

Gastroenterology 2017



13th International Conference on

CLINICAL GASTROENTEROLOGY, HEPATOLOGY AND ENDOSCOPY

November 13-14, 2017 | Las Vegas, USA

Scientific Tracks & Abstracts

Day 1

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Collagenous colitis associated with protein losing enteropathy in a toddler**Osama F Almadhoun**

University of Kansas Health System, USA

Collagenous mucosal inflammatory disease is a rare gastrointestinal disorder that involves the columnar lining of gastric and intestinal mucosa and is characterized by a distinct sub-epithelial collagen deposition. Recent clinical and pathological evidence have indicated that collagenous mucosal inflammatory disease can be extensive and may concomitantly involve several gastrointestinal sites at the same time. This entity, however, occurs infrequently in children. It is even less common to find concomitant depositions of collagen in the mucosa of gastrointestinal sites other than the colon. A PubMed search using the terms collagenous colitis, collagenous gastritis, and collagenous gastroduodenocolitis was performed. Few cases in pediatric literature reported concomitant involvement. Our 15-month-old patient has collagenous deposition in the colon with no gastric or small bowel involvement. He presented with severe diarrhea and diffuse edema secondary to protein losing enteropathy (PLE) and hypoalbuminemia which is a very rare association with this disease.

Biography

Osama F Almadhoun has graduated from Medical School at Jordan University of Science and Technology in Jordan in 2003. He has finished his Pediatric Residency at St. Joseph's Children's Hospital, Mount Sinai School of Medicine in Paterson, NJ in 2008. He has completed his fellowship in Pediatric Gastroenterology at Golisano Children's Hospital at the University of Rochester Medical Center in 2011. He is currently the Site Director/Associate Professor of Pediatric Gastroenterology at the University of Kansas Medical Center. He is Board Certified in Pediatrics and Pediatric Gastroenterology. Inflammatory bowel disease and functional disorders are of special interest to him.

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Conventional videoendoscopy and endoscopic findings related to *Helicobacter pylori*

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Background: Studies with the latest technologies such as endoscopy with magnification and chromoendoscopy showed that various endoscopic aspects are clearly related to infection by *Helicobacter pylori* (HP). The description of different patterns of erythema in gastric body under magnification of images revived interest in identifying these patterns by standard endoscopy.

Aim: Validate endoscopic aspects related to HP found in conventional videogastroscopy, allowing the predictability of the diagnosis as well as proper targeting biopsies.

Methods: Prospective study of 339 consecutive patients with the standard videoendoscope image analysis were obtained, recorded and stored in a program database. These images were studied with respect to the presence or absence of HP, diagnosed by rapid urease test and/or by histological analysis. We studied: normal mucosa appearance; mucosal nodularity; diffuse nonspecific erythema or redness of antrum and body; mosaic pattern with focal area of hyperemia; erythema in streaks or bands (red streaks); elevated (raised) erosions; flat erosions and fundic gland polyps. The main exclusion criteria were the use of drugs, HP pre-treatment and other entities that could affect results.

Results: Applying the exclusion criteria, were included 170 of the 339 patients, of which 52 (30.58%) were positive for HP and 118 negative. On the positive findings, the most associated with infection were: antral nodularity (26.92%); raised erosion (15.38%) and mosaic pattern in the body (21,15%). On the negative group the normal appearance of the mucosa was 66.94%; red streaks in 9.32%; flat erosions 11.86%; and fundic gland polyps 11.86%.

Conclusion: Endoscopic findings are useful in predicting the outcome, localization and targeting of biopsies in gastritis related to HP infection. The most representative form of HP related gastritis was the nodularity of the antral mucosa. The raised erosion and mosaic pattern in the body are suggestive but not specific to the infection. Normal-appearing forms, red streaks and fundic gland polyposis are related to the negativity of HP infection. The other forms were not conclusive of the presence of HP.

Biography

Alexandre Gomes has graduated in 1985 at the Faculty of Medicine of Sorocaba, São Paulo, has completed his Medical Residency in Digestive Surgery at HSPE São Paulo, specialist titles in General Surgery (CBC), Digestive Surgery (CBGD), Clinical Gastroenterology (FBG) and Endoscopy (SOBED). He has completed his Master's degree in Principles of Surgery from University Evangelic Hospital of Curitiba, Brazil. He was an Ex-Assistant Professor of General Surgery at the Tatuapé Hospital of São Paulo and the Regional Hospital of Sorocaba. In the last ten years, he is working exclusively with endoscopic procedures (endoscopy, colonoscopy, ERCP, endoscopic ultrasound EUS).

