# 16th International Conference on GASTROENTEROLOGY AND DIGESTIVE DISORDERS

August 06-07, 2018 Abu Dhabi, UAE



Page 56

16th International Conference on

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### Adenoma detection rate: Abu Dhabi Community Hospital experience

**Emad Rahmani** Burjeel Day Surgery Center, UAE

**Background & Purpose:** Adenoma Detection Rate (ADR) has been established as one of the most important parameters in in colonoscopy quality indicators. There is a lack of data from evaluating application of this colonoscopy metrics in the Middle East. Furthermore; it is unknown if goals set in international guidelines are able to be achieved in a Middle East clinical practice.

**Methods:** In this study, we assessed colonoscopy quality measures including: preparation quality, cecal intubation rate, polyp detection rate and complication rate in a consecutive cohort of patients undergoing colonoscopy in a large practice in a community hospital in Abu Dhabi (Healthpoint Hospital) from July 2015 to October 2017. The endpoints reviewed include procedure polyp detection rate, overall ADR and Sessile Serrated Polyp (SSP) detection rate. Quantitative metrics were collected to assess endpoints as compared to published Abu Dhabi Department of Health colonoscopy quality indicators.

**Results:** A total of 1727 patient underwent colonoscopic examination during this period (M: 808, F: 919). ADR was 38% with 5% of sessile serrated polyp as reported by experienced gastrointestinal pathologists. The Abu Dhabi standard of colonoscopy quality indicators based on International guidelines published by the American College of Gastroenterology and other societies of 25% ADR rate in men and 15% in women is significantly lower than the percentages achieved by our group and consistent with recent published date from experienced endoscopists. Furthermore; it appears that prevalence of colon adenomatous polyps and SSP is similar to reported prevalence in the western studies.

**Conclusions:** By reporting our results; we encourage others to report their data so we can have more accurate information regarding the colonoscopy performance in this part of the World. Furthermore; our date should help the Policy makers may use this data to allocate resources and determine quality improvement needed among participating screening facilities.

emadyrahmani@gmail.com

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# Rate of *Helicobacter pylori* eradication by levofloxacin based and clarithromycin based sequential therapy regimens at tertiary care hospital

### Ghulam Mujtaba Dahri

Liaquat National Hospital, Pakistan

**Introduction:** *Helicobacter pylori* infection has been recognized as one of the most common chronic bacterial infections in humans. Many *H. pylori* eradication regimens have been described. There are little data reporting their efficacy or integration in routine clinical practice.

**Objective:** The aim of the current study is to find the rate of *H. pylori* eradication by levofloxacin based and clarithromycin based sequential therapy regimens at tertiary care hospital.

Study design: Study was conducted on out patients at Department of Gastroenterology, Liaquat National Hospital, Karachi.

**Duration of study:** Six months from 23<sup>th</sup> Oct 2016 to 23<sup>th</sup> Apr 2017.

**Subject & Methods:** All in patients who fulfilled the inclusion criteria in the Department of Gastroenterology, Liaquat National Hospital, Karachi were included in the study. After taking informed written consent history, clinical examination, upper GI endoscopy was performed levofolxacin and clarithromycin based sequential *H. pylori* eradication was given. Eradication was checked by performing stool for *H. pylori* eradication. All the collected information was entered in the prescribed Performa.

**Results:** A total 254 patients were included in our study. 106 (41.7%) were female and 148 (58.2%) were male. Mean duration of dyspepsia was  $5.03\pm1.24$  months. Eradication rate was 95% with levofloxacin based sequential therapy and 85% with clarithromycin based regime.

**Conclusion:** The eradication rate with levofloxacin sequential therapy was better than clarithromycin based regime, could be due to high resistance in our population so it is suggested to prefer levofloxacin based regime in our day to day practice.

