

*Proceedings of*  
16<sup>th</sup> International Conference on  
**GASTROENTEROLOGY AND  
DIGESTIVE DISORDERS**

August 06-07, 2018 Abu Dhabi, UAE



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Keynote Forum (Day 1)

# GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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## Vito Annese

Valiant Clinic, UAE

### Cancer risk of IBD therapy

**Statement of the Problem:** In general, when cancer develops or recurs in IBD patients, this may be related to the chronic intestinal inflammation, have no link with IBD or its treatment, and/or may be potentially influenced by the immunosuppressive drugs. The purpose of this review is to summarize the risk of cancer associated with IBD therapy.

**Methodology:** An extensive review of the literature has been undertaken and discussed among experts using the Oxford grade of evidences to help management.

**Findings:** Cancers caused by immunosuppressant drugs represent a minority of the incident cancers observed in patients with IBD. Regarding thiopurines several studies in referral centers or nationwide have suggested that cancer risk in general is not increased. However, the overall SIR for lymphoma is significantly increased in IBD patients receiving thiopurines, (5.7, 95% CI 3.2-10.1), but not in former users or never users. In addition, thiopurines also carry an excess risk of Non-Melanoma Skin Cancer (NMSC) with a pooled adjuster HR of 2.3 in a recent meta-analysis. Inhibition of TNF-alpha has been hypothesized to increase the overall cancer risk, however, an adequately powered nationwide study in Denmark have confirmed the data of meta-analysis and pooled analysis for either infliximab or adalimumab excluding an excess of risk. Reliable data regarding risk of cancer and therapy with Methotrexate and Cyclosporine in IBD are lacking. Data on methotrexate related to rheumatologic experience do not report an excess risk of solid cancer or hematological malignancies. Calcineurin inhibition is associated with an unequivocal excess risk of cancer in the post-transplant state, but is generally dose and duration-dependent therefore, is not an issue for IBD.

**Conclusion & Significance:** IBD patients are exposed to a background risk of cancer development, especially under uncontrolled inflammation. This risk is generally greater than that related to IBD therapy.

### Biography

Vito Annese has received his Medical Degree at the Catholic University of Rome and subsequently the CCST in Internal Medicine and Gastroenterology at the same University. He also has received the Master Degree in Medical Sciences at the KUL University of Leuven in Belgium. He has over 30 years of experience in gastroenterology, with specific interest in functional and inflammatory bowel disorders. He has authored about 300 peer reviewed publications mainly in the field of genetic predisposition and clinical trials in IBD. In the last 10 years he has been head of Gastroenterology at the Research Hospital of S Giovanni Rotondo and at the University Hospital Careggi of Florence and in addition aggregate professor at the University of Foggia and Florence in Italy. Since one year he accepted the position of Consultant Gastroenterologist at the Valiant Clinic and community based physician at the American Hospital at Dubai, UAE.

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# GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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## Higinio T Mappala

*Jose Reyes Mem. Medical Center, Philippines*

### The efficacy of bile acids in the treatment of non-alcoholic steatohepatitis: A 10-year systematic review

Non-Alcoholic Fatty Liver Disease (NAFLD) is one of the most common forms of chronic liver disease which may progress to Non-Alcoholic Steatohepatitis (NASH). Currently there are no therapeutic strategies for such disease. Only lifestyle modification through diet and exercise were proven to afford some benefit in patients with NAFLD. No pharmacologic agents have so far been approved for the treatment of NAFLD or NASH. Therefore, most clinical efforts have been directed at treating the components of metabolic syndrome, namely obesity, diabetes, hypertension and dyslipidemias. Other interventions are directed at specific pathways potentially involved in the pathogenesis of NAFLD, such as insulin resistance, oxidative stress, proinflammatory cytokines, apoptosis, bacterial overgrowth and angiotensin pathway. This lecture aims to show the potential of bile acids as a promising therapeutic option for NAFLD. This is a 10-year systematic review of the effects of bile acids on Non-Alcoholic Fatty Liver Disease (NAFLD). Bile Acids may yet prove to be an effective targeted treatment for non-alcoholic fatty liver disease.

#### Biography

Higinio T Mappala is a Medical Specialist IV at the Jose Reyes Memorial Medical Center, Manila, Philippines, a Board-certified Internist, Gastroenterologist, Endoscopist, Clinical Nutritionist and Clinical Toxicologist. He has served as a University Professor and Dean of 2 Medical Schools; a highly-regarded Researcher, with more than 50 scientific papers and more than 20 publications. He is a former Board Director of the Philippine Societies of Gastroenterology and Digestive Endoscopy; an online Research rater of McMaster, Canada and Online Dynamed Research peer-reviewer.

