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Pediatric GI motility: Clinical updates

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The field of pediatric GI motility has seen several advances over the recent past. Updates in Pathophysiology: As the field of neuro-gastroenterology has advanced, knowledge about the pathophysiology at the cellular, tissue, organ and torso levels has all advanced. While the Enteric Nervous System (ENS) has been studied for decades, advances allow us better understanding of the intrinsic primary afferent neurons (IPANs), interneurons, motor neurons and the intestinofugal neurons. There is better understanding of the interstitial cells of Cajal (ICC) as well as the extrinsic control of the ENS and of the sensation of the gut. Updates in GI motility studies: Various modalities for assessing GI motility have been utilized. From radiological testing of scintigraphy, radiopaque markers and contrast studies, there have been advances with the use of MRI and fMRI studies to evaluate how intestines move. Gastroenterologists have also paid much attention to this field in the 21st century. The use of manometry has advanced tremendously with the advent of high-resolution manometry (HRM), high resolution impedance manometry (HRIM) and 3D HRM. Sleeve Manometry and EndoFLIP have changed our understanding of reflux parameters. With the advent of the wireless capsule, transit times and other motility parameters can be studied non-invasively. Updates in therapies for GI motility disorders: Newer drugs continue to advance the field of neuro-gastrointestinal pharmacological therapy. Endoscopic therapy has shown tremendous progress with procedures such as endoscopic dilatation, injection of botulinum toxin to the various sphincters and the advent of endoscopic procedures such as Per Oral Endoscopic Myotomy (POEM). Surgical therapy techniques continue to be refined progressively and used for primary surgical procedures such as minimally invasive surgery (MIS), laparoscopy and surgical resections. New therapeutic techniques such as gastric electric stimulation (GES), sacral nerve stimulators as well as the prospect of stem cell transplant continue to keep the horizon of GI motility disorders bright.

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