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7th Global Congress on

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September 12-14, 2016 Atlanta, USA

Scientific Tracks & Abstracts (Day 1)



The PPRISM clinic for non-cancer palliative care and symptom management: Addressing the needs of patients with cirrhosis

Amanda J Brisebois^{1,2}, Punetta Tandon² and Michelle Carboneau²

¹Grey Nuns Community Hospital, Canada

²University of Alberta, Canada

Background & Aim: Efforts are being focused on integrating palliative principles at the earlier stages of disease, and to create outpatient programs to focus on this type of integrated care.

Methods: To serve patients with cirrhosis, a non-cancer outpatient Palliative Care Clinic was formed and referral criteria were developed to make an attempt to capture patients in the last 6 months of life. ESAS-r (Edmonton system assessment scale) was attained for all the patients at each clinic visit. Data regarding their medication changes, goals of care, and stage of their disease, ER visits and hospitalizations were also recorded.

Results: In the outpatient clinic during 2013-2015, significant symptoms (score of 4 or more/10) were as follows: 70% pain, 90% fatigue, 60% drowsiness, 70% lack of appetite, 60% nausea, 40% shortness of breath, 30% depression and 40% anxiety. Patients had both compensated and de-compensated disease. KPS (Karnofsky Performance Status) average was over 60%, however, the death rate (30%) was high.

Conclusions: Analysis of the complete patient data for the initial 35 cirrhosis patients of the PPRISM clinic will be presented including information regarding referral success for various patient populations, symptom burden, goals of care documentation and follow up needs in this patient population. This study will guide future outpatient clinics by enhancing goals of care and advance care planning integration, patient and family involvement in health, and symptom care protocols for patients living with cirrhosis. A more detailed look at this data may also help future clinics to decide interdisciplinary needs of outpatients living with chronic illness.

Biography

Amanda J Brisebois is an Internal Medicine and Palliative Care Specialist from Edmonton, Alberta, Canada. She has been practicing for 17 years, and has been focusing on the Integration of Palliative Care Principles in care of patients with chronic illness for the past 5 years. She is the current Facility Chief of Medicine at the Grey Nuns Hospital and also an Associate Clinical Professor at the University of Alberta. She has won numerous teaching awards, as well as grants to undertake her current work.

amandab@ualberta.ca

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Get in the right mode: Are you optimizing the use of argon plasma coagulation to enhance clinical outcomes?

Kristie Briggs
Erbe USA Inc., USA

Argon Plasma Coagulation™ (APC™) has been used in therapeutic interventional endoscopy since its introduction in 1992. In recent years, the range of clinical uses in endoscopy has expanded primarily due to the development of specialized modes and better techniques. APC can now offer individualized treatment options when combined with proper technique, enhancing desired tissue effects and optimize clinical outcomes. The history, advancements and where we are now; and the clinical benefits of APC in comparison to conventional electrosurgery will also be discussed. Clinical variables and safety considerations will also be covered along with APC's ever-expanding role in therapeutic endoscopy.

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

Notes:

Refractory ascites due to hepatic sarcoidosis

Sudha Kodali

University of Birmingham, Alabama, USA

We describe a young female with disseminated sarcoidosis presenting with refractory ascites. Sarcoidosis is a multisystem disease characterized by non-caseating granulomas of the liver and various other organs. Lungs are the most commonly involved organ systems. In about 70% patients, hepatic involvement can be seen, though only 10-30% of those actually have abnormal liver chemistry. Right upper quadrant pain, fatigue, jaundice and pruritis are the common presenting symptoms. Long standing complications include cirrhosis and sequelae of portal hypertension. Ascites can be secondary to cirrhosis/portal hypertension or cardiac/pulmonary hypertension. Peritoneal involvement can also lead to ascites even if liver is not involved. Liver biopsy shows non-caseating granulomas and imaging in the right clinical setting shows hepatosplenomegaly, low attenuation lesions in the liver and spleen. Differential diagnosis includes fungal infections (histoplasma, Mycobacterium), granulomatous liver disease (PBC (Primary Biliary Cirrhosis), PSC (Primary Sclerosing Cholangitis), malignancy. As most of the patients are asymptomatic, treatment is not needed in many. For the ones who need therapy, 1st line agents are steroids and ursodiol. Itching can be disabling and the most challenging symptom to treat. In advanced liver disease, liver transplant may need to be considered. 0.0012% of all transplants in the USA are for sarcoidosis of the liver. Mortality rates have been reported between 1 to 5% usually from pulmonary, cardiac or CNS involvement.