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#### Notes:

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Keynote Forum (Day 2)

# GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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## Mohamad Miqdady

Sheikh Khalifa Medical City, UAE

### Eosinophilic esophagitis

It's believed that the prevalence of atopic disorders is increasing worldwide. Gastrointestinal allergic disorders are no stranger to this phenomenon. Over the last two decades a new disease was described called eosinophilic esophagitis which simply means an allergic inflammatory reaction in the esophagus. This could be related to ingested or possibly inhaled allergens. Typically these young children present with difficulty in swallowing and dysphagia and frequently with food impaction with regular food. They have functional obstruction rather than anatomical obstruction. During endoscopy an abnormal esophageal mucosa can be noted sometimes with some white spots indicated some eosinophilic abscesses, linear furrows and during formation of the esophagus. Biopsy should be taken to confirm the diagnosis which normally shows increased number of eosinophils. A cutoff point is described to be more than 15 eosinophils per high-power field. Typically these patients they don't have eosinophilic infiltrates in other parts of the gastrointestinal system. The mainstay of treatment is elemental diet avoiding the commonest food allergies that includes milk, eggs, wheat, soy, nuts and seafood. In the Middle East allergy to sesame seems to be another common allergen. Also these patients that will require "swallowed topical steroid" in addition to a proton pump inhibitor. Unfortunately this is a chronic disorder and these patients need to be in diet for a long period of time with the above medications. Dilatation if required can be associated with higher increased risk of perforation.

### Biography

Mohamad Miqdady is American Board certified in Pediatric Gastroenterology, Hepatology and Nutrition. He is the Division Chief, Ped. GI, Hepatology & Nutrition Division at Sheikh Khalifa Medical City in UAE. Also an Adjunct Staff at Cleveland Clinic, Ohio USA. Member of the FISPUGHAN Council (Federation of International Societies of Pediatric Gastroenterology Hepatology, and Nutrition) Expert member FISPUGHAN Malnutrition/Obesity Expert team. Dr. Miqdady completed his Fellowship in Pediatric Gastroenterology at Baylor College of Medicine and Texas Children's Hospital in Houston, TX, USA. He held the position of Assistant Professor at Jordan University of Science and Technology in Jordan for six years prior joining SKMC. Main research interests include feeding difficulties, picky eating, obesity, procedural sedation, allergic GI disorders and celiac disease. He has several publications and authored few book chapters including [www.uptodate.com](http://www.uptodate.com). On the Editorial Board of few journals including Gastroenterology & Hepatology.

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# GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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## *Makki Hummadi Fayadh*

*Advanced Center for Daycare Surgery, UAE*

### **Prevalence, clinical characteristics and management of gastroenterology: An over view of the common and unusual GIT disease presentations with case studies from UAE**

20% of people in the UAE are suffering from gastrointestinal problems because of obesity, poor diets and close marriage. Acid reflux, ulcerative colitis and irritable bowel syndrome are increasing in recent years. There are also a high number of sufferers of fatty liver, caused to a large extent by the excessive consumption of sugary drinks. Obesity is an issue that can affect the UAE's development as a nation and needs to be managed immediately and effectively, vague discomfort is usually the only symptom of a fatty liver. Low fiber diets, lack of exercise and consuming large amounts of food and dairy products are responsible for the majority. Genetics combined with obesity are responsible for people suffering from many disorders. A case of fatty liver, if ignored, might escalate to an advanced liver problem later in life. During our practice in UAE we came across many rare and unusual disease presentations that were missed because of either lack of awareness or failure to check detailed history including family history and proper physical examination. These diseases included: IGG4 related diseases, Cowden disease, tylosis, hyper elasticity syndromes, Behcet disease, vascular compression syndromes, neuroendocrine tumors and mesenteric panniculitis. One fifth of the population in UAE suffers from gastrointestinal diseases including obesity, reflux disease and fatty liver. Rare and unusual disease presentations are frequently missed because of lack of detailed history taking including family history and failure to do full clinical examination.

#### **Biography**

Makki Hummadi Fayadh is a senior consultant Physician & Gastroenterologist- Hepatologist & Endoscopist both in Iraq & UAE. He was graduated from the Medical College University of Baghdad and completed his Post graduate studies in Medicine & Gastroenterology in UK-London. Became a member of MRCP UK and worked in Saint Bartholomew's hospital in London in the Gastroenterology department with Sir A.M.Dawson, during that time trained in endoscopic techniques and did research on malabsorption especially celiac disease, colitis, bile stone dissolution inflammatory bowel diseases & gastrointestinal lymphomas. He joined in Advanced Center for Day care surgery-ACDS as a consultant physician gastroenterologist & Medical director.

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#### **Notes:**