



JOINT EVENT

12<sup>th</sup> Global Gastroenterologists Meeting

&

3<sup>rd</sup> International Conference on Metabolic and Bariatric Surgery

March 15-16, 2018 Barcelona, Spain

# Posters

Bariatric Surgery 2018 & Gastro 2018

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**Retrospective audit demonstrating that national guidelines should be applied with confidence in management of acute upper gastrointestinal (GI) haemorrhage in UK: a single centre experience****Chaonan Dong**

North Tees and Hartlepool - NHS Foundation Trust, UK

Gastrointestinal (GI) bleeding is one of the commonest medical emergencies. The incidence rate of 1.33/1000 population equates to approximately 85,000 cases/year in the UK or one gastrointestinal bleed every 6 minutes. National Institute of Clinical Excellence (NICE) guidelines have set standards on management of Acute GI bleeding in a timely fashion to reduce morbidity and mortality. The aim of this audit is to assess if there's improvement to clinical practice compared to results from previous two years. Data was analysed retrospectively from a total of 33 case notes, randomly selected from a total of 594 case notes and all of which were diagnosed with upper GI bleeding from January to December 2016. Results have demonstrated that all patients had Blatchford score calculated, 100% had appropriate blood tests on admission, and no one received inappropriate blood products. 87.5% who were appropriate for Oesophago-gastroduodenoscopy (OGD) received endoscopy in less than 24 hours. The remaining 22.5% failed were due to Clostridium difficile infection and process failure. There was 0% mortality post endoscopy and no instances of rebleeding despite under calculation of Rockall score for these patients. Even though this is relatively a small sample size, it sufficiently concludes that the implemented changes according to national guidelines have had positive impacts on the mortality and morbidity of patients admitted with acute upper GI haemorrhage. Not every patient received OGD in less than 24 hours after admission, but all had thorough clinical assessments and in cases where OGD was delayed, they had clear clinical reasoning on clinical grounds. However, standards were unmet for the same core reasons from previous audits, i.e. no clear instructions left from endoscopists for Rockall score to be calculated.

**Biography**

Chaonan Dong has completed her MBBS Degree from School of Medicine at Newcastle University in the UK. She is currently completing Core Medical Training with an interest of specializing in Gastroenterology in the next stage of her training. She has presented in two international conferences previously and has taken active roles in audits and service improvement projects.

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### Effect of bariatric surgery on physical function and activity: A systematic review and meta-analysis

Md Tanveer Adil

Luton and Dunstable University Hospital, UK

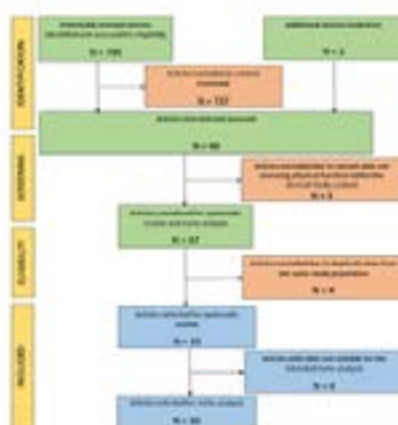
**Background:** Obesity leads to an impairment of physical function and activity as measured by their inability to perform simple tasks. Literature on the effect of bariatric surgery on physical function and activity is confounding.

**Methods:** Relevant searches were conducted for published research till March 31, 2017 and studies employing objective and self-reported measurement of outcomes were included.

**Results:** Forty studies met the inclusion criteria for meta-analysis. 27 out of 30 studies (1779 patients) showed a positive effect of bariatric surgery on physical function over 36 months and 12 out of 15 studies (947 patients) showed an improvement in physical activity over the same duration. Physical function improved significantly at 0-6 months (SMD: 0.90; 95% CI: 0.60–1.21;  $P<0.00001$ ), >6-12 months (SMD: 1.06; 95% CI: 0.76–1.35;  $P<0.00001$ ), and >12-36 months (SMD: 1.30; 95% CI: 1.07–1.52;  $P<0.00001$ ). Physical activity shows similar improvements at 0-6 months (SMD: 0.36; 95% CI: 0.02–0.71;  $P=0.04$ ), >6-12 months (SMD: 0.49; 95% CI: 0.18–0.81;  $P<0.002$ ), and >12-36 months (SMD: 0.5; 95% CI: 0.07–0.92;  $P=0.02$ ) after a bariatric procedure.

**Conclusion:** Bariatric surgery offers a significant improvement in physical function and activity in population with obesity. Clinical trials are necessary to fully understand the effects of physical function and activity on obesity after bariatric surgery.