Dr\_gm18@yahoo.com

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### Endotherapy in refractory/PPI dependant GERD

Rakesh kalapala

Asian Institute of Gastroenterology, India

astro-esophageal reflux disease (GERD), affects one third of the population worldwide and prevalence in India ranges between J8 to 19%. Majority of the patients have impaired Quality of Life (QOL) due to symptoms such as heartburn, regurgitation or dysphagia and the long term complications associated with it. Current treatments modalities include lifestyle modifications, long term pharmacological therapies, surgical fundoplication and more recently, endoscopic procedures. About 10% of patients with endoscopically proven reflux esophagitis are resistant to Proton Pump Inhibitors (PPIs). Further, almost 20% of patients have inadequate symptom control resulting in heartburn and regurgitation that cause detrimental effects on the quality of life. Also, potential side effects of long-term PPIs use (B12 deficiency; iron deficiency; hypomagnesaemia; increased susceptibility to pneumonia; enteric infections; fractures and hyper-gastrinemia), results in many patients discontinuing treatment. Surgical options for GERD have their limitations due to increased costs, hospitalization, complication rates and delayed recovery. Data from 5 year LOTUS study suggests that 15-20% of patients who have undergone fundoplication may have GERD symptoms. Uncontrolled GERD leading to acid induced non-cardiac chest pain results in a significant decrease in quality of life, productivity at work and economic burden on the patients. In addition, it is associated with worrisome complications such as strictures, Barrett's esophagus and esophageal adenocarcinoma. The rising concern of long term side effects of the popular proton-pump inhibitors and the more recent evidence raising doubts about the durability of fundoplication have spurred re-interest in endoscopic procedures such as Stretta, GERD-X etc. to treat reflux disorder. Several clinical studies including a systematic review showed that the Stretta procedure improves GERD symptoms, quality of life and esophageal acid exposure and eliminates the need for anti-secretory drugs in majority of patients.

drkalpala@gmail.com

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# Helicibacter infection among dyspeptic and non-dyspeptic HIV patient at Yeka Health Center: Case control study

Getachew Seid Ethiopia

**Background:** *Helicobacter pylori* are a potent engenderer of urease. HIV infected patients experience many forms of opportunistic infections, including gastrointestinal symptoms. The exact role of *H. pylori* infection among HIV infected patients in causing gastrointestinal symptoms such as dyspepsia remains obscure. There are circumscribed data regarding *H. pylori* infection in HIV positive patients in cognation to CD4 count in our region and country. There for we aimed to assess the prevalence of *H. pylori* infection utilizing stool antigen among dyspeptic and non-dyspeptic HIV patients and its cognation with CD4 T cell count.

**Methods:** A case control study enrolling 370 study participants was conducted from January- June 2017. Socio-demographic and clinical data were amassed and 3 milliliter blood was drawn aseptically for the CD4+T cell count and complete blood count. Stool samples were accumulated for *H. pylori* stool antigen test. Data ingression and analysis was done utilizing SPSS version 20.confidence level of 95% was used statistical significance.

**Results:** A total of 185 cases and 185 controls were participated in the study. *H. pylori* antigen was detected in 117 (31.62%) of the total participants. The prevalence of *H. pylori* infection of cases and control was 60/185 (32.43%) and 57/185 (30.81%), respectively (AOR=1.097, 95% CI: 0.689-1.747, p=0.697). In both case and control groups, no significant association was observed in the prevalence of *H. pylori* with age, family size, educational status, marital status, toilet use habit, occupation, alcohol drinking, cigarette smoking and khat chewing (p>0.05). In both case and control group *H. pylori* infection was higher in patients with CD4 T cell count greater than 200 cells/µl.

**Conclusion:** The prevalence of *H. pylori* infection was slightly higher among cases than control patients. The infection was not significantly associated with social, demographic and behavioral factors while it was higher in patients with higher CD4 T cell count. The observed prevalence of *H. pylori* stool antigen positivity necessitates the need to diagnose it in patients with higher CD4 T cell count and thus minimize the clinical consequences of infection.

