

11TH GLOBAL GASTROENTEROLOGISTS MEETING

June 12-13, 2017 Rome, Italy

Irritable bowel syndrome and microbiota: Preliminary study on correlations between gut bacteria, *Dientamoeba fragilis*, Blastocystis and eating habits

Munkhtsetseg Banzragch
Acibadem University, Turkey

Diagnosing IBS can be challenging for the physician, due to the potential for overlap between the symptoms that sufferers report and those of organic gastrointestinal conditions such as coeliac disease, small intestinal bacterial overgrowth, bile acid diarrhea, exocrine pancreatic insufficiency, inflammatory bowel disease and even colorectal cancer. Several studies have examined the yield of diagnostic testing for these conditions in individuals with symptoms suggestive of IBS, but clear evidence for the routine exclusion of any of these disorders, with the exception of coeliac disease, is lacking. Attempts to identify a biomarker for the condition have, to date, been unsuccessful. Medical treatment for IBS is considered to be unsatisfactory as placebo response rates in treatment trials for IBS are high, perhaps because there is no structural abnormality that can be corrected by successful therapy, and therefore any benefit following treatment is often assessed by an improvement in global symptoms, an endpoint that may be less objective than those used in trials conducted for organic diseases. Because of this huge variation in IBS sampling, meta-analysis has erupted using more and more samples from all over the world. Pooled sensitivity of these individual symptom items ranged from 39 to 74%, and pooled specificity from 45 to 77%. This preliminary research leads us to a topic outside the scope of what we have originally intended. In the beginning, we have several hypothesis related with IBS and parasites. In the end, we have been amused by dynamic nature of microbiome and the roles of microorganism can be addressed misguidedly to terms like “parasitism”, “mutualism”, “commensalism” and opportunistic pathogenicity. Although we do not have enough sample size for addressing valid prediction, we have enough statistical results for carrying on further microbiome research. Starting without preliminary research may misguide researcher to dead end. With the current preliminary work, we have enough results to set up microbiome consortium for gastrointestinal diseases. In the future, we will also include metabolomics and deep NGS sequencing and will validate our new prediction models with qPCR experiments. New prediction models will be created with increased sample size and coupled with metabolomics. We will be pleased to integrate immunological researchers in future microbiome consortium for gastrointestinal diseases.

bmutse@hotmail.com

Intraductal tubulopapillary pancreatic head carcinoma on the background of ITPN with total pancreas involvement, complicated with massive GI bleeding and jaundice: Case report and review of the literature

Viacheslav Egorov¹, Esposito², Ratnikova N K¹, Starostina N S¹, Petrov R V¹ and Kosheleva O K¹

¹Bakhrushin Brothers Moscow City Hospital, Russia

²Technical University of Munich, Germany

Intraductal tubulopapillary neoplasm (ITPN) is a very rare pancreatic tumor. A 36-year old woman was referred to ICU department of our hospital for massive upper GI bleeding and jaundice. After stabilization CT and endoscopy showed a non-mucinous tumor of the pancreatic head invading duodenum with a large crater of the vertical branch. Intraductal spread along the pancreas was suspected without any sign of dissemination. Six days after decompression of bile system and correction of coagulopathy Whipple procedure was performed and pancreatectomy was completed because of repeated positive margins on the levels of pancreatic body and tail. Uneventful postoperative course was done. 38 disease-free months after total duodenopancreatectomy, this woman successfully gave birth to the healthy child. Histopathology revealed massive intra-ductal tubulopapillary carcinoma of the pancreatic head with invasion of the duodenum on the background of ITPN of the pancreatic body and tail. This is the 31st description of ITPN, the first case of such a tumor, complicated with massive GI bleeding and jaundice and the first case of successful childbirth after total pancreatectomy for this type of pancreatic cancer.

egorov12333@gmail.com