International Conference on

GASTROENTEROLOGY

June 25-26, 2018 | Dublin, Ireland

KEYNOTE FOURM
Hepatitis non-A and non-B hepatitis was recognized as a unique form of viral hepatitis distinct from hepatitis A, hepatitis B, and other unusual types of chronic hepatitis such as CMV, EBV as well other more uncommon types of viral hepatitis in the late 1970s. His clinical characteristics, biochemical manifestations as well as its chronicity from its initial presentation followed by increasing stages of chronic hepatitis and hepatic fibrosis ultimately resulting in cirrhosis and occasionally progressing to hepatic cancer and required an additional 15-30 years. A host of potentially antiviral agents were utilized initially to treat the disease process with minimal or no success. With the introduction of interferons (alfa 2a or alfa 2b) with or without additional ribavirin, a modicum of success defined as a reduction in transaminase levels was achieved with little or no retrospectively determined viral clearance. With the isolation and characterization of the hepatitis C virus genome and the various polypeptides it codes for, a new era of treatment directed at inhibiting viral replication as opposed to enhancing the immune response against the virus began. The initial direct acting antiviral agents increased viral clearance rates to 40%. Agents more recently developed have increased the rates of viral clearance to 95 to 100%. This initiated reports (a promise) that hepatitis C would be eliminated as a disease process by 2020 with a progressive decline in the rates of cirrhosis and hepatocellular carcinoma thereafter through at least 2030. Unfortunately, this does not appear to be the case as multiple obstacles prevent these favourable outcomes. The issues and remaining and prohibit the promises full film and include the following: Lack of knowledge of primary care physician's that the disease is a serious hepatic disease that slowly and quietly progresses to cirrhosis and potentially hepatic cancer and is treatable. As a result, large numbers estimated to be three quarters of the infected population failed to be identified. Secondly the cost of the drugs is prohibitive to those individuals with no insurance and contributes to the effort by third party pears and cover mental agencies to limit treatment to selected groups with advanced liver disease. As a result only, a minor fraction of the infected population is identified for treatment and receives treatment. In addition, individuals with non-hepatic manifestations of hepatitis C are not recognized this having the disease process and are excluded from treatment despite the fact that this population represents the largest group of individuals perpetuating the disease in the community as they do not know they have the disease.

BIOGRAPHY

David Van Thiel is a professor of medicine, a former president of the American Association for the study of liver disease and is widely recognized as one of the founding fathers if not, the father of medical liver transplantation worldwide. He attended Pomona College in Claremont, California, and then entered Medical School at the University of California at Los Angeles graduating with honours in 1967. He has served as the chief of gastroenterology/hepatology at the University of Pittsburgh, Director of hepatology at Loyola University Chicago, and Rush University Chicago. He is currently in private practice of gastroenterology and hepatology with an emphasis on hepatology, which accounts for 80-85% of his practice.
Inflammatory bowel diseases (IBD) include both ulcerative colitis and Crohn’s disease and are both extremely unpleasant conditions, which are highly cancer susceptible. Their symptoms and potential outcomes are affected by diet. They are excellent examples of nutrigenetics, which describes the interplay between genes and diet in the development and progression of diseases. Nutrigenetics describes how human genetic variation results in distinct nutritional requirements. There have been more than 100 genes described which determine the susceptibility to, development and progress of IBD, in association with different diets and lifestyles. The biological mechanisms by which genes interact with one another and with the environment, especially diet, is not often fully understood. Nutrigenomics is the scientific approach which enables the study of these interactions. This involves a range of techniques including transcriptomics, proteomics and metabolomics, that enable an understanding of what is happening, and what the implications are if some of the conditions are not met.

BIOGRAPHY

Emeritus Professor Lynnette Ferguson obtained her DPhil. (Oxon.) from Oxford University in the United Kingdom, working on DNA damage and DNA repair. After her return to New Zealand, she began working as part of the Auckland Cancer Society Research Centre (ACSRC), using mutagenicity testing as a predictor of carcinogenesis. In the year 2000, she became a full Professor and was invited to establish a new department of Nutrition at The University of Auckland. Since that time, she has split her appointment 50/50 between the ACSRC and The University of Auckland. She has investigated the interplay between genes and diet in the development of chronic disease, with particular foci on inflammatory bowel disease and cancer.
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Title

EFFECTS OF PROSPECTIVE METFORMIN ADMINISTRATION ON ANTICANCER THERAPY AND CANCER STEM CELLS IN PATIENTS WITH GI AND OTHER MALIGNANCIES

Name & Country

Saif Wasif
USA

Abstract

Background: Observational studies have demonstrated association of Metformin with reduced cancer incidence and mortality in multiple cancer types. The anti-neoplastic effects of metformin are believed through many mechanisms including activation of AMP-activated protein kinase, which controls the mammalian target of rapamycin (mTOR) growth regulatory pathway.