Biography

Sudha Kodali did her residency in Texas and her Fellowship at UAB in Gastroenterology and Hepatology. She is currently working as an Assistant Professor at UAB. She treats patients with liver diseases and her research interests include fatty liver, hepatitis C and granulomatous liver disease.

sudha.akkinepally@gmail.com

Notes:

Transabdominal sonography of the stomach & duodenum

Vikas Leelavati Balasaheb Jadhav
Dr.D.Y.Patil University, India

TransAbdominal Sonography of the Stomach & Duodenum can reveal following diseases. Gastritis & Duodenitis. Acid Gastritis. An Ulcer, whether it is superficial, deep with risk of impending perforation, Perforated, Sealed perforation, Chronic Ulcer & Post-Healing fibrosis & stricture. Polyps & Diverticulum. Benign intra-mural tumours. Intra-mural haematoma. Duodenal outlet obstruction due to Annular Pancreas. Gastro-Duodenal Ascariasis. Pancreatic or Biliary Stents. Foreign Body. Necrotizing Gastro-Duodenitis. Tuberculosis. Lesions of Ampulla of Vater like prolapsed, benign & infiltrating mass lesions. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature. Enlargement of the involved segment seen. Shouldering effect at the ends of stricture is most common feature. Enlarged lymphnodes around may be seen. Primary arising from wall itself & secondary are invasion from peri-Ampullary malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant Gastro-Intestinal Tract lesions, so should be the investigation of choice.

Biography

Vikas Leelavati Balasaheb Jadhav has completed Postgraduation in Radiology in 1994. He has a 19 Years of experience in the field of Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonography. He has four Indian Patents & an International Patent published on his name in the field of Gastro-Intestinal Tract Sonography & the Radiology, since 2008. He has delivered many Guest Lectures in Indian as well International Conferences in nearly 20 countries as an Invited Guest Faculty, since 2000. He is a Consultant Radiologist & the Specialist in Unconventional Gastro-Intestinal Tract Ultrasound & Diagnostic as well Therapeutic Interventional Sonologist in Pune, India.

drvikasjadhav@gmail.com

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Esophageal potpourri: Disorders... Diseases... Infections... Treatment

Rhonda DelCampo
Erbe USA Inc., USA

This presentation will encompass a brief overview of many disorders, diseases, infections of the esophagus and their respective treatment options. The participant will be able to list risk factors for Gastroesophageal Reflux disease, describe infections that occur in the esophagus and the patient population that is typically involved. The learner will also be exposed to risk factors for Barrett's esophagus and consequently esophageal adenocarcinoma and resulting treatment modalities. Additionally, the participant will be able to discuss achalasia and treatment options for this patient population. There will be a short segment on Boerhaave's syndrome, EoE, and Zenker's Diverticulotomy.

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Workshop (Day 2)



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Qiang Cai
Emory University, USA

Gastric Peroral Endoscopic Pyloromyotomy (G-POEM): A new technique for better identification of pyloric ring (with video)