Image



### Biography

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**Epidemiological and clinical evaluation of hepatitis b, hepatitis c, and delta viruses in Tajikistan****Khakimova Zebinniso**

Institute of Gastroenterology - Academy of Medical Sciences of the Ministry of Health and Social Protection, Tajikistan

The implication of genotypes is recognized increasingly in the clinical course of hepatitis B virus (HBV) and in response to anti-viral drugs of hepatitis C virus (HCV). Genotypic prevalence of both etiological agents varies geographically and no data are available for Tajikistan. To investigate the epidemiology and clinical significance of HBV and HCV genotypes in chronic hepatitis (group 1) and liver cirrhosis/hepatocellular carcinoma (HCC) (group 2) patients in Tajikistan, 124 patients with chronic liver disease (group 1=84 and group 2=40) were enrolled. Genotypes of HBV, HCV, and delta hepatitis virus (HDV) were determined by sequencing. The overall prevalence of anti-HCV, HCV core antigen (HCVcAg) and HBsAg was 46% (57/124) and 41.1% (51/124), respectively. Coinfection of HCV/HBV, HBV/HDV, and HCV/HBV/HDV was found in 4.8% (6/124), 11.2% (12/124), and 0.8% (1/124) of cases, respectively. HDV genotype 1 was found in 19.6% (10/51) of HBsAg-positive patients. The HBV/HDV coinfection was relatively high in group 2 compared to group 1 (15% vs. 7.1%). HCV/1b detected in 84.6% (44/52) of HCV RNA-positive patients, followed by 3a (7.6%), 2a (5.7%), and 2c (1.9%). HBV/D was detected in 94.1% (48/51) of HBsAg-positive patients, followed by HBV/A [5.8% (3/51)]. T1762/A1764 double mutation was associated with liver cirrhosis/HCC in HBV-infected patients ( $P=0.0004$ ). This is the first study on the molecular epidemiology of hepatitis viruses among chronic liver diseases patients in Tajikistan. Among HBV-infected patients, the T1762/A1764 mutation was associated with liver cirrhosis/HCC.

**Biography**

Khakimova Zebinniso is affiliated to the Department of Virology, Institute of Gastroenterology of the Republic of Tajikistan. She has published more than 5 papers in reputed journals.

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### Body contouring surgery in diabetic patients: A new morbidity associated with SGLT2I

A Sleiwah, M McBride and C E Black  
The Ulster Hospital, UK

Sodium glucose co-transport 2 inhibitors SGLT2i are novel class of antidiabetic medications approved for management of type two diabetes. Their weight reducing characteristics and oral mode of administration make them more appealing for use in patients with diabetes and obesity. Thus, more patients referred for body contouring surgery are started on these medications. Increasing evidence is showing that diabetic ketoacidosis with euglycemia is a serious risk associated with their use and can present few days post operatively. We present a case of a 44 years old patient who underwent elective standard abdominoplasty and bilateral mastopexy (superiorly based pedicle with vertical scar) following weight loss of 8.5 stone over a 5-year period. She had type 2 diabetes and her antidiabetic medications included metformin, liraglutide and empagliflozin. Towards the end of the first postoperative day, she reported gradual onset of nausea, vomiting and abdominal pain. Urgent investigations showed severe diabetic ketoacidosis with euglycemia. She was managed with fluid resuscitation, insulin infusion and intravenous sodium bicarbonate in the high dependency unit. She made a complete clinical and biochemical recovery and was discharged on day nine postoperatively. This case illustrates an emerging serious complication of diabetes in the postoperative period associated with this class of antidiabetic medications.

#### Recent Publications

1. A Sleiwah, G Thomas, I Crawford and A Stanek (2017) Gastric volvulus: A potentially fatal cause of acute abdominal pain. BMJ Case Reports, doi:10.1136/bcr-2016-217708.
2. A Sleiwah, M McBride and C Black (2017) Euglycaemic ketoacidosis: a potential new hazard to plastic surgery day case and inpatient procedures. doi:10.1136/bcr-2017-220253.
3. A Sleiwah (2017) Should plastic surgeons in training have an additional training module? Journal of the Association of Surgeons of Great Britain and Ireland.

#### Image

Investigation	Preoperative results	Day 1 post op (before Dr DCA)	Day 1 Post op	Day 1 Post op
Sodium (mmol/L)	140	138	143	138
Potassium (mmol/L)	4.3	4.3	3.3	3.8
Chloride (mmol/L)	103	104	103	113
Urea (mmol/L)	6.3	4	8.3	3.3
Creatinine (mmol/L)	48	31	30	32
anion gap	= 48	= 48	= 48	= 68
Urea/mmol/L: PO a(2)	-	-	101	-
Urea/mmol/L: PO a(2)	-	-	9.8	13.3
Bicarbonate (arterial blood gas)	-	-	1	15.3
Lactate (arterial blood gas) (mmol/L)	-	-	1	1
Lactate (arterial blood gas) (mmol/L)	3.3	0.3	0.3	11.3

Table 1: Investigations at the postoperative period.

\* Capillary blood sample

\*\* Arterial blood sample

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A Sleiwah is part of the regional plastic and burn unit in at South West Acute Hospital, Northern Ireland, UK.

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**Hepatitis E (HEV) virus in patients with HIV infection****Turdieva Nigora**

Institute of Gastroenterology - Academy of Medical Sciences of the Ministry of Health and Social Protection, Tajikistan