Patients and Methods: We conducted delayed start randomized trial of non-diabetic patients in 2 stages: patients were randomized to 2 arms during stage 1 - concurrent arm (metformin + chemo) vs. delayed arm (chemo alone) and in stage 2, patients in delayed arm were crossed over to receive metformin. Patients received metformin 500mg twice daily + chemotherapy to define DLTs in both stages. Translational correlates included effects of metformin on expression and phosphorylation of AMPK by western blot in PBMCs. In another pilot study, we evaluated the safety and impact of pretreatment with metformin on colorectal cancer stem cells (CCSC) in patients undergoing resection and evaluate the effects of metformin on the expression of CCSC markers by measuring relative mRNA levels of CD133, OCT4 and NANOG using RT-PCR and immunohistochemistry.

Results: In the randomized study, DLTs seen only included those associated with established chemo AEs. No lactic acidosis or hypoglycemia occurred. Restaging showed stable disease in 46% and 28% of patients had decline in tumor markers. Analysis of phospho-AMPKα showed that phosphorylation of AMPKα was increased after metformin (mean = 1.114 ±0.512) and analysis of total levels of AMPKα showed similar results (mean = 1.04 ±0.28). In the pilot study on patients undergoing surgery, no grade 3 or 4 AEs related to metformin including hypoglycemia and lactic acidosis were observed. No unexpected post-operative complications were witnessed. CCSC markers showed decrease in expression of CD133, OCT4 and NANOG following metformin.

Conclusions: Our studies include the largest prospective study in cancer patients who received metformin in combination of chemotherapy and the first one that prospectively demonstrates the impact of metformin on AMPK phosphorylation and impact on CCSC. These preliminary data warrant further investigation to explore the benefits of metformin both as a chemotherapeutic and chemopreventive agent in adequately powered prospective studies.
Title

RECENT ADVANCEMENTS AND THERAPEUTIC TECHNIQUES IN THE FIELD OF GASTROENTEROLOGY /HEPATOCELLULAR CARCINOMA (LIVER CANCER), DEVELOPING TREATMENTS FOR VIRAL HEPATITIS AND LIVER FIBROSIS

Name & Country

Fadoorn Innocent Obilor
USA

Abstract

Bariatric Surgery- Chemical and Pharmaceutical: I have been very useful for capturing knowledge as in Gastrointestinal Diseases, Hepatocellular Carcinoma (Liver Cancer), Chemical and Pharmaceutical, a prime challenge has been to develop Chemical and Pharmaceutical function given only partial Chemical and Pharmaceutical knowledge and inconsistency in how this knowledge is curated by experts. Again Towards A Data-driven Gene Ontology, Clinical Nutrition in Gastrointestinal Diseases, Probiotics as Gastrointestinal Therapeutics, Advancements and Current Research in Gastrointestinal Therapeutics, GI Oncology, Ontologies have been very useful for capturing knowledge as a hierarchy of concepts and their interrelationships. In biology, a prime challenge has been to develop ontologies of gene function given only partial biological knowledge and inconsistency in how this knowledge is curated by experts. I will discuss how large networks of gene and protein interaction, as are being mapped systematically for many species, can be transformed to assemble an ontology with equivalent coverage and power to the manually-curated Gene Ontology (GO). Our network-extracted ontology contains 4,123 biological concepts.
Title

HAND ASSISTED LAPAROSCOPIC SURGERY: AN UPDATED-OVERVIEW

Name & Country

Haussam Elenin
United Kingdom

Abstract

Introduction: Hand assisted laparoscopic surgery is an updated highly advanced version of laparoscopic technique. Such technique bridges the gap between traditional surgery and total laparoscopic surgery. Introduction of the hand intracorporeally enhanced the degree of freedom, hence, a remarkable degree of precision and safety in task performance. Clinical and experimental studies confirmed safe use of the hand with insufflation pressure enhancing dexterity as well as a steep learning curve. Therefore, the author made an overview analysis to the factors related to safety; efficiency; dexterity; instrumentation and cost-effectiveness for the use of hand assisted laparoscopic surgery; with an emphasis on live donor nephrectomy.