Gastric Peroral Endoscopic Pyloromyotomy (G-POEM) is a novel endoscopic technique for treatment of refractory gastroparesis. Identification of the pyloric ring is important but is also difficult. We describe a new method to facilitate identification of the ring. The details of G-POEM procedure are described in our previous paper. Briefly, a 5 to 6 cm submucosal tunnel was established above the antrum including the pylorus. Myotomy was performed inside the tunnel. Complete myotomy across the pyloric ring is important to achieve best therapeutic outcome. Currently, the ring is identified by identification of a circular muscular structure or by the presentation of blue color in the duodenal side of the pylorus (resulting from the submucosal injection of mix methylene blue/saline solution), an indirect indication of the location of the pylorus ring. However, identification of the circular muscular structure inside a mucosal tunnel is a challenge, especially for inexperienced endoscopists. Also, presentation of blue color at the duodenal side of the pylorus is not always an indication of the location of the pyloric ring, since the color solution can penetrate some distance beyond the actual location. In this method, an endoclip (Resolution clip; Boston Scientific, MA, USA) was placed in the pyloric channel at 11 O'clock position. Easy and reliable identification of the pyloric ring was facilitated with the visualization of the endoclip placed in pyloric channel under fluoroscopy. Based on our experience, this technique is the most simple and reliable way to identify the pyloric ring. In addition to achieve best therapeutic outcomes, this method is also important to prevent injury to the duodenal mucosa and perforation of the duodenum by avoiding extension of submucosal tunneling inadvertently far beyond the pyloric ring. To our knowledge, this is the first report of such method in performing G-POEM.

Biography

Qiang Cai is a highly-trained Gastroenterologist who has received the "Best Teacher" award three times at the Emory University School of Medicine. He is originally from China where he graduated from a Medical School, obtained a Master's degree in Gastrointestinal Physiology and started his medical career before moving to the United States in 1987. He has obtained his PhD in Gastrointestinal Physiology and completed an Internal Medicine residency as well as a fellowship in Gastroenterology before joining the faculty team at the Division of Digestive Diseases, Department of Medicine, Emory University School of Medicine in July 2001.

qcai@emory.edu



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Scientific Tracks & Abstracts (Day 2)



Patient interest in and adherence to a mindfulness-based stress reduction intervention (MBSR) in cirrhosis

Amanda Brisebois, Puneeta Tandon and Michelle Carboneau
University of Alberta, Canada

Introduction & Aim: Patients with chronic illness often have chronic pain. In Edmonton, a non-cancer palliative care clinic has been instituted since 2013 in order to address symptom management in cirrhosis patients in the last years of life. Of the 40 patients seen to date, over 65% of them have had significant pain issues (pain scores of over 4 on a 10 point scale). Many of these patients were initiated on pharmacologic pain management, based on current pain management regimens in the literature. Through evaluation of success of treatment (defined as a decrease of 2 points on the 10 point scale), it was determined that many patients did not respond well to medical therapy, due to a variety of reasons. Within the clinic, mindfulness principles were encouraged through mobile technology, internet based and local mindfulness resources.

Methods: A total of 15 patients, representing ~10% of eligible patients approached and were enrolled with consent. Patient inclusion criteria were: Cirrhosis diagnosis; adults (≥ 18 years of age); significant symptom burden as per the Edmonton Symptom Assessment Scale (ESAS, score of ≥ 4 out of 10); and absence of uncontrolled hepatic encephalopathy, psychosis and bipolar disorder or suicidal intent. The online intervention were delivered by eMindful Inc. for over 3 weeks consisting of a live trainer providing video instruction (2 hrs/wk) complemented by daily individual practice (45 min/d).

Results: Data presented as results included: Stage of liver disease, medications and symptom burden. Adherence, completion and success of the MBSR program were discussed.

Biography

Amanda J Brisebois is an Internal Medicine and Palliative Care Specialist from Edmonton, Alberta, Canada. She has been practicing for 17 years, and has been focusing on the Integration of Palliative Care Principles in care of patients with chronic illness for the past 5 years. She is the current Facility Chief of Medicine at the Grey Nuns Hospital and also an Associate Clinical Professor at the University of Alberta. She has won numerous teaching awards, as well as grants to undertake her current work.

amandab@ualberta.ca

Notes:

Transnasal endoscopy is not as simple as you can imagine

Chi-Tan Hu

Buddhist Tzu Chi Hospital and Tzu Chi University, Taiwan

An ultrathin endoscope was initially developed in the 1970s for the use in pediatric patients. In recent years, unsedated transnasal esophagogastroduodenoscopy (UT-EGD) has been used for diagnostic and therapeutic purposes such as percutaneous endoscopic gastrostomy, enteral tube placement, nasobiliary tube drainage and polypectomy. The satisfactory safety and tolerance profiles make UT-EGD an alternative to peroral conventional EGD with or without sedation. There is a trend toward performing transnasal laryngoscopy, transnasal esophagoscopy (especially for screening Barrett's esophagus) and UT-EGD in the office. However, many techniques related to UT-EGD are not standardized. Professor Hu proposed reporting the how, where, and grading of nasomucosal injury (grade 0, 1, 2 and 3) after transnasal endoscopy. He demonstrated that an endoscopic-guided method (EGNA) is better than the cotton-tipped applicator method (CTNA) of nasal anesthesia. Further, he revealed a cotton-tipped applicator primed gauze pledgetting (CTGP) method is more effective than EGNA. CTGP, which only needs a 5-min procedure, has achieved a painless nasal insertion and exertion. He has recently introduced anterior meatuscopy coupled with an endoscopic meatus scoring system (EMSS, grade 0, I, II and III), replacing sniff test to select an optimal meatus insertion route before UT-EGD. Documenting a meatus score is important because it may be correlated with the severity of nasomucosal injury and bleeding. In addition to the novel nasal anesthetic methodology, the techniques of endoscopic insertions from the anterior to posterior nasal cavities, nasopharynx to oropharynx, and hypopharynx to the esophagus will be demonstrated. He will also introduce techniques to avoid nasal bleeding and gag reflex.

Biography

Chi-Tan Hu has completed his MD from Taipei Medical University, Taipei, Taiwan and PhD from Cambridge University, UK. He has done his Postdoctoral studies from National Institute of Health, Bethesda, Maryland, USA. He is the Chief of Department of Gastroenterology, Buddhist Tzu Chi Hospital, Hualien, Taiwan. His research interests are on Transnasal Endoscopy, *Helicobacter pylori*, Irritable Bowel Syndrome and Hepatocellular Carcinoma. He has published more than 100 papers in the international journals.

chitan.hu@msa.hinet.net

Notes:

Trans abdominal sonography of the small & large intestines

Vikas Leelavati Balasaheb Jadhav
Dr.D.Y.Patil University, India

TransAbdominal Sonography of the Small & Large Intestines can reveal following diseases. Bacterial & Viral Entero-Colitis. An Ulcer, whether it is superficial, deep with risk of impending perforation, Perforated, Sealed perforation, Chronic Ulcer & Post-Healing fibrosis & stricture. Polyps & Diverticulum. Benign intra-mural tumours. Intra-mural haematoma. Intestinal Ascariasis. Foreign Body. Necrotizing Entero-Colitis. Tuberculosis. Intussusception. Inflammatory Bowel Disease, Ulcerative Colitis, Cronhs Disease. Complications of an Inflammatory Bowel Disease – Perforation, Stricture. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature. Enlargement of the involved segment seen. Shouldering effect at the ends of stricture is most common feature. Primary arising from wall itself & secondary are invasion from adjacent malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant Gastro-Intestinal Tract lesions, so should be the investigation of choice.

Biography

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drvikasjadhav@gmail.com

Notes:

Neural mechanism of gastric motility regulation by acupuncture at gastric Back-Shu and Front-Mu points

Guo-ming Shen and Rong-lin Cai

Anhui University of Chinese Medicine, China

Acupuncture at gastric Back-Shu and Front-Mu points has a regulating effect on gastric motility. According to the theory of traditional Chinese medicine, Front-Mu points located on the abdomen and Back-Shu points located on the back. The application of acupuncture at a combination of Back-Shu and Front-Mu points, which is based on the theory of Yin and Yang and the pathway of Qi, has synergistic effect and good clinical effectiveness. It has been demonstrated that the combination of gastric Front-Mu and Back-Shu point is effective for the regulation of motility in clinical practice. However, studies on the regulation mechanism underlying those phenomena have been focused at the level of the spinal cord. Advances in the studies of Back-Shu and Front-Mu point combination focused on whether the superior nerve center involved in the regulation of zang-fu organs by this combinational acupuncture. In order to confirm whether this convergent effect could extend to the superior nerve center, we suggest a targeted convergence hypothesis: Gastric Shu and Mu point acupuncture signals gather not only in the spinal cord but also in a targeted way in the brain stem and hypothalamus in the higher central nervous system, achieving an integrative effect through the neural microcircuitry. Our previous studies found that gastric Shu and Mu may afferent signals primarily convey acupuncture input signals to different levels of the central nervous system, such as the spinal cord, medulla, brain stem, hypothalamus and sub-cortex. For the development of neuroimaging technique and brain science, we intend to investigate the neural mechanism of compatibility of gastric Shu and Mu point by fMRI, neural tracing and multi array electrode technique. It may also provide new ideas for research on compatibility of Back-Shu and Front-Mu points and the mechanism of central integration.