The aim of the study was to document the incidence of chronic HEV coinfection in patients with HIV infection and to determine the anti-HEV seroprevalence and compare it with that of a control population. Total of 246 patients with HIV infection and 94 control subjects were tested for HEV using an immunoassay for anti-HEV IgG and were tested for anti-HCV and HBsAg. Demographic, lifestyle and laboratory data were prospectively collected on each patient with HIV infection. The prevalence of HEV IgG seropositivity in the 246 HIV infection is seen in the male group, 19.1% (27/141) were positive as against 29.5% (31/105) in the female group. In addition, subjects over 40 years of age had a higher prevalence of HEV IgG seropositivity than those aged <40 years (OR=2.780, P <0.01). There was no difference in anti-HEV IgG seroprevalence between the HIV-infected patients and controls. The only risk factor predictive of anti-HEV seropositivity was the consumption of raw/undercooked meat or liver; sexual risk factors were unrelated. We also examined the relationship between HEV infection and HBV or HCV coinfection in patients with HIV infection. The results showed no significant difference in HBsAg positive status (6.8% vs 7.4%) and HCV positive status (5.1% vs 6.3%) between HEV IgG positive and negative patients with HIV infection. No statistically significant association between HEV seropositivity and HBV and HCV infection was observed. So, Anti-HEV seroprevalence is similar in controls and patients with HIV infection. Risk factor analysis suggests that HEV is not transmitted sexually. No statistically significant association between HEV seropositivity and HBV and HCV infection was observed.

**Biography**

Turdieva Nigora is currently working in the Department of Virology Institute of Gastroenterology Academy of Medical Sciences of the Ministry of Health and Social Protection, Tajikistan. She has published more than 3 papers in reputed journals.

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**Efficiency of tofisopam in the treatment of patients with esophageal spasm**Pichugina I M<sup>1</sup> and Firsova LD<sup>2</sup><sup>1</sup>Federal Scientific Clinical Center of Reanimatology and Rehabilitation, Russia<sup>2</sup>Moscow Clinical Scientific Center, Russia

**Introduction:** The esophageal spasm amounts 3-16% of all esophageal diseases. Psychopharmacology in primary esophageal spasm is effective enough but it is rarely used in patients in combination with GERD (Gastroesophageal reflux disease). The treatment of esophageal spasm in combination with GERD and PPI (Proton pump inhibitors) is not effective enough.

**Objective:** To optimize the treatment of patients with esophageal spasm.

**Methods:** Sixty one patients were examined in 2012-2014. Survey included endoscopy, esophageal manometry, daily pH-meter, psychodiagnostics. Forty four patients (21 patients with esophageal spasm in combination with GERD, 23 patients with primary esophageal spasm) received tofisopam, 17 patients with esophageal spasm in combination with GERD received monotherapy PPI. The effectiveness of the therapy was analyzed within 1 month after the end of treatment.

**Results:** The treatment of esophageal spasm with tofisopam was effective on the dynamics of clinical manifestations in 84.1% of the cases, the results of manometry control 95.5% of the cases. The result was equally high in the treatment of primary esophageal spasm and its combination with GERD: clinical data (85.7% and 82.6%, respectively;  $p=0.753$ ) and according re-manometry (95.2% and 95.7%, respectively;  $p=0.732$ ). In the group of patients with GERD supplementation tofisopam improved result in comparison to the monotherapy with PPI on clinical data (64.7% and 95.2% respectively;  $p=0.022$ ), which was confirmed by the results of the monitoring and manometry (52.9% and 90.5%, respectively;  $p=0.012$ ).

**Conclusion:** Tofisopam was effective on clinical data and control as manometry in patients with primary esophageal spasm and patients with its combination with GERD in comparison with monotherapy PPI.

**Biography**

Pichugina I M has completed her PhD from Moscow Clinical Scientific Center, Moscow, Russia. She is the chief of the laboratory neurogastroenterology Federal Scientific Clinical Center of Reanimatology and Rehabilitation, Moscow, Russia. She has published 13 papers in reputed journals.

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# Accepted Abstracts

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**Diabetes remission with surgery beyond weight loss****Karl Miller**

FACS, FASBMS, Austria

Obesity and its associated diseases such as type 2 diabetes have a serious effect on the health of people in the Middle East. One in 10 adults have diabetes; half of them undiagnosed, and cases of type 2 diabetes (T2D) are rapidly increasing in the region. Intense discussions in the use of metabolic surgery has been growing over the last years, powered by experimental and clinical studies showing that rearrangements of gastro intestinal anatomy, formerly named bariatric operations can directly affect glucose homeostasis, and not only through weight loss. Bariatric surgery versus intensive medical therapy for diabetes has shown significant favour for surgery in several randomized controlled studies even in a five year follow up study recently published. Endpoint results suggest that bariatric surgery, particularly gastric bypass, in combination with intensive medical therapy is more effective than intensive medical therapy alone in controlling various characteristics associated with T2D. Even before significant weight loss, metabolic surgery shows direct positive influence on interleukin (IL)-6, leptin and adiponectin, IL-8, levels and on the transformation of growth factor beta (TGF- $\beta$ ), and the incretin hormone glucagon-like peptide-1 (GLP-1) as well as in lowering insulin resistance. The presentation will explore the evidence that shows how metabolic surgery influences complex metabolic mechanisms that span from functional elements, such as the role of the stomach and of gastric emptying, the absorption and digestion, to hormonal elements such as incretins, gut endocrine regulation, in addition to hepatobiliary, neural regulation, and gut microbiota elements, in the diabetes metabolism of obese subjects. Thus, the American Diabetes Association implemented metabolic surgery in the treatment algorithm for T2D based on the mounting scientific evidence.

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**A 35-year-old patient with abdominal pain, mesenteric lymphadenopathy and Sweet's syndrome: An atypical presentation of Crohn's disease****Maria Birnie**

Cumberland Infirmary, UK

Crohn's disease is a form of inflammatory bowel disease that typically presents with abdominal pain, weight loss and bloody diarrhoea. Sweet's syndrome is a neutrophilic dermatosis which presents with erythematous papules and is associated with Crohn's disease amongst other conditions. We present an unusual case of a 35-year old lady with Crohn's disease where abdominal pain, extensive mesenteric lymphadenopathy and Sweet's syndrome were the initial presenting features. We describe how diagnostic uncertainty led to extensive investigations and recurrent admissions. Initially the patient was treated as having Yersinia infection due to suggestive histology although serology was negative. Yersinia infection, gastrointestinal tuberculosis and Crohn's disease may have similar radiological and histological appearances so differentiation can be difficult. We discuss the impact of delayed diagnosis (17 months) and share some interesting points on the difficulties of diagnosing Crohn's disease on mesenteric lymph node histology alone, especially when macroscopic examination of the bowel wall is normal. Treatment for Crohn's disease resulted in improvement of her symptoms and return to work.

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**An unusual case of doxycycline-induced pancreatitis****Ashish Ahuja, Perna Sharma and Bhagat Kondaveeti**  
University of Pittsburgh Medical Centre, USA

**Introduction:** Acute pancreatitis is a disease with high morbidity and mortality. Antibiotics like tetracyclines and metronidazole have been shown to be associated with this lethal condition. We report a case of a 47-year-old male presenting with acute pancreatitis due to doxycycline use.

**Case Description:** A 47-year-old male with a past medical history of hypertension and insulin-dependent diabetes presented with a two-day history of abdominal pain, nausea and vomiting. Abdominal pain was in the epigastric region, radiating to the back. It was associated with nausea and non-bilious, non-bloody emesis. Patient did not endorse fever with chills, diarrhoea or other pertinent symptomatology. He was hemodynamically stable. Physical examination revealed tenderness and guarding in the epigastric region. Laboratory investigations showed an elevated lipase level of 3853 and CRP (C-reactive protein) 6.40. There was no leukocytosis, hypercalcemia, elevated transaminases or hyperbilirubinemia. Serum triglycerides were within normal range. He was s/p cholecystectomy and RUQ ultrasound showed absent gallbladder, with no stricture or stone in the bile ducts. CT abdomen and pelvis was refused by the patient. He denied alcohol, tobacco or illicit drug use. There was no history of recent abdominal surgery or procedure. On further investigation, it was found that the patient had recently started taking doxycycline for a foot ulcer. Symptoms started after 3 doses of doxycycline. He was not taking any other medications which could potentially cause pancreatitis. Doxycycline was discontinued and patient was treated with fluid resuscitation with good clinical response.

**Discussion:** Drug-induced pancreatitis (DIP) comprises 1.4% of all cases of acute pancreatitis. 1. common culprits include mesalazine, azathioprine, simvastatin and furosemide, but over 500 drugs have been implicated. 2. doxycycline been used to treat common bacterial infections, including acne vulgaris and urinary tract infections. Although the pathophysiology is not completely understood, it has been described as a rare cause of DIP. However, there are only four case reports following doxycycline use and only two of those describe a case in which doxycycline was used as monotherapy, as in our case. 3. there is a paucity of data on epidemiological variables related to doxycycline-induced pancreatitis. Further research is needed to establish if there is a time or dose dependence to the phenomenon.

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**Management of diabetes in morbidly obese patients with bariatric surgery****Muhammad A Jawad**

Orlando Regional Medical Center, USA

More than two-thirds of adults are considered to be overweight or obese. More than one-third of adults are considered to be obese. More than 1 in 20 (6.3 percent) have extreme obesity. Almost 3 in 4 men (74 percent) are considered to be overweight or obese. This has affected increase in the number of diabetes in United States. Diabetes is becoming more common in the United States. From 1980 through 2014, the number of Americans with diagnosed diabetes has increased fourfold (from 5.5 million to 22.0 million). Treatment of diabetes in morbidly obese person with bariatric surgery has shown excellent results, with resolution of diabetes between 70%-90%, depending on the procedure that was done, and the duration of the disease. Since the start of bariatric surgery in 1953 with J-I bypass, gastric bypass, gastroplasty, BPD-DS, lap-band and the sleeve gastrectomy, resolution of diabetes has been observed after these procedures. The mechanism of diabetes resolution and improvement is complex, part of it being results of low caloric intake, weight loss, and hormonal manipulations

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**How to do single port sleeve gastrectomy in the navel as standardized procedure?****Housseem Fadhl**

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**Introduction:** Laparoscopic sleeve gastrectomy is the first bariatric procedure worldwide, commonly performed using laparoscopic multiport. Feasibility and safety of single port sleeve gastrectomy (SPSG) have been proved. We reported a standardized procedure describing the different steps as a reference for bariatric surgeons.

To perform SPSG, surgeons must integrate two new concepts. The first is the surgical corridor: surgeon working in a small intraperitoneal area is less disturbed by excess abdominal fat and liver hypertrophy. This is partly due to the position of instruments in the same axis. The second concept is the parietal space: this corresponds to the area in the abdominal wall through the instruments are introduced. Preservation of this space depends on the position of the trocar, the size, the number and axis of the instruments. The patient was placed in a seated position. Access was obtained using a 2.5-3 centimetre skin incision in the navel. The multiport single trocar was then placed within the abdominal cavity. The flexible scope allows initially exploring the peritoneal cavity. The dissection of the stomach was obtained with section and coagulation of right gastro-omental vessels around the stomach and short gastric vessels by the thermos fusion grasper, the sleeve of the stomach was created over a 36F calibrator. A 60-mm endoscopic reticulating stapler was used and beginning 5–7 cm proximal to the pylorus next to the gastro-pancreatic ligament and heading toward the left side of the gastroesophageal junction. At the end we obtain a linear staple line using 5 staples, haemostasis is controlled by bipolar coagulation. The specimen was removed easily through the single-site trocar. Parietal defect is repaired with continuous suture and the patients were discharged from the operating room without a nasogastric tube or drainage.

**Conclusion:** Single port sleeve gastrectomy in the navel is nowadays a standardised procedure based on two main notions; parietal space and the surgical corridor. This is a safe and reproductive procedure recommended for mainly morbid obese patients.

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**Stapled hemorrhoidectomy: Pitfall and severe complications****Chung Hung Yeh**

St. Martin De Porres Hospital, Taiwan

Stapled transanal mucosectomy, firstly aiming to treat rectal internal mucosal prolapse and obstructed defecation, is proposed by Dr. Antonio Longo for the treatment of hemorrhoids. Subsequently called stapled hemorrhoidopexy or procedure for prolapse and hemorrhoids (PPH), the technique gained a wide popularity due to the low postoperative pain. Almost all studies, with a few exceptions, also found an early return to work. In 2005, the practice parameters of the ASCRS (American Society of Colon and Rectal Surgeons) commended: Stapled hemorrhoidopexy is a new alternative available for individuals with significant hemorrhoidal prolapse. Meanwhile, exceptionally rare but potentially devastating complications including anovaginal fistula, substantial hemorrhage, fistula, retroperitoneal sepsis, rectal perforation have been reported. Even though the documented adverse events happen scattered and presented as case-report, severe complications have been reported world-wide. It did raise the concern about the safety of this new procedure. Performing the procedure with care and sharing the experience with each other could help surgeons keep away from trouble. In Taiwan, we use stapled hemorrhoidopexy to treat patients with prolapsed hemorrhoids since 2001. More than eight hundred cases of my patient accepted this treatment and no severe complication has ever been encountered. We shall share our experiences of these new-adapted procedures, share a case of retrorectal abscess referred from other hospital and discuss the tricks to improve the results and to avoid the complications.

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**Study of the relationship between abdominal obesity and micro-albuminuria in elderly****Amira Hanafey Mahmoud**  
Ain Shams University, Egypt

**Background:** Obesity, both directly and indirectly, increases the risk for a variety of disease conditions including diabetes, hypertension, liver disease, and certain cancers, which in turn, decreases the overall lifespan in both men and women. Proteinuria was identified as a significant predictor of end-stage renal disease (ESRD) in a mass screening of volunteers and reported as a risk factor for cardiovascular or total mortality. Obesity increases the risk for variety of diseases which in turn, decreases the overall lifespan in both men and women. Though the cardiovascular risks of obesity are widely acknowledged, less often identified is the relationship between obesity and renal function.

**Aim:** To study the relationship between abdominal obesity and MA in elderly subjects.

**Methods:** A cross sectional study was conducted on 200 elderly subjects, aged  $\geq 60$  years. Subjects were recruited from both geriatrics and gerontology department and internal medicine at Ain Shams University hospital, Egypt. All patients had anthropometric measurements done including weight, height, body mass index, waist circumference, hip circumference and waist hip ratio, also assessment of blood pressure and albumin/creatinine ratio in urine.

**Results:** Mean age of participants was  $74.96 \pm 5.603$  years. Mean waist circumference in whole sample measured  $96.78 \pm 16.85$ , mean hip circumference was  $106.31 \pm 19.24$ , mean waist hip ratio measured  $0.91 \pm 0.09$  and mean body mass index was  $27.83 \pm 9.8$ . All of waist circumference, waist hip ratio, systolic blood pressure, hypertension, diabetes mellitus, ischemic heart disease, renal disease were significantly related to micro-albuminuria (MA). Also, fasting blood sugar, serum triglycerides and renal functions were related to MA, meanwhile on multivariate analysis abdominal obesity as measured by waist hip ratio was the strongest variable correlated with MA in elderly subjects in the whole sample.

**Conclusion:** Abdominal obesity is strongly associated with micro-albuminuria in Egyptian elderly.

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**Ileo-cecal intussusception against metastasis of melanoma in the ileum: clinical case and literature review****Danilov Mikhail**

A S Loginov Moscow Clinical Scientific Center, Russia

Intestinal intussusception is a very rare pathology, especially in adults. The causes of intestinal intussusception can be both benign and malignant neoplasms. Often, intestinal intussusception is an occasional diagnostic finding, but cases of clinically significant invaginations that lead to disruption of the intestinal passage are described. Significant diagnostic contribution is made by ultrasound and endoscopy, but sometimes one has to resort to such diagnostic methods such as CT (Computed Tomography) and MRI (Magnetic Resonance Imaging). The tactics of surgical treatment of intestinal intussusception are different and can vary from conservative intussusception to an expanded resection of the intestine site. In this clinical example, the case of ileo-cecal intussusception is described in the background of metastasis of melanoma in the ileum. 1. Colonoscopy - in the ascending colon, the invaginated small intestine, occupying 2/3 of the lumen (15 cm in length), is defined in the terminal part of the small intestine with a diameter of about 4 cm. CT of abdomen - intussusception of the terminal part of the ileum into the cecum and ascending colon, the blood flow at the level of the invaginate is traced. 2. Operation - right-sided hemicolectomy with D-3 lymphadenectomy (considering the absence of morphological verification of the tumor and the impossibility of excluding malignant lesions). 3. Histological examination - pigment-free metastasis of melanoma, there are no metastases in 29 lymph nodes, expression of S100, CD117, HMB45 Melan A is determined in tumor cells.

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**Recurrent abdominal pain-endometriosis: A case report****Omer Engin**

Buca Seyfi Demirsoy State Hospital, Turkey

**Introduction:** Endometriosis is a placement of endometrium tissue anywhere in the body. In normal condition, endometrium is present in the uterine cavity. It proliferates and is discharged during the menstrual cycles. If endometrium localized another localization in the body, the same changes occur in the menstrual cycles. In each menstrual cycle, the tissue proliferates and the pain is felt by the patient because endometrium is not discharged and pain occurs due to intralesional increased pressure.

**Case Study:** Our case is of 35 year old woman. She had complained recurrent abdominal pain with about 1 month interval and small mass on right rectus muscle on the right side of the umbilicus. The mass had increased at times and decreased at times. If the mass had increased, the patient felt pain on the mass. The mass was visualized by ultrasound. This was excised with healthy surrounded tissue. After excision, rectus muscle was sutured and onlayer polypropylene mesh was applied. She was discharged with no complication.

**Discussion:** Endometriosis tissue in the abdominal wall must be excised with surrounding healthy tissue. Surgical border must be clear. If it is not excised totally, endometriosis will be recurrent. And another important factor is that the mass must be excised with no laceration because if laceration is occurred, endometriosis tissue may be implanted and recurrence may be seen. Defect after excision may be sutured if the defect is small. If the defect is big in the abdominal wall, mesh for hernia repair may be used intraabdominal, sublayer, inlayer or onlayer. In our case defect was small so primer suturing and onlayer polypropylene mesh applying was preferred.

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**Epidemiological and clinical features of hospitalized patients with diarrhoea caused by *Clostridium difficile* (C. difficile) infection in a teaching hospital in Croatia**Nikolina Bogdanić<sup>1</sup> and Mirjana Balen Topić<sup>1,2</sup><sup>1</sup>University Hospital for Infectious Diseases Dr. Fran Mihaljević, Croatia<sup>2</sup>University of Zagreb, Croatia

**Background:** Recent increase in disease severity, prevalence, and recurrence, as well as strong relationship with health services has prompted research, surveillance, and development of preventive strategies for *C. difficile* infection (CDI). Since there is scarce data available in Croatia, we performed this study to assess the epidemiological and clinical features of CDI in hospitalized patients.

**Materials & Methods:** This retrospective observational study included patients of all ages with laboratory confirmed CDI, hospitalized at the 232-bedded University Hospital for Infectious Diseases Dr. Fran Mihaljević, Zagreb, Croatia during the period from 2013 to 2016. The patients were divided to those with community-associated, with healthcare-associated, and those with unknown CDI association. The disease severity was classified as mild, moderate, severe, and severe complicated. The length of hospital stay (LOS) after CDI diagnosis, intensive care unit (ICU) treatment due to CDI and mortality rate were observed as outcome indicators. Statistical analysis was performed to evaluate the differences between epidemiological groups and to assess the trends through observed years.

**Results:** Among 776 included patients 56.9% were females ( $p=0.0001$ ), 75.6% were  $\geq 65$  years old, 75.8% had healthcare-associated, 15.7% had community-associated CDI, and in 8.5% the association was unknown. Overall mortality rate was 10.2%, mean LOS was  $13.9 \pm 14.0$  days, and 2.4% of patients required ICU treatment due to CDI. In comparison to patients with community-associated CDI, the proportion of patients with healthcare-associated CDI ranged from 79.5-85.8%, and gradually increased ( $p=0.0395$ ) through observed years. Patients with healthcare-associated CDI were older: median: 76vs70 years ( $p=0.0266$ ), had higher disease severity ( $p<0.0001$ ), longer LOS: mean  $14.83$ vs $10.13$  days ( $p<0.0001$ ) and higher mortality rate ( $11.7$ vs $3.3\%$ ;  $p=0.0047$ ), but the difference between the groups in the need for ICU treatment due to CDI ( $2.9$ vs $1.6\%$ ) was not significant ( $p=0.7560$ ).

**Conclusion:** Healthcare-associated CDIs present a growing problem in the hospital care of observed population. Increasing incidence, high disease severity, high LOS and mortality rate suggest the need for improvement of efforts in preventing healthcare-associated CDIs among Croatian population.

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**Prevalence of occult HBV in chronic hepatitis C and cryptogenic hepatitis patients****Cakal B**

Istanbul University, Turkey

Occult Hepatitis B Virus (HBV) infection (OBI) is considered as the possible phase of the HBV natural history but the molecular mechanisms and clinical impact and epidemiological aspect of OBI still remains unclear. We investigated the prevalence of OBI and its clinical impact among patients with Hepatitis C virus (HCV) infection and with cryptogenic hepatitis. This study protocol was approved by the ethics committee of İstanbul University İstanbul School of Medicine (No: 2015/1519). This prospective cohort study included a total of 60 HBsAg-negative patients (27 patients with chronic HCV and 33 patients with cryptogenic hepatitis) were enrolled in the Department of Gastroenterology, İstanbul Faculty of Medicine. Liver tissue samples had been obtained by percutaneous needle liver biopsy and immediately frozen and stored at -80°C. Total nucleic acids were extracted from frozen liver biopsies using QIAamp DNA Mini Kit (Qiagen) according to the manufacturer's instructions. OBI was defined as HBV DNA positivity in 2 or more different viral genomic regions by nested polymerase chain reaction PCR using 4 sets of primers in preS-S (S), precore-core (C), Pol, and X viral regions of the HBV genome. Plasmid HBV DNA 4.1 kb and liver biopsy samples obtained from patients with chronic HBV infection (positive control) were used. Statistical analyses were evaluated using Mann-Whitney U test, Chi-square test and Kruskal Wallis tests. The baseline characteristics of patients are presented in Table 1. The prevalence of OBI was 25.9% (7/26) with 27.3% (9/33), 26.7% (16/60) in patients anti-HCV (+), cryptogenic hepatitis, and totally respectively. There wasn't significant differences for prevalence of OBI between patients with Chronic HCV infection and cryptogenic hepatitis ( $P=0.907$ ). Patients with anti-HCV (+), OBI (+) were older compared with patients anti-HCV (+), OBI (-), ( $P: 0.033$ ). As it is expected that cryptogenic hepatitis patients had higher serum alkaline phosphatase and gamma-glutamyltransferase level ( $P<0.05$ ). Clinical significance and role of OBI in patients with chronic HCV infection is controversial. Accordingly, first results of the study of prevalence of OBI is correlated with endemicity of Hepatitis B infection. Moreover, OBI can be associated with liver injury rather than chronic HCV infection. Therefore, it appears that host factors rather than viral factors are more responsible for OBI.

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**Pepsin in saliva as a diagnostic biomarker in laryngopharyngeal reflux: A meta-analysis****Wang Jing**

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**Aim:** Pepsin in saliva is used as a biomarker contributing to the diagnosis of laryngopharyngeal reflux (LPR), but the results remain controversial. We aim to assess the diagnostic value of Pepsin in saliva for LPR.

**Methodology:** Pubmed, Emabase and Web of Science were searched for relevant studies published up to March 15th 2017, systematically. Articles that evaluated the utility of pepsin in saliva in the diagnosis of LPR were included. We used Stata 12.0 software to summarize the diagnostic indexes for meta-analysis.

**Results:** A total of 11 eligible studies met inclusion criteria. After meta-analysis for included studies, the pooled sensitivity and specificity were 64% (95% confidence interval [CI], 43-80%) and 68% (95% CI: 55-78%), respectively; the positive likelihood ratio (PLR) and negative likelihood ratio (NLR) were 2.0 (95% CI: 1.4-2.9) and 0.54 (95% CI: 0.33-0.87), respectively; the diagnostic odds ratio (DOR) was 4 (95% CI: 2-8), and the area under the curve (AUC) was 0.71 (95% CI: 0.67-0.75).

**Conclusions:** Pepsin in saliva have a moderate value in the diagnosis of LPR. Cutoff value could affect the diagnostic value. Therefore, further investigations are required to find the optimal cutoff value of pepsin.

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**Analysis of serum chromogranin A in irritable bowel syndrome and gastroenteropancreatic neuroendocrine tumors patients in Indonesia**Alya Darin Wijaya<sup>1,2</sup>, Daniel Martin Simadibrata<sup>1,2</sup>, Tutug Kinasih<sup>1,2</sup> and Murdani Abdullah<sup>1,2</sup><sup>1</sup>Universitas Indonesia, Indonesia<sup>2</sup>RSUPN Dr. Cipto Mangunkusumo National Central General Hospital, Indonesia

Chromogranin A (CgA), an acidic hydrophilic glycoprotein produced exclusively by the secretory granules of neuroendocrine cells, is found to be increased in gastroenteropancreatic neuroendocrine tumors (GEP-NET) cases. Previous studies show that CgA has a high sensitivity as a serum biomarker in diagnosing GEP-NET. However, it has a low specificity since it is also increased in other conditions, such as irritable bowel syndrome (IBS). Diagnosis of GEP-NET through CgA serum level measurement has not been performed in Indonesia. Hence, this study aims to compare plasma CgA levels among normal patients, GEP-NET patients, and IBS patients in Indonesia. A cross-sectional study was performed among 176 individuals who had undergone Gastroenterology Consultation of which 126 patients were normal, 21 patients were IBS, and 29 patients were GEP-NET. IBS patients were identified using ROME III Criteria and GEP-NET patients were identified through histopathology examination from GI (Gastrointestinal) tract biopsy. Blood plasma serum was taken to measure the CgA serum level. Statistical analysis was performed using Kruskal-Wallis test. CgA serum levels were found to be significantly higher in both IBS and GEP-NET group compared to those in normal group. The average CgA serum levels in IBS, GEP-NET, and normal group are 76.66, 173.78, and 50.72 with the median 64.82, 66.23, and 48.90 respectively. The CgA value between normal and GEP-NET or IBS group is found to be significantly different ( $p < 0.001$ ). CgA serum levels remain a reliable biomarker to diagnose GEP-NET, suggesting the use of CgA for screening GEP-NET in Indonesia. However, the rise in CgA level found in IBS patients speculates future possibilities of developing GEP-NET in IBS patients. Further studies need to be performed to determine the relationship between IBS and GEP-NET, in terms of CgA.