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Effect of long term PPI administration on gastric mucosal atrophy: A meta-analysis

Jin Feng and Zhong Li

The Third Affiliated Hospital of Soochow University, China

Background: Proton pump inhibitors (PPIs) are widely used for the treatment of acid-related gastrointestinal diseases. Recently, some studies have reported that PPIs can alter the gastric mucosal architecture, but the relationship remains controversial. This meta-analysis study was designed to quantify the association between long-term PPI administration and gastric atrophy.

Methods: A computerized search of PubMed was conducted to identify studies using the keywords (proton pump inhibitors OR PPI) and (gastric atrophy OR atrophic gastritis), published up to May 2016. Heterogeneity among studies was tested with the Q test, odds ratios (OR) and 95% confidence intervals (CI) were calculated. P values were calculated by I^2 tests and regarded as statistically significant when <0.05 .

Result: We identified 13 studies which included 1465 patients under long-term PPI therapy and 1603 controls, with a total gastric atrophy (GA) rate of 14.50%. There was a statistically significantly higher presence of GA (15.84%) in PPI group compared to the control group (13.29%), (OR: 1.55, 95% CI: 1.00–2.41).

Conclusions: The pooled data suggest that long-term PPI use is associated with increased rates of gastric atrophy. Large-scale multicenter studies should be conducted to further investigate the relationship between acid suppressants and precancerous disease.

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Roux-en-Y gastric bypass: Limb length and weight loss**Antonio Carlos Valezi**
State University of Londrina, Brazil

Roux-en-Y gastric bypass is a surgical technique widely used in the treatment of obesity. It is unclear, however, if the length of the biliopancreatic and alimentary limb interferes with the magnitude of weight loss. To evaluate if the length of these limbs is related to the percentage of weight loss, we performed this research. One hundred and twenty obese people were inserted into four groups: A) biliopancreatic limb with 50 cm length and alimentary limb with 100 cm length; B) biliopancreatic limb with 50 cm length and alimentary limb with 150 cm length; C) biliopancreatic limb with 100 cm length and alimentary limb with 100 cm length; D) biliopancreatic limb with 100 cm length and alimentary limb with 150 cm length. The weight loss was compared between groups. Data were collected preoperatively and one year after surgery. The follow-up occurred in 78.3% of the sample. The composition of the groups was similar, with no statistical significance. The average age was 43 years in groups A, C and D and 42 years in group B. The female gender predominated in all groups. The mean body mass index was 46 kg/m² for groups A, C and D and 42 kg/m² in group B. The percentage of total weight loss was 33% for group A and 34% for groups B, C and D. There was no significant difference among groups. So we concluded that different lengths of biliopancreatic and alimentary limbs do not affect the percentage of total weight loss.

Biography

Antonio Carlos Valezi has graduated in Medicine in 1985 and made his training in Digestive Surgery. He has completed his PhD in 1995. He teaches Surgery at State University of Londrina since 1995. He is the Director of Bariatric Surgery Program. He has published more than 20 papers in reputed journals.

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Colonoscopy surveillance after colorectal carcinoma: Determining the optimal interval for follow-up

Winesh Ramphal

Amphia Hospital Breda, The Netherlands

Introduction: Patients who underwent curative surgery for colorectal (CRC) cancer are at risk for developing metachronous colorectal tumours or anastomotic recurrence. The aim of this study is to determine the incidence of recurrent colorectal cancer found in a colonoscopy surveillance program.

Methods: This single centre retrospective observational cohort study includes patients that underwent curative surgery for CRC between 2005 and 2015. All reports of postoperative colonoscopies were retrieved to calculate incidence rates of recurrence or metachronous CRC. Survival analysis were performed to estimate survival between endoscopic surveillance and no surveillance.

Results: Of 2420 patients, 1644 (67.9%) underwent at least one postoperative colonoscopy and 776 (32.1%) did not. In 1087 patients, colonoscopy was performed in the first 18 months after surgery, detecting 34 (3.1%) metachronous colorectal tumours or anastomotic recurrences. Thirty-three other patients were also diagnosed with recurrent colorectal cancer, but these tumours were found by other diagnostic modalities, or even preoperatively, rather than by colonoscopy. Five year survival was higher for patients who had at least one postoperative colonoscopy than for patients who did not undergo surveillance colonoscopy ($P < 0.001$). After the multivariate analysis, a surveillance program was associated with improved survival (hazard ratio 0.53; 95% confidence interval 0.44-0.64).