Biography

Guo-ming Shen is a Doctoral Supervisor and the Dean of the Graduate School of Anhui University of Chinese Medicine in China. He has published more than 50 papers in reputed journals and has been serving as Editorial Board Member of several medical magazines.

shengm_66@163.com

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Isolated polycystic liver disease: A rare entity case report

Mohammed Said Sulaiman
Addis Ababa University, Ethiopia

The presence of hepatic cysts sparing kidneys is very rare and thereby must be assumed as a different clinical entity. This describes a case of an isolated multiple hepatic cysts without renal involvement. Here we reported a case of a 59-year-old female patient presented with dyspepsia, epigastric pain and mass in the right hypochondrium, she was operated for the same complaint 8 months back. Abdominal ultrasound revealed multiple cystic liver lesions with varying sizes. The CT confirmed the presence of multiple cysts only in the liver. Cystectomy was done, histology showed multiple cysts lined by cuboidal to columnar epithelium. Diagnosis of isolated adult polycystic liver disease was given.

Biography

Mohammed Said Sulaiman is a Surgical Resident at Black Lion Specialized Hospital, School of Medicine at Addis Ababa University, Ethiopia.

bensulaimani@gmail.com

Notes:

Frequency of *h. pylori* causing gastritis and peptic ulcer disease in pediatric population

Sonia Shaid

Karachi Medical and Dental College, Pakistan

Objective: To determine the frequency of H.pylori infection causing gastritis and peptic ulcers in children and complications related to it.

Introduction: Helicobacter pylori is a gramnegative, spiral organism that colonizes the gastric mucosa and causes primary antral gastritis and peptic ulcer disease. Helicobacter pylori infection is a common problem in pediatric practice, and its acquisition is related with poor socioeconomic conditions. The possible routes of transmission are feco-oral, oral-oral and gastro-oral. H. pylori causes chronic inflammation (gastritis) by invading the lining of the stomach and thus can lead to ulcer formation. When the infection leads to an ulcer, symptoms may include abdominal pain, excessive burping, feeling bloated, nausea or vomiting, lack of appetite and unexplained weight loss. H. pylori infections can lead to peptic ulcers, but the infection or the ulcer itself can lead to more serious complications these include; interna bleeding, which can happen when a peptic ulcer breaks through your blood vessel; obstruction, which can happen when an ulcer blocks the food from leaving your stomach;perforation, which can happen when an ulcer breaks through your stomach wall and peritonitis, which is an infection of the peritoneum, or the lining of the abdominal cavity

Methodology: This cross-sectional study was conducted from July 2014 - July 2016. Pediatric patients under 12 years of age were recruited in this study. A history and examination form designed from an application "Forms",particularly for the study. Children were examined and endoscopic biopsy was done to find out the extent of infection. For data analysis SPSS 16.0 software was used.

Results: Out of 489 subjects, mainly mucosal erosions were revealed at endoscopy in 361 subjects (73.82%). Gastritis was found in 272 subjects (75.3%), of whom 266 (54.4% of the total) were found to be infected with H. pylori. Gastritis and H. pylori were noted in both the antrum and corpus in 75% of those infected children. In complications, internal bleeding was found in 35.67% children, obstruction in 21.45%, perforation in 19.7% and peritonitis in 23.18% Stepwise logistic regression analysis revealed that the relative risk for H. pylori infection associated with gastritis was 5.8 (95% confidence interval), whereas the relative risk for peptic ulcer was 6.5 (95% confidence interval).

