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Esophagoduodenoscopy or colonoscopy: Which should be done first?

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Objectives: Esophagoduodenoscopy (EDS) and colonoscopy can be done as bidirectional endoscopy in the same session. The aim of this study was to compare anesthetic requirements and hemodynamical effects in EDS or colonoscopy first done for bidirectional endoscopy.

Materials & Methods: After approval of local ethical committee and obtaining informed consent, 80 patients aged 18-70 years, ASA I-III were included randomly into this study. The patients were allocated into two groups: Group C: First colonoscopy followed by EDS. Group E: First EDS followed by colonoscopy. All patients received standard anesthesia with 1 µg.kg⁻¹ fentanyl and 1 mg.kg⁻¹ propofol. Demographical variables, Heart rate (HR), pulse oximetry (SpO₂) and Ramsey Sedation Score (RSS) were recorded every 10 minutes. Total propofol consumption, retching during EDS and time to reach cecum were also recorded. At the end of the procedure endoscopist and patient satisfaction were questioned.

Results: Retching during EDS was not statistically significantly different in both groups. Total procedure duration and EDS duration was statistically meaningful longer in Group E (p=0,028; p=0,016). Complication frequency was higher in Group E (p=0,011). Beginning and 20th minute HR were statistically significant lower in Group E (p=0,036; p=0,001). 5th minute RSS was lower and 10th minute RSS was higher in Group E compared to Group C (p=0,001; p=0,001). Endoscopist and patient satisfaction were lower in Group E (p=0,049; p=0,001). There was no difference in time to reach cecum and recovering period. Additional propofol consumption was increased in Group E (p=0,016).

Conclusion: Regarding to shorter procedural duration, lower consumption amount of propofol and fewer complications, it could be a better choice to start the bidirectional procedure with colonoscopy first.

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Prevalence and determinant factors of non-adherence to anti-TB drugs among TB/HIV coinfecting patients in Tigray region, Ethiopia

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Co-infection with tuberculosis and human immune deficiency virus possess a tremendous challenge on TB control. Especially in developing countries, non-adherence to anti-TB remains the major problem in these patients. This results in a high risk for increased rate of multi-drug resistance TB. The purpose of this study was to determine the prevalence and factors associated with non-adherence to anti-TB drugs among TB/HIV co-infected patients in Tigray region, Ethiopia. A cross-sectional study with qualitative and quantitative methods was conducted among TB/HIV co-infected patients in the regional hospitals of Tigray in March 2013. Consecutive sampling was used to select the participants. Data was collected using an interviewer administered questionnaire. Qualitative data were collected through key informant interview using topic guide and analyzed manually. Quantitative data were analyzed using SPSS version 20. The prevalence of non-adherence was 46.7 % and 55.8 in the three and five days prior to the interview, respectively. Having no care giver OR=3.242 (95%CI =1.189-8.841) was significantly associated with non-adherence. The prevalence of non-adherence was very high. But this study may over-estimate the prevalence of non-adherence since only one day of dose omission was considered as non-adherence.

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