Conclusion: Patients with a history of colorectal cancer have an increased risk for a second colorectal tumour. Therefore, just as according to national guidelines, we would recommend a surveillance program with a first colonoscopy one year after curative surgery. Surveillance is associated with improved survival, even after adjustment for covariates.

Biography

Winesh Ramphal is a Surgical Resident and currently, he is pursuing his PhD. His PhD concerns includes patients with a first episode of uncomplicated acute diverticulitis and patients in the follow up after curative surgery for colorectal carcinoma. Therefore, his PhD is named "follow-up after diverticulitis and colorectal carcinoma". He has graduated from Medicine school at the Erasmus University in Rotterdam, the Netherlands.

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Two incisions laparoscopic cholecystectomy: Reducing scars in a simple way

Rafael Antoniazzi Abaid

University of Sao Paulo, Brazil

About 20% of the population has cholelithiasis and this is the main abdominal cause of hospitalization in developed countries. Considering that only in the United States about 700,000 cholecystectomies are done each year, it is possible to estimate the importance of the problem for public health. Decreasing the number of incisions can reduce surgical trauma and offer better aesthetic results. We will describe a two-incision laparoscopic cholecystectomy technique (TILC) using only conventional material, without increasing complications, nor operative time, offering the same safety as conventional laparoscopic cholecystectomy. A consecutive and prospective case series, compared to another historical series operated by conventional laparoscopy cholecystectomy (LC). The TILC was performed with 3 trocars in 2 incisions, two trocars in umbilical incision and one in epigastrium. A total of 72 patients were operated on by the same surgeon (36 in each group). There were no significant differences between groups for gender, mean age, body mass index (BMI) or length of hospital stay. The procedures were classified by the surgeon according to surgical difficulty and there was no difference between the series ($p < 0.05$). There were minor complications in 5.6% ($n = 2$) procedures in each group. There was no need for additional portals in any case, nor for conversion to open surgery. TILC is feasible, safe and with good aesthetic result, using the same instruments of LC, without increasing operative time or complications.

Biography

Rafael Antoniazzi Abaid, MD, MSc, is completing his Ph.D. in Sciences in Gastroenterology at the University of São Paulo and is professor at the School of Medicine of the University of Santa Cruz do Sul.

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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-Global City, 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 hyperbilirubinemia, transaminitis, elevated alkaline phosphatase, impaired coagulation hyperammonemia 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 treatment 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 hyperacute 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.

Biography

Maria Elizabeth Ching graduated from the national university, University of the Philippines, BS Biology (magna cum laude) and Doctor of Medicine. Consistently inclined in the field of research, she presented her thesis dissertation on Genetically Modified Line of Tomato in Asian Vegetable Research and Development Center, Taiwan, and the study Computational Modeling of H275Y and N295S mutations reveals novel interactions between influenza neuraminidase and oseltamivir in the 22nd European Students' Conference, Charité Universitätsmedizin, Berlin, Germany. She is now a third-year internal medicine resident, and currently the Residents' Research Head in the Department of Medicine of St Luke's Medical center, Global City.

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Probiotics and chronic liver diseases

Leopoldo R Arosemena
University of Miami, USA

It has been proposed that alterations in the highly complex gut microbiome leads to intestinal barrier damage and the release of pro-inflammatory endotoxins to the portal circulation, which trigger variable injuries in the liver and subsequently in the rest of the body. In return, the liver influences intestinal function by producing bile (including bile acids), which are then modified by intestinal bacteria (gut-liver axis). We are improving our understanding of those interactions at the molecular level, but we are still far from mastering this knowledge. Multiple studies show that beneficial bacteria (probiotics) introduced in an abnormal environment (dysbiosis) can induce improvements in different clinical outcomes. Many hepatopathies have been associated with a decrease in the diversity of species living in the intestine and predominance of species considered pro-inflammatory. Research groups around the world are closer to elucidate which combination of microorganisms can be used to affect positively certain diseases in individuals. A review of the pathophysiology of diseases like alcoholic liver disease, NASH, viral hepatitis, inflammatory hepatopathies, hepatocellular carcinoma, hepatic fibrogenesis indicate a close relationship among dietary factors, microbiome and genetic predisposition. Modification of the intestinal milieu by antibiotics, probiotics, prebiotics (probiotic food), symbiotic (prebiotics and probiotics) and surgical procedures, can lead to regression of multiple manifestations of chronic liver and systemic inflammation. When we consider the heterogeneity of the studies and individual variations on gut microbiome, it is remarkable how fast we have developed the technology to obtain more consistent results in research and clinical practice. Different species of *Lactobacillus*, *Bifidobacterium* and *Saccharomyces* independently or in combinations have the most published data indicating decrease on multiple inflammatory markers. Most of the data available is done in pre-clinical settings, but human studies are confirming many of those concepts, including data on safety and effectiveness.