Conclusion: The main predisposing factors identified in these studies were low socioeconomic status and poor hygiene. The results may explain why the rate of infection is so high in poorer countries and in socioeconomic groups characterized by crowded living conditions, poor sanitary conditions, and lack of clean water.Endoscopy also allows determination of the severity of gastritis with biopsies as well as the presence of ulcers.

Biography

Sonia Shahid is a final year M.B.B.S student of Karachi Medical and Dental College, Karachi Pakistan. She has been a part of several national and international researches and many are ongoing. She has attended several national and international seminars and conferences. She has good knowledge of clinical practices and protocols in variety of settings. Sonia is an inquisitive student with a passion for education as a power for change and improvement in the healthcare field of her country and is very ambitious in pursuing her career.

dr.sonyashahid@gmail.com

Notes:

Screening vs. diagnostic colonoscopy: First time colon cancer screening in an inner city tertiary care hospital

David Bamshad, Joshua Jackson, Jared Okun, Snow Nguyen and Maryam Khan
New York Medical College, USA

The United States Preventive Services Task Force (USPSTF) recommends a screening colonoscopy for all average risk patients aged 50-75. Nonetheless, it remains the second leading cause of death related to cancer in the United States, and the third most common type of cancer overall. These statistics are represented disproportionately, as minority populations maintain a greater degree of incidence and mortality. A retrospective review at a major inner city teaching hospital was performed. Average risk first time screening colonoscopies over a 2-month period were analyzed. 122 charts were identified. Ages of males to females and African Americans (AA's) were compared to Non-AA's. In addition, the percentage of patients that underwent a screening colonoscopy only once experiencing gastrointestinal related symptoms was analyzed. The average first time screening age for average risk AA's (n =70) was 59.34. Non-AA's (n=25) had an average age of 59.76. The average male (n=42) was 59.86 while the average female (n=53) was aged 59.38. The percentage of patients that only underwent a colonoscopy once symptomatic was 22.13% (n = 27). Disparities between the USPSTF screening recommendations and the observed age among patients in an inner city hospital were identified. It illustrates the number of patients that only underwent a screening colonoscopy once they had gastrointestinal complaints. It questions the presence of cancer prevention conversations between physicians and patients in an inner city community, and emphasizes the staggering number of patients that are brought into the fold of screening behaviors either late altogether or because of incidental symptoms.

Biography

Joshua Jackson received his MD from St. Georges University School of Medicine. He has also completed a Master's in Science. He is currently a resident of Internal Medicine at Brookdale University Medical Center in Brooklyn, NY. He has presented his work at major national conferences across the United States. His main academic focus is on health disparities and patient advocacy in medicine.

jaredmokun@gmail.com

Notes:

Negative brush cytology on endoscopic retrograde cholangiopancreatography (ERCP): Factors associated with malignancy

Saif Khan

University of Glasgow, UK

Aim: ERCP brush cytology is an established technique for diagnosing pancreato-biliary malignancies. However, its accuracy remains modest with nearly half of malignancies missed. There is a lack of research assessing factors associated with negative brush cytology results. The aim of our study is to analyze factors associated with negative brush cytology samples and their ability to differentiate between malignant and benign samples.

Method: Data from all consecutive patients who had ERCP brush cytology in NHS Lanarkshire between January 2006 and December 2015 was retrospectively collected and analyzed. 217 out of 232 patients were included in the final study; their cytology, radiology and ERCP reports were analyzed. Age, ALT, ALP, bilirubin, CEA and CA 19-9 levels along with presence of mass on imaging, mass size, stricture length and location were the factors assessed. Factors highlighted by univariate analysis were further analyzed by binary logistic regression analysis.

Results: 138 patients had a malignancy of which 77 had a positive brush cytology sample (sensitivity: 55.8% and specificity: 97.5%). 138 patients had a negative sample and the likelihood of a false negative brush cytology increased with an increase in bilirubin levels {OR 1.005; 95% CI: (1.002-1.008) p=0.001}, ALT levels {OR 1.003; 95% CI: (1.001-1.006) p=0.021} and age {OR 1.045; 95% CI: (1.012-1.079) p=0.01}. Using ROC curves optimal cut-offs for ALT and bilirubin were 84.5 U/L (sensitivity: 70% and specificity: 70%) and 181.5 umol/L (sensitivity: 73% and specificity: 67%).

