

**conference**series.com

**conference**series.com  
664<sup>th</sup> Conference

7<sup>th</sup> Global Congress on

# Gastroenterology & Endoscopy

September 12-14, 2016 Atlanta, USA

## Keynote Forum (Day 1)



7<sup>th</sup> Global Congress on

# Gastroenterology & Endoscopy

September 12-14, 2016 Atlanta, USA



## Muhammad Jawad

*Orlando Regional Medical Center, USA*

### Abdominal pain after bariatric surgery

Abdominal pain after bariatric surgery is very common complaint; this may lead to emergency room visit where commonly the wrong test will be ordered. This will lead to delay in the diagnosis and increase of the cost. Knowledge of the procedure that is to be performed and the time since the procedure was performed is critical for ordering the appropriate test and reaching the diagnosis. I will be presenting the most common bariatric procedure that is performed worldwide; early and late complications that the patient may suffer from; and the appropriate diagnostic tool and management.

### Biography

Muhammad Jawad, MD, FACS is Board Certified through the American Board of Surgery and serves as the Medical Director of Orlando Regional Medical Center's Bariatric Program. He has been an expert in Laparoscopic Surgery since 1989, where he has performed complicated biliary, colon and endocrine surgery. He has received his Medical degree from Ain Shams University in Cairo, Egypt. He completed a Surgical Internship at the Cook County Hospital in Chicago, IL. Before joining ORMC, he has served as a Chief of Surgery at the Ocala Regional Medical Center in Florida. At Ocala Regional Hospital, he has served as the Board Member of trustees. Serving as an expert in the Laparoscopic Field and performing bariatric surgery since 1984, he has performed more than 4,000 laparoscopic bariatric surgical cases with great success. He has specialized in the Laparoscopic Gastric Bypass, the Adjustable Lap-Band and Sleeve Gastrectomy procedures. He has presented more than 45 presentations both nationally and internationally on Laparoscopic and Bariatric Surgery.

Muhammad.Jawad@orlandohealth.com



## Simon S Rabinowitz

Downstate Children's Hospital, USA

### The role of endosonography (EUS) in evaluating pediatric eosinophilic esophagitis (EoE)

**Introduction & Aim:** EUS was initially employed to document esophageal thickening in pediatric EoE in a sentinel paper. Subsequently, it has been utilized to measure response to treatment in an adult with EoE. This report describes EUS data in a cohort of children with esophageal inflammation and highlights pitfalls and potential applications of this technology.

**Methods:** EUS was performed on 29 patients (21M:8F; 9m-20y) with either a previous diagnosis of known EoE {previous esophageal biopsy>15 eos/hpf} or symptoms consistent with EoE. Exams were performed utilizing a 12 (earlier exams only) or 20 mHz ultrasound probe. Measurements were obtained for the mucosa, submucosa plus mucosa, and the total wall thickness at the distal (n=58) and mid (n=59) esophagus prior to obtaining biopsies.

**Results:** In this study, 13 of the 29 patients had multiple (2-6) examinations. 10 patients were found to have gastroesophageal (GER) or acid peptic disease and had a single exam. The remainder of the cohort was composed of: 24 exams during active EoE (defined as >15 eos/hpf after PPI therapy); 15 exams during EoE in remission (previously active EoE, presently with <15 eos/hpf); 5 exams on patients with active eosinophilic gastrointestinal disease EGID (EoE criteria plus either stomach or duodenum also had excessive, >30 eos/hpf); and 5 patients with EGID in remission (<15 eos/hpf in mid and distal esophagus and previous history of active EGID). Total wall thickness (TWT) in the mid (p=0.03 by 2 way ANOVA) and distal (p=0.007) esophagus was significantly decreased in the GER exams (1.5 mm and 1.5 mm) compared to the EoE active (1.9 mm and 2.1 mm) and remission (1.8 mm and 2.0 mm). The thickening was primarily attributed to the muscular layer and the sub-mucosa. While the TWT for the EoE active and remission were not statistically different, those patients with multiple exams demonstrated a downward trend with effective therapy. In the two patients with markedly increased TWT and active EoE who went into remission, mucosal eosinophilia (histologic remission) occurred more rapidly than reversal of wall thickening. 4 patients with previously diagnosed EoE were found on subsequent studies to have EGID. Although this preliminary cohort is small, the EGID TWT was comparable to the active EoE. For those with serial exams, EGIDs also demonstrated decreased TWT with standard EoE therapy.

**Discussion:** These results confirmed the previous preliminary studies that demonstrate EUS can assist in distinguishing GERD from EoE. Our preliminary findings indicated that in pediatric patients with EoE, esophageal TWT thickening appears to take longer to resolve than mucosal eosinophilia. Characterizing esophageal ultrasound abnormalities based on histopathological criteria can therefore yield a confusing picture. Conversely, recognizing esophageal wall thickening as an important clinical end point may provide a more appropriate basis for making clinical decisions and understanding the pathophysiology of this disease.