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**Interpersonal functioning of individuals who seek bariatric surgery compared to a control group**

Yael Latzer

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**Background:** Studies have found that patients with binge eating disorder (BED) have difficulties in their interpersonal functioning. There is limited research examining interpersonal relationships among bariatric patients. The aim of this study was to assess the differences in interpersonal functioning between bariatric candidates and a control group.

**Methods:** A hundred and sixty six adult seeking bariatric surgery in Israel (Mean BMI=40.7; SD=5.1) participated in the study. They were compared to 82 control participants who were divided into three groups: normal weight (N=41) (Mean BMI=22.1; SD=1.8); overweight (N=27) (Mean BMI=26.9; SD=1.4) and obese (N=14) (Mean BMI=34.05; SD=4.05). All participants completed surveys addressing demographic, eating disorders (EDE-Q), depression, anxiety, stress (DASS) and interpersonal functioning (SAS-SR, IIP).

**Results:** Bariatric candidates had significantly more difficulties in primary relationship and were higher in being too caring. Eating and shape concerns, as well as anxiety levels were significantly higher in the bariatric candidate group compared to the normal weight and overweight group. Weight concern levels were also found to be significantly higher amongst bariatric candidates compared to all three of the sub control groups.

**Conclusion:** Our findings are in line with previous studies which found difficulties with intimate relationships and nurturance among BED patients. These findings may be part of the explanation why some people gain more weight than others, and may contribute to understanding more about the failures of bariatric surgery.

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**Complications of mega stent in controlling the leakage after sleeve gastrectomy****Mohamed Ibrahim Hassan**  
Ain Shams University, Egypt

Sleeve gastrectomy (SG) has become a popular stand-alone bariatric procedure with comparable weight loss and resolution of co-morbidities to that of laparoscopic gastric bypass. One of the dreaded complications after laparoscopic sleeve gastrectomy is a gastric leak which may reach up to 5% and is most commonly occurring at the upper staple line near the gastro-esophageal junction. The use of flexible stents has been recently proposed as an alternative for the treatment of the esophago-gastric enteric leaks. We present our experience in the treatment of gastric leaks with coated self-expandable mega stents. This study included 33 patients who had gastric leaks at the gastro-esophageal (GE) junction after SG. Stents were placed endoscopically in 27 patients and the other six patients were managed laparoscopically by drainage and closure of the leakage site with insertion of feeding jejunostomy. Mega stent insertion had successfully controlled the leakage only in 20 patients; showed migration of the stent in eight patients, failure of leakage control in another nine patients and associated with bleeding in three cases and marked esophageal narrowing in three cases. Leaks were completely sealed in the six patients who had been managed with laparoscopic exploration and after feeding through the jejunostomy tube for 2-3 weeks. Mega stents are proposed as an alternative therapeutic option for the management of GE junction leaks in bariatric surgery, however the complications related to the stent insertion and after removal together with the incidence of its ineffectiveness of leakage control make us reconsider the conventional drainage with the closure of the leakage site (if possible) with insertion of feeding jejunostomy.

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**Clinico-demographic profile of colorectal cancer patients in National Cancer Institute of Sabratha, Libya****Ramadan Elamy<sup>1</sup>, Hussein Kamoka<sup>2</sup> and Hussein Hashmi<sup>2</sup>**<sup>1</sup>Misurata Cancer Center, Libya<sup>2</sup>National Cancer Institute, Sabratha, Libya

**Statement of the Problem:** Colorectal cancer (CRC) is one of the most common cancers worldwide and its incidence is reported to be increasing probably due to the acquisition of a western lifestyle.

**Aim:** The aim of our research is to study the basic demography age, gender and anatomical location of the tumor in patients with CRC registered in National Cancer Center of Sabratha from January to December 2013.

**Methods:** A retrospective study has been conducted to find the age, gender, site of lesion, clinical presentation, type of surgery, histology of lesion of colorectal cancer patients registered in National Cancer Institute of Sabratha between January to December 2013.

**Results:** During Jan-Dec 2013, 135 cases of adenocarcinoma of colorectal were identified from our registry. The demographic characteristics of the patients are shown in Table 1. Age-stratified incidence of CRC showed that majority of the cases were in the age group 51-60 years (31.9%), followed by 41-50 years (21.5%). There were 13 (9.6%) cases of CRC below the age of 40 years. Ninety-five (70.5%) patients presented with bleeding per rectum, 86 (63.7%) had lost significant weight, 73 (52%) had constipation, 70 (51.8%) had anorexia and another 49 (36%) had a palpable mass.

**Conclusion:** Our finding is comparable to that of international figures: in that most of the CRCs were in distal parts, the incidence of CRC increases with age and the predominance of male.

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