Conclusion: Increasing age, bilirubin and ALT levels are independent predictors of malignancy in a negative brush cytology sample.

Biography

Saif Khan has completed his BSc from the University of Bradford and is currently, a 4th year Medical student at the University of Glasgow. He has a keen interest in Gastroenterology and has completed multiple projects in this subject. He has published many papers in reputed journals in collaboration with others. He also has an interest in Imaging and is currently undertaking a project on MRCPs.

2064724K@student.gla.ac.uk

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10 years experience of managing giant duodenal ulcer perforations with triple tube ostomy at tertiary hospital of North India

Wasif Mohammad Ali
Aligarh Muslim University, India

In this presentation, I want to share my 10 years experience of treating giant duodenal perforation (> 2 cm) by the novel technique of triple tube ostomy at our tertiary care centre. The closure of the giant duodenal perforations is still a matter of debate with wide array of options like classical technique of primary closure with and omentopaxy to more complicated ones like gastrojejunostomy with pyloric exclusion. But all these have a high mortality rate particularly in patients presenting with hemodynamic instability and added comorbid condition. We have managed such patients successfully with very low mortality rate using triple tube ostomy technique. This technique is still very unpopular despite good results; therefore the author wants to highlight the utility of this technique by presenting this paper.

Biography

Wasif Mohammad Ali is currently working as an Assistant Professor at Department of Surgery, J N Medical College, Aligarh Muslim University (AMU), Aligarh, India.

aliwasif110@gmail.com

Notes:

Novel IL-1 family cytokines: Role in gut inflammation

Saleem Chowdhry

University Hospitals, USA

In the last two decades human genome sequence analysis has helped to identify six new members of IL-1 family. IL-36 α , β , and γ , previously known as IL-1F6, IL-1F8, and IL-1F9 respectively, these ligands bind to a heterodimeric receptor IL-36 receptor (IL-36R, also known as "IL-1 receptor-related protein 2") and then recruit IL-1R accessory protein (IL-1RAcP) there by activating NF- κ B and mitogen activated protein kinase (MAPK) pathway.(Dinarello et al., 2010, Towne et al., 2004) Epithelial cells express IL-36 and recent studies suggest important inflammation regulatory role for these novel cytokines in gut inflammation and psoriasis although there is ambiguity regarding the ability of IL-36 ligands to induce Th1, Th2 or Th17 immune response (Towne et al., 2004, Ramadas et al., 2012, Johnston et al., 2011). Recent data suggests increased IL-36 α expression in eosinophilic esophagitis and Ulcerative colitis indicating a possible role in Th2 type immune response. Other reports show IL-36 signaling, induce Th1 polarization of naïve CD4+ T cells (Vigne et al., 2012) and induction of Th-17 immune response in lung disease and Psoriasis. (Gresnigt et al., 2012, Ramadas et al., 2011) IL-36 Receptor antagonist (previously IL-1F5) and IL-38 (IL-1F10) also binds to IL-36 R and act as an antagonist for the biological activities of IL-36. (Towne et al., 2004, van de Veerdonk et al., 2012, Dinarello et al., 2010, Blumberg et al., 2007) IL-37 (IL-1F7) is the newest member of the IL-1 family with potent anti-inflammatory role in gut and liver. IL-37 is expressed in tonsils, skin, esophagus, and placenta as well as carcinomas of the breast, prostate, colon, skin and lung. (Kumar et al., 2002) Mice with IL-37 expression are protected from DSS induced colonic inflammation indicating a potential role in inflammatory bowel disease. (McNamee et al., 2011). The novel members of IL-1 family are an area of active investigation and we anticipate new data regarding their role in gut homeostasis and intestinal inflammation in near future, with potential therapeutic implications.

Biography

Chowdhry completed his MBBS from Rajasthan University, India in 2004. He is trained and board certified in Internal Medicine and Gastroenterology. Currently working as an Assistant Professor at Case Western Reserve University- School of Medicine. He has published multiple papers in reputed Gastroenterology and Hepatology journals.

saleem.chowdhry@gmail.com

Notes: