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Etiology, clinical profile, and predictors of mortality of acute-on-chronic liver failure in a tertiary hospital: A retrospective study

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Acute-on-chronic liver failure (ACLF) is an increasingly recognized entity defined as a clinical syndrome in which two insults to the liver are operating simultaneously, one of them being ongoing and chronic, and the other, acute. The objective is to determine the causes and clinical profiles of ACLF at Cardinal Santos Medical Center in the Philippines, and in doing so, it helps the physicians to predict mortality. This retrospective study was conducted at the Department of Internal Medicine of Cardinal Santos Medical Center. This study included all the patients who met the inclusion criteria of ACLF based on the Asia Pacific Association for the Study of the Liver (APASL) criteria from 2013-2015. Comparison between the survivors and non-survivors was done using the Mann-Whitney U test as a statistical tool. Associations of sex, encephalopathy, ascites and acute insults to mortality were determined by the Fisher-exact test. Logistic regression was used to determine the important factors to predict mortality. The leading acute insult identified was alcohol accounting for 25.8%. Mortality is associated with the following: Elevated bilirubin, elevated INR, low PT % activity, elevated AST, elevated ALT, elevated creatinine, elevated MELD and elevated MELDNa. Significant association between encephalopathy and mortality was detected at 5% level of significance. The probability of death in patients with ACLF increased with the rise in bilirubin, INR, AST, ALT or creatinine levels. Encephalopathy is associated to "death due to ACLF". Based on initial analysis, the following factors are the significant predictors of mortality: MELD, MELDNa and INR.

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Importance of autoantibody screening in diagnosis of celiac disease

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Background: Small bowel biopsy is considered as the gold standard for diagnosis of celiac disease (CD) and detection of autoantibodies is usually the initial step in diagnosis of CD.

Objective: This study was performed to assess the performance of each celiac specific auto antibody against the gold standard.

Methods: This retrospective study included 267 patients with clinical suspicion of CD who underwent investigations for diagnosis of CD between March 2011 and June 2014 at the King Khalid University Hospital, Riyadh. The panel of celiac specific antibodies was tested which comprised of anti-gliadin IgG and IgA, anti-tissue Transglutaminase IgG (anti-tTGG) and IgA (anti-tTGA), anti-endomysium and anti-reticulin antibodies. Anti-endomysium and antireticulin antibodies were tested by immunofluorescence and the others were assessed by ELISA.

Results: Out of the all, only 61 patients including 35 females and 26 males (mean age 26±11 years) were subjected to small bowel biopsy testing with 37 positive and 24 negative results. Among the six autoantibodies assessed, anti-tTGA had a sensitivity of 97.3%, specificity of 83%, positive predictive value (PPV) of 90% and a negative predictive value (NPV) of 95%. Anti-endomysium antibody had a sensitivity of 62.1%, specificity of 95.7%, PPV of 95.8% and NPV of 62.2%. None of the other autoantibodies displayed any notable performance. Receiver operator curve analysis also confirmed the diagnostic accuracy of anti-tTGA with 90.3% area under curve (AUC) followed by anti-endomysium antibody with 70% AUC.

Conclusion: In the presence of relevant history, anti-TGA as a single test can be used as an initial screening test for CD.

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