Results and discussion: Prospective studies made by Kolvenbach on the use of hand assisted laparoscopic surgery in aortic aneurysm repair proved high degree of safety and efficiency as well as cost effectiveness. Several studies highlighted a multitude of factors significantly contributing into a high degree of precision and task performance; which reflected on uneventful enhanced recovery programme. The introduction of either hand intracorporeally enhanced the limited degree of freedom for the current laparoscopic tools. There are various hand port devices of which the pros and cons for each port will be discussed in detail. The author’s experimental studies confirmed that optimum safe insufflation pressure would be 10 mm Hg with no leak from the hand port and optimum dexterity and task performance.

Conclusion: Hand assisted laparoscopic surgery is a safe and efficient technique. It significantly enhances concept of Enhanced Recovery programme. Raising public awareness can provide a high impact in enhancing live donor nephrectomy; hence reducing the inexorable renal transplant waiting list for patients with end stage renal disease. Such patients are at progressive rise of mortality risk with prolonged waiting list.
A large body of literature describes the prime importance of food in the development and the modulation, in youth and adults, of gut homeostasis primarily due to its ability to modulate the microbiota profile. However, little is known about the incidence of home or industrial food process and its consequences on intestinal homeostasis. This presentation will be aimed reviewing the recently published data on gut homeostasis modulation by dietary Maillard Reaction Products (MRPs). This is a large family of neoformed compounds generated by the reaction of a reducing sugar with lysin/asparagin-rich proteins generated in vivo or during heat treatment of food. Among things, they confer to the food matrix its brownish colour, its flavour and most of the time contributes to the food nutrition properties modulation. In the body, some MRPs tend to accumulate in organs while aging and are often associated with chronic elderly diseases such as diabetes, atherosclerosis or kidney failure. MRPs are divided in a large diversity of molecular weight compounds ranging from early and advanced-glycation end products (AGEs) to terminal complex macromolecules called melanoidins. In general, they are present as a mix in food which renders the characterisation of their effects complex. The purpose of this review of literature will be to highlight the consequences of heat treatment of food, and more especially of AGEs or melanoidins, on the modulation of immune orientation, intestinal microbiota profile, or gut inflammatory response. The presented works will be aimed at pointing out the variability of their consequences on gut homeostasis depending on the form of MRPs studied (e.g. AGEs versus melanoidins) or the physico-chemical properties of the food matrix (e.g. bread crust/crumb; mildly to highly treated rodent chow ...) or the inflammatory model studied. We will present how MRPs may modulate the Th immune response, the risk of developing food-induced immune disorders and also their ability to modulate the course of inflammatory bowel diseases. This is a very important topics in the area of reconsideration of western diet and is necessary to consider when making recommendation to patients.
HEPATITIS E VIRUS INFECTION: AN UNDERESTIMATED EVOLVING PROBLEM

Fatima Amer
Egypt

Hepatitis E virus (HEV) is one of the human hepatitis viruses (family Hepeviridae). This family includes: Orthohepevirus (A- D species), which infects terrestrial vertebrates, and Piscihepevirus, which infects fish. Orthohepevirus A contains the HEV variants infecting humans. Eight genotypes are recognized within Orthohepevirus A; 1 - 7.

It is estimated that 71% of the world population, are infected with HEV, and the infection results in approximately 3 million symptomatic acute cases and 70,000 deaths annually. The disease predominantly affects young adults. The incubation period ranges from 15-60 days. The course of infection has 2 phases, the prodromal phase which is usually of short duration and the icteric-phase which lasts days to several weeks. In nonendemic (autochthonous) type of acute HEV infection, the majority of patients have subclinical manifestations and mild symptoms, especially in women and young persons. Autochthonous hepatitis E has a striking spectrum of serious complications. For unknown reasons, is predominantly severe and can progress to hepatic failure in pregnant women. Individuals could be infected with HEV genotypes 1 and 2 from drinking contaminated water. Specifically, HEV genotype 3 is zoonotic in developed countries. HEV genotype 4 infections could be detected in both human and swine in Eastern Asia and Europe. In developed countries, some cases of vertical transmissions of HEV have been reported as well as in homosexual men. The laboratory diagnosis of HEV infection depends on the detection of HEV antigen, HEV RNA, and serum antibodies against HEV (immunoglobulin [Ig] A, IgM, and IgG). Besides improved personal hygiene, sanitation and health education, vaccination might play a crucial role in the future prevention and control of HEV infection. Chinese vaccine HEV 239 vaccine, which contains truncated HEV capsid protein was approved in China by the State Food and Drug Administration in January 2012.
Title

