to digestive endoscopic tunnel technique and had published more than 10 papers in reputed journals. He was also a Member of academic group of Capsule Endoscopy and Enteroscopy of CSGE.

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Formulation and evaluation of herbal extract coated pellets with anti-inflammatory and hepatoprotective activity for prophylactic daily use as food supplements

Sandeep Arora

Chitkara University, India

With increasing incidences of hepatitis, fibrosis and cirrhosis due to lifestyle changes, food habits, drug adverse effects, alcoholic and fatty damage, it is relevant that focus should now be on prophylactic and preventive measures, to take care of day to day factors causing cellular injury and inflammatory processes. Traditional foods and traditional therapeutic systems in the world including Ayurveda point to the benefits of regular herbal intake, which indirectly provided a prophylactic anti-inflammatory activity and show antiarthritic action. Slurry comprising herbal extracts was prepared by suspending in a solution of the excipients, dissolved or suspended in sufficient water and Isopropyl alcohol (IPA) to make the slurry sprayable. After milling through a machine adapted for grinding suspension, in order to reduce the particle size of extract, the suspension was applied on the excipient pellets in the classic pharmaceutical fluidized bed coating device, which consists simply of a vertical cylinder with an air-permeable bottom and an upward spraying nozzle close above the bottom, or a downward-spraying nozzle mounted above the product mass. The temperature of the fluidizing air was balanced against the spray rate to maintain the mass of pellets at the desired level of moisture and stickiness while the coating was built up. A finishing layer over the extract layer of 1% of an anti-static ingredient such as talc or silicon dioxide simply dusted on the surface of the pellets and other coats were applied. The pellets were made palatable and colored with colorants and flavors added to increase patient compliance for daily intake as prophylactic food and optimized for uniformity of content, dissolution and moisture content and then for anti-inflammatory and hepatoprotective activity. The Hepatoprotective pellet (HDT) treatment stimulated hepatoprotective effects that were proven by attenuating serum AST and ALT activities. The antioxidant activities of the HDT pellets can ameliorate oxidative stress contributing to the amount of intracellular antioxidant enzymes, which was confirmed by GSH and CAT assay. Centrilobular necrosis, lymphocytes infiltration and steatosis were apparent in CCl₄-treated group, whereas administration of the HDT significantly reverses these abnormal indexes. This indicates that HDT can ameliorate oxidative stress to preserve hepatic function and hepatic injury induced by CCl₄.

Biography

Sandeep Arora carries a professional experience spanning 23.5 years; 3.5 years in pharma production and quality assurance in Glaxo I Ltd, Blue Cross Ltd and 20 years in teaching/training and research in the fields of pharmacognosy and natural products, regulatory affairs, industrial pharmacy and management. He is the author of the book entitled, "Pharmaceuticals-Issues for Industrial Management" and has been the honorary Editor of *Advanced Drug Review* and has to his credit about 60 national and international publications. His area of specialization and research are medicinal natural products (phytochemical, pharmacological evaluation and standardization), development and regulatory aspects of herbal and other products and industrial management. He has to his credit 4 patents as Lead Investigator and 4 as Co-Investigator and involved in 2 product launches at international level. He is a Member APTI and Pharmacy Council and Life Member Inflammation Society, and Consultant and Advisor to pharma industry on regulatory compliance and herbal product standardization.

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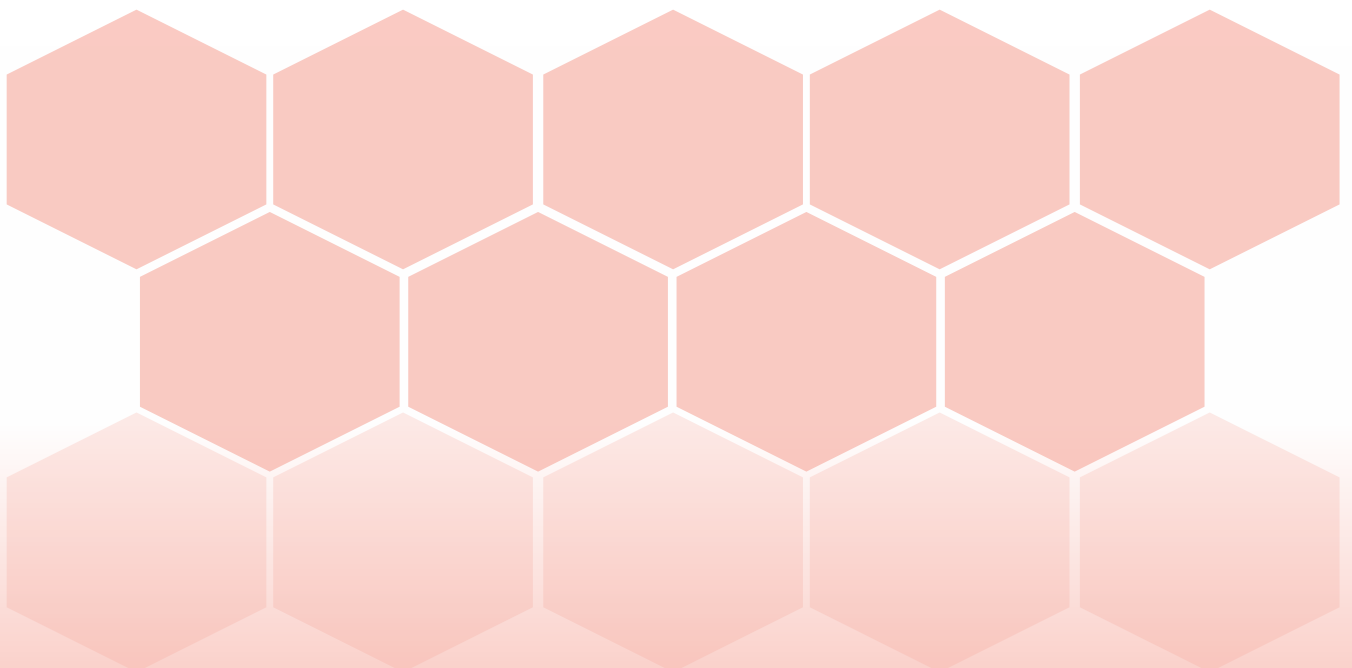


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Laparoscopic management of rare case of mesentericoaxial gastric volvulus

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Gastric volvulus is an uncommon condition. It occurs mainly as a result of congenital laxity of the stomach's attachments and might be accompanied by a diaphragmatic hernia. This sometimes causes the stomach to herniate into the thorax. It can be mesentericoaxial or organoaxial, former being rarer. We present our 2 patients who were managed with minimal invasive surgery. We managed two patients with gastric volvulus, both had mesentericoaxial gastric volvulus. One of the patient also had diaphragmatic hernia in which repair was done with mesh hernioplasty. Both patients recovered well from surgery. The average hospital stay was 3 days. Mesentericoaxial gastric volvulus is a rare disease and very few cases have been reported in the literature and there are combined endoscopic and laparoscopic approaches for treatment. In secondary volvulus, the diaphragmatic defect has to be repaired, preferably with mesh. Gastropexy is performed in all cases. Even though worldwide experience in laparoscopic surgery for gastric volvulus is limited, the results are encouraging. Based on our experience, laparoscopic management seems to be safe and feasible in the rare case of mesentericoaxial gastric volvulus.

Biography

Sumita A Jain is a Senior Professor and Head of Surgical Unit in the Department of Surgery at Sawai Man Singh Medical College and Hospital, Jaipur, India. She is the Founder of Women Oncology and Healthcare Clinic in her hospital. She is also the President of an NGO, Women's Cancer Society. She is the co-author of World Society of Emergency Surgery- Sepsis Severity Score. She has also co-authored many publications in leading journals and is Principal Investigator in multiple research trials in the field of women cancer.

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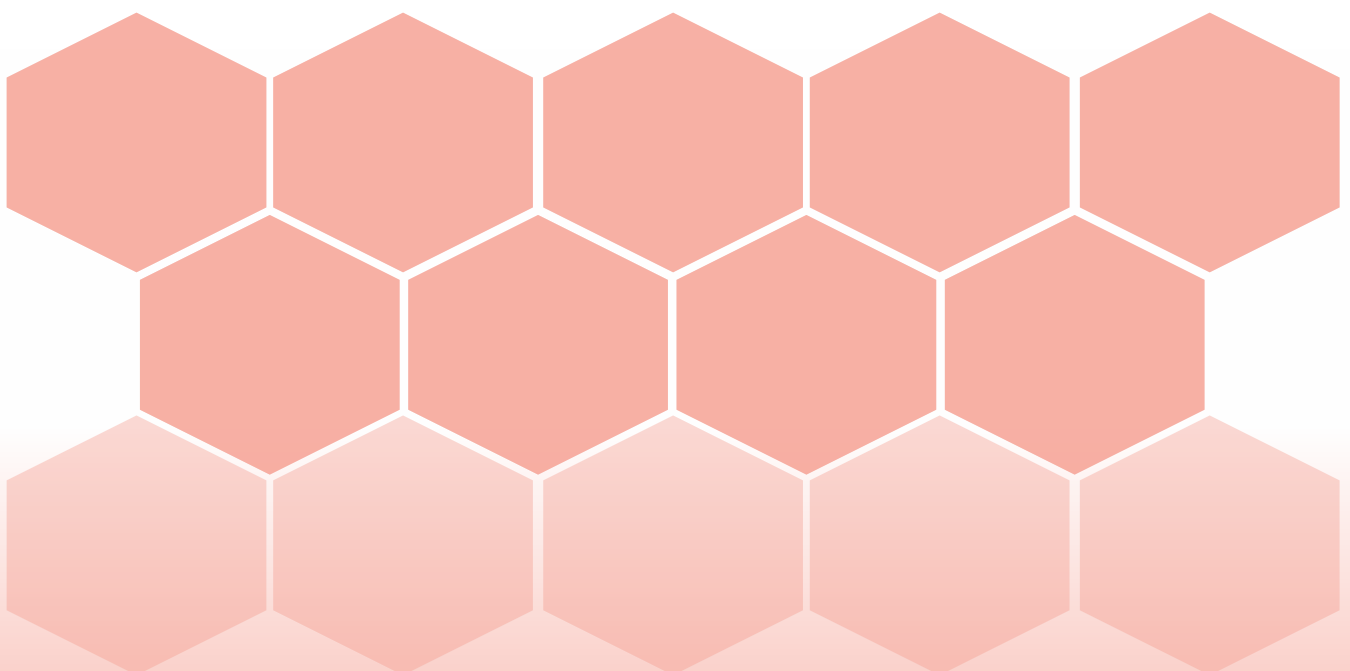


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Endoscope guided pneumatic dilatation of achalasia cardia: Efficacy outcomes and complications at a single tertiary care center

Mohammed Noufal B, Venkateswaran A R, Kani Shaikh , Ratnakar Kini, Prem Kumar K, Pugazhendhi T, Radhakrishnan N, Thinakar Mani B and Sibithooran K

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Introduction: Pneumatic dilation (PD) is considered to be the first line nonsurgical therapy for achalasia. The principle of the procedure is to weaken the lower esophageal sphincter by tearing its muscle fibers, thereby generating radial force which is done endoscopically without fluoroscopic control, using a low-compliance balloon such as Rigiflex dilator. It has the advantage of determining mucosal injury during the dilation process, so that repeat endoscopy is not needed to assess the mucosal tearing.

Aim: To study the series of cases of achalasia cardia, managed by pneumatic dilatation and observe their efficacy, outcomes and complications presenting in our center (Rajiv Gandhi Government General Hospital) during the period of July 2015 to 2017.

Methods: 27 cases of achalasia cardia which are presented to our center (RGGGH) during July 2015 to 2017 and managed by endoscope guided pneumatic dilatation were retrospectively analyzed and their outcomes were observed.