### Biography

Simon S Rabinowitz has received his PhD from UW Madison and his MD from University of Miami in 1983. He completed his Pediatrics and GI Training at Mount Sinai Health System, NY. He founded the Pediatric Gastroenterology division at Downstate Children's Hospital in 1989. In 2003, he became the Chairman of Pediatrics and the Program Director at St. Vincent's Hospital, Staten Island. He has recently published on Hirschsprung's disease and *Helicobacter pylori* but his main interest lies in translational studies of Eosinophilic Esophagitis.

simon.rabinowitz@downstate.edu

7<sup>th</sup> Global Congress on

# Gastroenterology & Endoscopy

September 12-14, 2016 Atlanta, USA



## Ashwani K Singal

University of Alabama at Birmingham, USA

### Acute kidney injury among patients with cirrhosis

**Aim:** Data on prevalence of acute kidney injury (AKI) and its impact on outcomes are limited among patients listed for liver transplantation (LT).

**Methods:** We prospectively recruited LT listed patients (03/14 to 12/2015) and followed for development of AKI (increase in serum creatinine (SC) by  $\geq 0.3$  mg/dL compared to baseline within past 3 months) until removal from list.

**Results:** Of 278 patients (mean age 57 years, 63% males, 83% white, and median listing (MELD) 17.5) were analyzed. Median (range) GFR by modified diet in renal disease-6 (MDRD-6) equation was 66 (2-250) mL/min. Over 1 year follow-up, 109 developed AKI with a cumulative probability of 39%. Pre-renal etiology contributed in 80 (73%), commonly from hypovolemia in 57, with 16 patients having hepatorenal syndrome (HRS). Patients with AKI differed from patients without AKI for age ( $56 \pm 9$  vs.  $54 \pm 9$  years  $P=0.05$ ), listing MELD ( $21 \pm 8$  vs.  $17 \pm 6$ ,  $P<0.0001$ ) and listing MDRD-6 ( $55 \pm 24$  vs.  $82 \pm 38$ ,  $P<0.0001$ ). Compared to patients with listing MELD  $<16$ , odds of AKI development at 1 year were 1.3, 3.0, 4.6 and 8.5 fold for respective listing MELD 16-20, 21-25, 26-30 and  $>30$ . Of 109 AKI patients, 75 were treated in the hospital with median (range) length of stay 12 (0-77) days and dialysis in 16 (21%). 56 patients died over 1 year while waiting for LT, with over 2 fold risk of dying in presence of AKI: 1.92 (1.08-3.42). A total of 139 received LT with no differences for AKI (47 vs. 49%,  $P=0.52$ ). Second episode of AKI occurred in 23 of 109 (23%) patients with 1 year probability of 80% after excluding patients dying or receiving LT.

**Conclusion:** AKI is common among patients listed for LT with negative impact on transplant free survival. Studies are needed among patients with cirrhosis and listed for liver transplantation as the basis of a) defining biomarkers for earlier diagnosis and b) developing strategies to reduce occurrence of AKI.

### Biography

Ashwani K Singal joined the UAB after completing AASLD (American Association for the Study of Liver Diseases) sponsored Advanced Fellowship in Transplant Hepatology at the Mayo Clinic, Rochester, Minnesota. His clinical and research interests include steatohepatitis (due to alcohol use as well as due to non-alcohol fatty liver disease), simultaneous liver-kidney transplantation and porphyria cutanea tarda. His research is currently funded from UAB, ACG, and NIH. He has long standing relationship with AASLD and has published over 100 papers in various reputed journals with over 140 presentations at national and international meetings. He has also edited two books on hepatitis B.

asingal@uabmc.edu

7<sup>th</sup> Global Congress on

# Gastroenterology & Endoscopy

September 12-14, 2016 Atlanta, USA



## Kristie Briggs

Erbe USA Inc., USA

### Electrosurgery and argon plasma coagulation in endoscopy: An art and science

Electrosurgery is used worldwide in the majority of surgical and endoscopic gastrointestinal (GI) procedures. Along with the discovery of anesthesia and antibiotics, electrosurgery is probably one of the more important advantages of modern surgery in terms of preserving life and health. Using electrosurgery is both an art and a science. Yet, most healthcare professionals have not had any formalized education on the principles of electrosurgery and the safe practices required for positive clinical outcomes and patient safety. This continuing education activity reviews the basic properties of electricity and the principles of electrosurgery, cutting versus coagulation and argon plasma coagulation. Influencing variables, clinical applications and potential complications of these modalities will also be discussed.

### Biography

Kristie Briggs has received her ADN from Motlow State Community in Tullahoma, TN in 1999 and BSN from Middle Tennessee State University in Murfreesboro, TN in 2007. She is currently the Manager of Clinical Education for Erbe USA Inc., USA. She has worked as an Infection Control Coordinator and Chief Nursing Officer. She had published several continuing education booklets on Electrosurgery. She has provided many lectures to local/regional SGNA meetings around the country and also presented at the National SGNA.

kristie.briggs@erbe-usa.com