BILE DUCT INJURY DURING LAPAROSCOPIC CHOLECYSTECTOMY

Name & Country

Hayan Besmar

Saudi Arabia

Abstract

For the last two decades, the laparoscopic cholecystectomy LC had become a standard procedure for cholecystectomy worldwide, due to the smooth post-op recovery, less pain, early return to work in comparison to open cholecystectomy. The incidence of bile duct injury BDI during LC was higher at the “learning curve” phase, then dropped to almost similar and even less than its rate in open cholecystectomy. The BDI is a serious complication of LC, lead to prolonged hospitalization, increase the infectious morbidity and need a major surgery for its repair (hepatico jejunostomy) wish has got its own complication as well. The average incidence of BDI now-a-days ranges between 0.4 to 0.8%. During LC, the maximum care should be undertaken to avoid such complication. My lecture aims to identify the risk factors leading to BDI and discuss the technical aspects in order to avoid such injury.
Title

GRAPESEEDS EFFECT AGAINST DEN INDUCED LIVER CANCER

Name & Country

Amr Amin
UAE

Abstract

This study was conducted to assess the anti-tumor properties of grapeseed extract (GSE) against chemically-induced liver cancer. Administration of different doses of GSE significantly inhibited foci formation as well as decreasing the number and the area of placental glutathione-S-transferase in livers of tumor-induced rats by approximately 4 & 10 fold deductions, respectively. The extract also induced apoptosis and down regulated histone deacetylase activity and inflammation markers, such as cyclooxygenase 2, and inducible nitric oxide synthase expressions in liver. It also induced differential cell cycle arrests and decreased the viability of HepG2 cells and induced early and late apoptosis through activating caspase-3 and Bax.

Biography

Prof. Amr Amin is a graduate faculty at UAE University who supervised many graduate theses. He earned his PhD from University of Illinois at Chicago and received a postdoctoral training at University of Pennsylvania School of Medicine. His lab studies roles of natural products in the treatment of and prevention against cancer. He serves on the editorial boards and as a reviewer of many international journals and also the recipient of many national and international awards.
FEATURES OF L-TRYPTOPHAN METABOLITES IN PATIENTS WITH STOMACH CANCER

Stomach cancer is one of the leading places in the structure of the cancer incidence of gastro-intestinal tract. According to numerous publications in recent years throughout recorded steady growth of this disease. The aim of the work was to study the dynamics of exchange of the essential amino acid -L-tryptophan in patients with stomach cancer and the rationale for monitoring criteria significant indicators of early diagnosis of cancer pathology and optimization of pathogenetic therapy.

METHODS: 130 patients at the age from 35 till 76 years with the established diagnosis of stomach cancer were examined and treated using clinical tools and clinical-morphological methods. Tryptophan metabolites, and its metabolism- serotonin, 5-OIUK determined by C. Atack, T. Magnusson. Melatonin has been studied by ELISA with monoclonal antibodies.

RESULTS: Studies of exchange of L-tryptophan in patients with stomach cancer at the earliest stage of tumor found no statistically significant changes in the dynamics of serum ammonia, indican, L-tryptophan and the enzyme activity TAR P <0.05 was observed while the dynamics of steady increase of L-tryptophan, and TAR.

CONCLUSIONS: Optimization of the pathogenetic therapy of stomach cancer should include a range of therapeutic interventions aimed at normalization of the neuroendocrine regulation of metabolism of L-tryptophan, detoxification, increased antioxidant protection and inhibition of oxidative stress, improving immunological resistance in combination with surgical and chemotherapeutic effects. Monitor the effectiveness of therapeutic measures can be implemented to change the dynamics of exchange of the amino acid metabolite L-tryptophan, which is of great prognostic significance of the outcome of the disease and recovery.
Title
THE IMPACT OF CARNITINE ON DIETARY FIBER AND GUT BACTERIA METABOLISM AND THEIR MUTUAL INTERACTION IN MONOGASTRICS

Name & Country
Abdallah Ghonimy
China

Abstract
Carnitine has vital roles in the endogenous metabolism of short chain fatty acids. It can protect and support gut microbial species, and some dietary fibers can reduce the available iron involved in the bioactivity of carnitine. There is also an antagonistic relationship between high microbial populations and carnitine bioavailability. This review shows the interactions between carnitine and gut microbial composition. It also elucidates the role of carnitine bacterial metabolism, mitochondrial function, fiber fermentability, and short chain fatty acids (SCFAs).