Biography

Leopoldo R Arosemena is a Transplant Hepatologist at the Miami Transplant Institute of the University of Miami. He has obtained his Medical degree at Universidad Autonoma de Nuevo Leon, in Monterrey, Mexico. Subsequently, he was accepted by the University of Internal Medicine program, where he achieved "Excellence in Achievement and The Outstanding Presentation Award" as part of the Resident Scholarly Activity in 2003. Later, he has completed subspecialty fellowships in Hepatology, Transplant Hepatology, earning a "Certificate of Excellence in the Young Investigator's Forum" in Breckenridge, Colorado in 2004. He has also completed his training in Gastroenterology at the University of Miami. He was the Medical Director of the Broward General Medical Center Liver transplant program from 2010 to 2012. He has multiple publications, including a poster that received the "Presidential Award of the AASLD" at the 2009 in Liver Meeting. His main interest is in transplant hepatology and nutrition.

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Successfully providing value-based care in gastroenterology: Patient-centered specialty care, care navigation and coordination**Alec S Koo** and **Dana L Jacoby**
Skyline Urology, USA

As the US healthcare delivery system continues its paradigm shift to a value-based payment system, gastroenterologists, along with other physicians, will be faced with the opportunity to strategically transform their internal clinical, financial, and operational models. The utilization of care coordination, patient navigation and satisfaction metrics, coupled with standardization should help yield greater value in healthcare hinged on effectively improving the quality of patient care while reducing overall costs. Based on recent literature and market research, there is a consensus that the escalation of patient care costs are not necessarily linked to improved patient satisfaction or outcomes. Current emphasis is being placed on innovative patient management models based on the patient-centered model and value-based payments as opposed to the traditional fee-for-service approach. The management and bundling of certain GI diseases such as inflammatory bowel disease, in the form of a PCSP may mitigate some of the financial burden, while providing a higher quality of care and improved patient satisfaction. The authors have honed specific research and insights around proven utilization metrics leading to optimal care coordination, efficient patient throughput, and navigation methodologies. While leveraging technology and software, GI groups should be able to achieve high levels of success in providing value-based care after reading/researching this article.

Biography

Alec Koo has been practicing medicine for over 25 years. He received his B.S. and M.D. from UCLA. He completed his residency in Surgery/Urology at UCLA in 1992. Koo is a Diplomat of the American Board of Urology, Fellow of American College of Surgeons, a Regents Scholar of UCLA School of Medicine, and a member of UCLA's Honors Colleges.

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Prevalence of refeeding syndrome among children with severe acute malnutrition

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Statement of the Problem: Refeeding syndrome is a complication of the initial feeding of a malnourished patient and is caused by electrolyte shift. It occurs mostly in the first 48-72 hours and this is also the time when most deaths in malnutrition occurs. There appears to be a paucity of data on the prevalence of refeeding syndrome, notably in Africa. This study helped bridge that gap and identified some of the associated factors of refeeding syndrome and the outcomes of patients diagnosed with it.

Methodology and Theoretical Orientation: In a non-experimental cross-sectional research model 160 children were consecutively recruited from Kenyatta National hospital. Baseline electrolytes were measured at admission and repeated after 48 hours of feeding with the standard therapeutic feeds. Comparisons were made and once criteria for refeeding syndrome were met, data was analyzed for possible associations. Researchers identify several associations but we narrowed down on 5 which were oedema, HIV infection, dehydration, other feeds not prescribed and initiation of feeding with calorically dense feeds.

Findings: Prevalence rate of 21% was found. Statistically significant associated factor was HIV infection (P=0.027). Outcomes with treatment included recovery (67%), persistence (11%), undetermined (20%) and death (3%)
Conclusions and Significance: Refeeding syndrome remains a real threat to the care of malnourished patients. Careful electrolyte and clinical monitoring before, during and after feeding is recommended. We may need to reconsider the feeding of the HIV positive malnourished child

Biography

Lilian Kerubo is a paediatric resident at University of Nairobi in Kenya. She has a passion of finding simple, natural remedies to most common paediatric ailments.

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