Results: 25 of 27 patients with achalasia presented with dysphagia for solids or liquids. 20 patients had regurgitation and vomiting. Weight loss of more than 5 kg was observed in 10 patients. History of nocturnal cough was present in 7 patients. 35 dilatations were performed in 27 patients. All patients had relief of dysphagia and regurgitation within 24 hours. Barium swallow within a week of dilatation showed a decrease in the maximum diameter of the esophagus from 42.4 ± 11.4 mm to 30.5 ± 10.5 mm and increase in the diameter of the narrowed lower segment from 2.45 ± 1.5 mm to 11.4 ± 2.2 mm. None of the patients showed a hold up of barium after dilatation. 20 patients complained of retrosternal pain during procedure but none persisted for 24 hours. No perforations were encountered during the study. There was no procedural mortality.

Conclusion: Endoscope-guided PD is an efficient and safe nonsurgical therapy with results comparable to other treatment modalities.

Biography

Mohammed Noufal B has completed his MBBS and MD Internal Medicine from The Tamil Nadu Dr. MGR Medical University. He is currently pursuing his Postgraduate course, DM in Medical Gastroenterology at the Madras Medical College Chennai, India. He has published papers in reputed journals and conducted various research studies.

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ERCP in post cholecystectomy bile leak: Our tertiary care center experience

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Background & Aims: To retrospectively analyze the effectiveness of the ERCP procedures done for post cholecystectomy bile duct injuries.

Materials & Methods: All the patients who underwent ERCP procedure for post cholecystectomy bile duct injuries during August 2015 to July 2017 were included in the study and the details were analyzed.

Results: A total of 49 patients underwent ERCP for management of bile duct injuries. 20 of them had type A Strasberg injury, 15 had Strasberg type D injury, 14 had Strasberg type C and Strasberg types B and E were managed surgically. Stenting was successful in 22/25 type A, 9/15 type D and 4/14 type C.

Conclusion: ERCP in post-surgical bile leaks was very effective with Strasberg type A injuries and to some extent in Strasberg type D was not so effective in type C.

Biography

Sibithooran K has completed his under-graduation from Sri Devaraj Urs Medical College, Kolar and his Masters in Internal Medicine from the Manipal University. He is currently a Resident of Gastroenterology at Madras Medical College, Chennai.

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Effect of chronic liver disease severity and etiology on lipid profiles: An analytical study**Thinakarmani¹, Venkateswaran A R¹, Bharat Narasimhan², Ratnakar Kini¹, Kani Sheikh¹, Prem Kumar¹, Rajkumar Solomon¹, Malar Vizhi¹, Thangavelu Pugazhendhi¹, Mohammed Ali¹, Sibithooran¹, Radhakrishnan¹, Mohammed Noufal¹**¹Institute of Medical Gastroenterology, Madras Medical College, India²Department of Internal Medicine, KMC Mangalore, Manipal University, India

Background & Aims: The liver is integral to lipid metabolism and a compromise in its function leads to perturbations in these pathways. In this study, we hope to determine the correlation between CLD severity and its effect on lipid parameters. We also look at the etiology specific effects on lipid levels.

Materials & Methods: This is a retrospective cross-sectional analysis of 250 patients with cirrhosis compared to 250 healthy age and sex matched controls. Severity assessment of CLD using MELD and Child-Pugh scores was performed and etiological details collected. A questionnaire was used to obtain patient demographic details and lastly a fasting lipid profile (Total LDL, HDL, cholesterol, triglycerides and VLDL) was obtained.

Results: All components of the lipid profile declined linearly with increasing severity of CLD as determined by MELD and Child-Pugh scores. Lipid levels were clearly lower in CLD patients as compared to healthy controls. Interestingly, preliminary analysis indicated that CLD of different etiologies had differential effects on Lipid profiles-this aspect is under further analysis.

Conclusion: All components of the lipid profile were definitely lower in CLD patients as compared to controls and demonstrated an inverse correlation with increasing severity. The utilization of this parameter as a prognosticating aid requires further study. Additionally, preliminary analysis indicates that various CLD etiologies appear to have specific effects on the lipid profile-a finding under further analysis.

Biography

Thinakar Mani has completed his MBBS from Pondicherry University and MD Internal Medicine from Manipal University. Currently, he is working as a Senior Resident at Institute of Medical Gastroenterology at Madras Medical College, Tamil Nadu, India. He has presented many papers at national conferences all around India.

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