Biography
Abdallah Ghonami is the Professor in College of Animal Science and Technology at Jilin Agricultural University, Changchun, China.
ROBOTIC RECTAL RESECTION: PRELIMINARY RUSSIAN EXPERIENCE

Andrey Atroshchenko
Russia

Despite the fact that laparoscopic rectal resection is clearly feasible, with comparative oncological results when compared with open surgery, the laparoscopic approach remains technically challenging. Some of these challenges reflect the ergonomic limitations of the current instrumentation where there is a restricted tactile feedback. Moreover the constraint of 2-dimensional visualization significantly reduces depth perception and hand-eye coordination. The introduction of the robot for proctectomy provides a 3-dimensional view and a fixed retraction by the assisting robotic arm with flexible instrumentation which with the Da Vinci® robotic system (Intuitive Surgical, Sunnyvale CA) enhances maneuverability. In rectal resection in particular, the robot can partially overcome the negative impact of a narrow field of vision, most notably in a small pelvis, magnifying both the autonomic nerves and the correct plane of mesorectal fascial excision.

Purpose: To outline the first initial experience of the da Vinci robotic system as used in a Moscow tertiary colorectal referral center for an unselected range of benign and malignant rectal diseases.

Methods: Prospective non-randomized single-center study which analyzed results of 26 robotic rectal resections performed between January 2014 and December 2016. Three patients were operated on for benign rectal villous adenomas. Two-thirds of patients had significant comorbidities with a median ASA score 4.5-5.5. Of the surgeries, there were 19 total mesorectal excisions (TME) with 6 patients undergoing a multivisceral resection. The mean operating time was 358 minutes with a mean blood loss of 203 mL. All mesorectal excision specimens were adjudged as State Grades Specifically with a mean of 18.5 lymph nodes identified. Of these there were 10 patients (38.5%) with lymph node metastases. The mean pain score was 2.1/10 on the visual analogue scale and 1.5/10 on the Brief Pain Inventory (BPI). There were 3 patients with postoperative urinary difficulty. The median preoperative Wexner continence score was 2.7 with a 10-day postoperative -3.1 and a 6 month postoperative -1.6. One patient underwent early repeat surgery for an adhesive small bowel obstruction. The median length of hospital stay was 11 days. Conclusion: our initial experience with a totally robotic rectal resection has shown it to be safe and feasible, particularly in patients where conventional laparoscopic rectal resection would be anticipated to be challenging.
VON WILLBRAND FACTOR AND PORTAL HYPERTENSION IN CIRRHOTIC PATIENTS

Ehab Mostafa
Egypt

Portal hypertension is associated with various hemodynamic changes not only in the portal circulation but in the systemic circulation as well. These changes are related to several mediators secreted from endothelial cells. Von Willbrand factor (vWF) is an endothelial derived coagulation factor and is believed to be involved in the pathogenesis of cirrhosis. This study aim to clarify the relation between the vWF and the severity of liver disease and portal hypertension. 60 patients were included in this study divided into three groups. Group I: 30 patients with decompensated cirrhosis. Group II: 20 patients with compensated cirrhosis, group III: 10 healthy control subjects, the VWF level was highest in group I followed by group II then group III with significant difference between all groups (114.2±27.5 in group I, 88.9 ± 9.1 in group II, and 65±3.9 in group III). The level of VWF was correlated to ascites, encephalopathy, Child's grade and esophageal varices grade in group I.