Dr\_gm18@yahoo.com

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### Gut microbiome and colon diseases

Sherif El Behiry Cairo University, Egypt

A plenty of research interests have focused on the gut microbiota because of its contribution to immune development, mucosal integrity and the development of diversity of intestinal and extra-intestinal disorders. It has been proved lately that a permanent alteration in microbiota composition or function (dysbiosis) may alter immune responses, metabolism, intestinal integrity and gastrointestinal motility, hence promoting a pro-inflammatory state. Alterations in the dominance and function of the gastrointestinal microbiota have a clear impact on human health and seem to have an important role in the pathogenesis of several gastrointestinal diseases, whether inflammatory, metabolic, or neoplastic ones. Our presentation will focus on latest results showing link between gut microflora and the diverse of GI diseases.

Shireef31@hotmail.com

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### Transabdominal sonography of the gall bladder and its hepatic and peritoneal perforations

Vikas Leelavati Balasaheb Jadhav D. Y. Patil Vidyapeeth, India

Transabdominal sonography of the gall bladder can reveal hepatic and extra-hepatic and peritoneal perforations of the gall bladder, whether it is impending perforations, frank perforations, sealed perforations, concealed perforations and its complications. It can also demonstrate adhesions in the gall bladder fossa at the right upper quadrant. All these cases are compared and proved with gold standards like laparoscopic and open surgery and endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected gall bladder impending perforations, frank perforations, sealed perforations, concealed perforations and its complications, so should be the investigation of choice.

drvikasjadhav@gmail.com drvikasjadhav@aol.com

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### Pediatric Endoscopy, Every day a challenge for the Pediatric Gastroenterologist

**Aldana Grisales Alexandra** Spain

A sother Medical Thecniques, pediatrics follow adults and adapt their advances in our practice. It is like, Flexible endoscopy is used since beguinning of XX century per Basil Hirschowitz, and pediatric endoscopy (PE) is used just since 1970 The aim of this work is making a literature review about the all issues aroud PE Pediatric GE should preform most of the PE procedure as diagnosis and treatment. Just more advanced procedures as ERCP and EUS must be preformed by Adult endoscopist with especial training Esophagogastroscopy indicated in allergic, infectus and peptic esophagitis, Infectus and inflamatory gastritis and coeliac disease Colonoscopy diagnosis in IBD, rectal bleeding and Infantile Polyposis. No routinary screening of cancer as adult, but special consideratiosn in surveillance in longterm IBD and juvenile Polyposis ERCP indicated in Choledocolithiasis, Primary Sclerosis cholangitis biliary strictures or lake after liver transplantation. pancreatic ERCP in pancreas divisum or chonic pancreatitis It can be donde since 10kg weight children EUS Indicated in pancreatic disorders and rectal malformation and fistulizing IBD In patients since 10 kg weight Endoscopic Capsula Aproved in older than 2 years old in ocult bleeding, coeliac disease and Crohn Disease characterization Single Or Double Ballon Enterocopy indicated in small bowel involment in Pediatric Crohn, strictures or vascular lesions. Or assisted to surgery It can be done since 10 kg of weight.

alexandraldanag@hotmail.com

## Study of the proteomic profile in patients with Crohn's disease, its correlation with diagnosis and disease activity

Ezzat Ali Ahmed<sup>1</sup>, Doaa Abdou Mohamed Header<sup>1</sup>, Salah El-Din Ahmed Badr El-Din<sup>1</sup>, Pacint El-Saed Moez<sup>2</sup>, Mohamed Eid Ibrahim<sup>3</sup> <sup>1</sup>Departments of Internal Medicine

<sup>2</sup>Clinical Pathology, Radiodiagnosis

<sup>3</sup>Faculty of Medicine, Alexandria University, Egypt

**Background:** Inflammatory bowel diseases (IBD) include two major forms of chronic intestinal disorders: Crohn's disease (CD) and ulcerative colitis (UC). CD can be associated with intestinal granulomas, strictures, fistulas, and transmural inflammation. A single gold standard for the diagnosis of CD is not available. The diagnosis is confirmed by clinical evaluation and a combination of endoscopic, histological, radiological, and/or biochemical investigations. Serum protein profiling of CD was investigated in order to improve the comprehension of the pathologic mechanisms and to support the difficult diagnostic procedures currently available. The aim of the work is to identify plasma proteomic profiles of CD cases and correlating this profile with the other diagnostic markers and activity of the disease.

**Methods:** We performed a study with 64 plasma samples collected from patients classified in 2 groups (31 crohn's disease, 33 healthy controls) according to accredited criteria. They were subjected to: complete history taking, thorough clinical examination, Laboratory investigations (Erythrocyte sedimentation rate ESR, C- reactive protein CPP, fecal calprotectin, Anti-Saccharomyces cerevisiae antibodies ASCA), ileocolonscopy, histopathology, imaging were done. Plasma proteomic pattern of CD patients and control subjects was determined using Matrix-Assisted Laser Desorption/Ionization (MALDI) Time of Flight (TOF) Mass Spectrometer (MS) analysis, all plasma samples were subjected to solid-phase extraction (SPE). The spectra obtained from all the samples were analysed using ClinProTool software.

**Results:** There was a statistical significant difference of the plasma proteome profiles of CD group in comparison to health volunteers. 76 peptide peaks were identified by the ClinProt software with a statistically different area, 5 peptide peaks were highly significant. Sensitivity was found to be 91.7%, specificity was 78.6%, PPV was 90, NPV was 77.5 and Youden Index was 0.88. There was a statistical significant difference between active versus inactive CD group, 5 Integration Regions used for classification between active and inactive CD patients using Genetic Algorithm model (GA) which gave 81.43% cross validation and 100% recognition capability. Markers as ESR, CRP, fecal calprotectin, ASCA are statistically correlated to the plasma proteomics found in CD patients. Conclusion: Proteomic profile has the potential to improve diagnosis and evaluate CD activity, reducing the need for more invasive techniques. Plasma proteome profile of CD was statistically correlated to other markers.

Keywords: Proteomics; CD; Biomarkers; (MALDI) TOF MS; Inflammation; Serum profiling

ezzatali64@yahoo.com

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ezzatali64@yahoo.com

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### Trendy guidelines for the treatment of hepatocelular carcinoma

**Gustavo Aguilar M.D** Hospital General San Juan de Dios, Guatemala

During the last years, Hepatocellular Carcinoma has become a public health issue in many countries. It is strongly related to cirrhosis that 's why surveillance each six months is recommended, than it allows diagnosis at an early stage, when effective therapies are possible. The best candidates for resection are patients with a solitary tumor and preserved liver function on the other hand liver transplantation is indicated in patients who are not good candidates for surgical resection, but are still meet in Milan or UCSF criteria for that matter. Image-guided ablation is the most frequently used therapeutic strategy, but its efficacy is limited by the size of the tumor and its localization. Trans arterial Chemoembolization has a survival benefit in patients with multifocal disease without vascular invasion or extrahepatic spread. Finally, sorafenib, lenvatinib, and regorafenib are the standard treatments in advanced hepatocellular carcinoma. This lecture gives a brief summary of the scientific evidence that supports the current recommendations for clinical practice.

gusaguilarruiz@gmail.com

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### Volatile organic metabolites as novel, non-invasive diagnostic biomarkers of gastrointestinal disorders

#### lftikhar Ahmed

East Sussex Hospitals NHS Foundation Trust, UK

The Diagnosis of gastrointestinal (GI) disorders requires extensive and often invasive investigations including colonoscopy and histology and places a heavy burden, both on healthcare resources, because of the cost, and on the individual, in times of disease-related disability and poor quality of life. Recently, there has been increasing interest in non-invasive biomarkers to diagnose different GI diseases and to monitor the disease activity. There is growing scientific interest in the investigation of volatile metabolites and numbers of studies have focused on the utilization of non-invasive biomarkers in the diagnosis of GI disease. The development of sophisticated analytical techniques has enabled the study and interpretation of changes in the faecal and breath volatile organic metabolites (VOMs) and its correlation with the pathophysiological mechanisms in the GI diseases. VOMs are the chemicals that are the products and intermediates of metabolism and may be altered during the disease process. Changes in the signature of VOMs could potentially provide diagnostic information about health and disease. Wolf profiles have been used to segregate patients by disease activity and the type of disease. The correlation of VOMs with microbiota is interesting and supports the hypothesis of gut microbial dysbiosis in the etiology of liver disease. This provides an important platform to explore the role of dysbiosis in liver and other GI disorders pathogenesis and development of novel therapeutic targets. In future, further understanding of faecal VOMs may lead to the development of a rapid and simple point of care diagnosis and monitoring of Liver.

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### Unsafe sex: An emerging problem?

Rahul Hajare Indian Council of Medical Research, India

When thousands of people die due to terrorist attack, it is rightly considered to be a tragedy with global implications. But when thousands of death occurs each day due to unnecessary diseases, nobody even thinks about it! Diseases that could have been prevented by supplementing with minor changes in lifestyle to bring about years of vibrant health. Preventive health care for married couple never be ignored. Safe sex practices became more prominent in the late 1980s as a result of the AIDS epidemic. Promoting safer sex campion is now one of the aims of sex education. It is regarded as a harm reduction strategy aimed at reducing risks. Sex attraction is not accepted center pillars of love. Preventive health screening for married couple is simple and non-invasive. Over the years the causes of mortality and morbidity have changed from infective diseases like HIV, tuberculosis to chronic diseases. These diseases can be easily prevented if one understands the risk factors. If the risk factors are managed these diseases can be easily controlled. These include tests for general wellbeing and specific tests for STD. A complete blood count, along with immunity function profile and kidney function profile, is required to know how the various systems in the body work. Between the ages of 21 and 29 are the ages of aggression of sex. Between the ages of 30 and 55 is the post sex aggression period. The other most common sex education is difficult to identify due to hesitation. It is difficult to control due to very rare population size of people living with genital warts and they are not willingly enrolled to this study.

rahulhajare17@gmail.com

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### Innovations and evolutions in colorectal surgery

Zakir K Mohamed Mediclinic Middle East, UAE

Colorectal cancer is on of the commonest cancers in the world. The incidence of this is increasing in the Middle East and Asia, Gespecially in younger people. With the unfortunate increase in incidence, research into the treatment and subsequent outcome has improved significantly. From a 5-year survival of 25% in 1975 to a 57% survival in recent years, the modality of the treatment has also evolved. From days of open surgery to TME surgery and enhanced recovery after surgery, then from laparoscopic surgery to robotic surgery and more recently TaTME, outcome for patients have only improved. We will offer an insight into the various stages of developments of these procedures and pros and cons of some these based on randomized controlled trials, and their cost effectiveness.

zakirkm@yahoo.com

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### Doxycycline related hepatotoxicity

Saba Vahdat

Islamic Azad University of Medical Sciences, Iran

**Background and objective:** While Tetracyclines are known to cause liver damage, few drug surveillance studies have examined the risk of hepatotoxicity developed by Doxycycline. Doxycycline is commonly used for vaginitis, bronchitis and acne. Therefore the objective of this study is to determine the risk of hepatotoxicity in patients receiving Doxycycline.

**Participants and Methods:** This matched case-control study is using Imam Reza clinic data. The cases were defined as recipients who had at least one diagnosis of hepatotoxicity during a 1.5 year period (from 23 October 2015 till 23 May 2017). The population: 96 cases plus 154 controls in the study. Covariates controlled for in the analysis were age, gender, use of other medications, alcohol or drug use.

Main outcome measures: doxycycline exposure prevalence and hepatotoxicity.

**Results:** current or past users of Doxycycline did not have an increased risk of hepatotoxicity. Current use: (OR 1.39, 94%, CI 0.63- 3.74). Past use: (OR 1.71, 94%, CI 0.22- 3.11).

**Conclusions:** The findings of the study suggested no increased risk of hepatotoxicity risk associated with Doxycycline exposure in the study population. Doxycycline could potentially be a safe substitute for tetracycline, when appropriate.

sabavf.68@gmail.com