Conclusion: Von Willbrand factor level rises significantly with deterioration of liver disease and directly correlated to the grade of esophageal varices.
Title

TRANSABDOMINAL SONOGRAPHY OF THE SMALL & LARGE INTESTINES

Name & Country

Vikas Leelavati Jhadav
India

Abstract

Trans Abdominal Sonography of the Small & Large Intestines can reveal following diseases. Bacterial & Viral Entero-Colitis. An Ulcer, whether it is superficial, deep with risk of impending perforation, Perforated, Sealed perforation, Chronic Ulcer & Post-Healing fibrosis & stricture. Complications of an Inflammatory Bowel Disease – Perforation, Stricture. Neoplastic lesion is usually a segment involvement & shows irregularly thickened, hypo-echoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature. Enlargement of the involved segment seen. Shouldering effect at the ends of stricture is most common feature. Primary arising from wall itself & secondary are invasion from adjacent malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant Gastro-Intestinal Tract lesions, so should be the investigation of choice.
In the developing human pancreas the cholinergic neurons are distributed singly or in the form of ganglia in the inter lobular connective tissue from 14WG and in the intra lobular connective tissue from 16WG onward. From 25–27 WG onward the typical adult type islets were observed. The aim of the study was to document the morphological changes of neurons and ganglia of human fetal pancreas at various gestational ages. The present study was performed on human fetuses (n=13) of different gestational ages. The sample collection was started after getting ethical permission from the Human Ethical Clearance Committee of AIIMS, New Delhi. Pancreatic tissue samples (Head, body and tail) from aborted fetuses aged 13– 40 weeks of gestation(WG) were processed. The neurons were studied by using NADPH-d and ChAT for enzyme histochemistry and immunohistochemistry. With increasing gestational age the number of neurons in human fetal pancreas was appeared to be reduced in the head, body and tail of the pancreas and the ganglions were skewed towards the tail. The neurons were mainly surrounding the islets. Numerical density of cholinergic neural tissue is more in tail than body than head where as the nitrergic neuronal tissue is more in head than body than tail in human fetal pancreas. The knowledge from this study may help in understanding the pathophysiology of various congenital disorders, relationship between the growth of neurons and islets cells in development of type 1 DM and pain due to pancreatitis.
CLINICAL FEATURES OF GASTRIC OUTLET OBSTRUCTION IN KIGALI, RWANDA

Placide Kamali
Rwanda

BACKGROUND: In developed countries, the main cause of gastric outlet obstruction (GOO) is malignancy. However, the benign causes continue to be the major cause of GOO in the developing world, but there is growing evidence proving the contrary. There is no data of GOO from Rwanda.

AIMS: A retrospective analysis of the endoscopic findings of patients presenting with features of GOO to determine the demographic and etiological patterns.

MATERIALS AND METHODS: A retrospective study of the endoscopic findings of patients with GOO from January 2013 to January 2015 was done. The diagnosis of GOO was based on clinical presentation, and an inability during the upper endoscopy to enter the second portion of the duodenum as documented in the endoscopy registers. Patients who have already been diagnosed with malignancy prior to the endoscopy were excluded from the study; so were the patients with gastroparesis.

RESULTS: A total of 250 patients with GOO underwent the endoscopy during the study period. 180 were had benign GOO, while malignancy was present in 30 patients, others were with different findings. The causes for benign obstruction were predominantly peptic ulcer disease. The major cause for malignant obstruction was carcinoma of stomach involving the distal stomach. The male to female ratio was 3.2:1. The patients with malignancy were older than patients with benign disorders. Most of the patients were in the fifth and sixth decade. The risk of malignancy was higher with increasing age, especially in women.

A third of all carcinoma stomach presented with GOO.

CONCLUSION: The study demonstrates that the cause for GOO in Kigali, Rwanda is predominantly benign.
TREATMENT OF SEVERE ACUTE Pancreatitis AND ITS COMPLICATIONS

Enver Zerem
Bosnia and Herzegovina

The management of severe form of acute pancreatitis varies with the severity and depends on the type of complication that requires treatment. Severe acute pancreatitis is associated with high morbidity and mortality due to the development of pancreatic and extra-pancreatic necrosis, their subsequent infection and multisystem organ failure. Despite overall reduced mortality in the last decade, SAP is a devastating disease that is associated with mortality ranging from less than 10% to as high as 85%, according to various studies. The management of SAP is complicated because of the limited understanding of the pathogenesis and multi-causality of the disease, uncertainties in outcome prediction and few effective treatment modalities. Generally, sterile necrosis can be managed conservatively in the majority of cases with a low mortality rate (12%). However, infection of pancreatic necrosis can be observed in 25%–70% of patients with necrotizing disease; it is generally accepted that the infected non-vital tissue should be removed to control the sepsis. Laparotomy and immediate debridement of the infected necrotic tissue have been the gold standard treatment for decades. However, several reports have shown that early surgical intervention for pancreatic necrosis could result in a worse prognosis compared to cases where surgery is delayed or avoided. Therefore, several groups worldwide have developed new, minimally invasive approaches for managing infected necrotizing pancreatitis. The applicability of these techniques depends on the availability of specialized expertise and a multidisciplinary team dedicated to the management of SAP and its complications. Although no universally accepted treatment algorithm exists, the step-up approach using close monitoring, percutaneous or endoscopic drainage, followed by minimally invasive video-assisted retroperitoneal debridement has demonstrated to produce superior outcomes to traditional open necrosectomy and may be considered as the reference standard intervention for this disorder.
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THE HALLMARKS OF INFLAMMATORY BOWEL DISEASE -IBD

Susan Joyce
Ireland

Irritable bowel disease (IBD) includes Crohn’s disease (CD) and Ulcerative colitis (UC), both characterised by chronic relapsing intestinal inflammation that leads to diminished quality of life, and during flare-up to severe disability. IBD is not a classic autoimmune disease, IBD etiology is believed to be complex and multifactorial with genetics, the exposome (environment, diet, lifestyle) the microbiome and the immune system interacting to manifest disease. Life style choices, the diet and metabolism can influence disease status, We have applied a multivariate approach to analyse the same IBD disease cohort across the BMI spectra, to include the microbiota, and microbially altered metabolites including precursors for bile acid synthesis, bile acids and fatty acid signatures as well as some gut hormone and inflammation levels. Hallmarks of IBD that differentiate CD and UC have been identified.
BCL-G IS A NOVEL PROTEIN OF BAX INDUCING CASPASE-MEDIATED APOPTOSIS

Faris Qalenzi
Saudi Arabia

Background & Objective: BCL-G is a novel protein of Bax (BCL-G associated protein X) inducing caspase-mediated apoptosis. These proteins are involved in regulating apoptosis both in normal, and in neoplastic cells although their cellular and tissue distribution is currently unknown. Accordingly, the objective of the current study was to ascertain and define the pattern of distribution and expression of BCL-G in normal and malignant gastrointestinal human tissues.

Methods: Using a rabbit monoclonal antibody against BCL-G, the distribution and expression of BCL-G was assessed by immunohistochemistry in formalin-fixed, paraffin-embedded, benign and malignant human tissues.

Results: We found a variable pattern of positive expression of BCL-G within all the tissues we studied. BCL-G expression was typically localized in the cytoplasmic paranuclear granules in the epithelial cells in most organs we examined. The intensity of BCL-G staining related to the maturation state in benign tissue.

Conclusion: We have demonstrated that BCL-G exhibits a specific distribution pattern that appears to correlate with cellular differentiation. However, while these distribution patterns are complex they do give a tantalizing insight into function, and consequently need further investigation to determine their physiological/pathological significance.
Non-alcoholic fatty liver disease (NAFLD) is the most commonly diagnosed form of liver disease in Hepatology clinics and often associated with type II Diabetes Mellitus and Metabolic Syndrome. Whilst it is known that chronic liver disease (Cirrhosis) is associated with Hepatocellular Carcinoma in the majority of liver diseases, in NAFLD however, the incidence and prevalence of Hepatocellular Carcinoma is rising and hence, it is imperative that health care professionals endeavour to raise awareness on preventative measures of the disease and the importance of early detection. This would ensure that NAFLD finds its place in public discourse, in an effort to minimise the burden that such diseases have on the health system, in addition to the person affected by the disease.

Causative factors are plentiful, starting from a genetic predisposition (proven by the recurrence of the disease after liver transplant) to environmental factors, not limited to obesity and lack of exercise, concluding with other pathologies, which are notably the primary cause of NAFLD; namely Diabetes, Hyperlipidaemia, Insulin Resistance and Metabolic Syndrome, amongst others.

Diagnostic tools are available, accessible, affordable and non-invasive (such as blood markers and imaging). Previously, treatment was limited to lifestyle changes (exercise and diet), coupled with treating the associated diseases (Diabetes, Insulin resistant and Hyperlipidaemia). This is no longer the case, with the introduction of specific medication recently, that is aimed at reversing the histopathological as well as the biochemical abnormalities associated with the disease in an effort to prevent progression to chronic liver disease (Cirrhosis with or without complications).
Marwa Ibrahim was graduated from Faculty of medicine, Alexandria University, Egypt with the specialties including Tropical Medicine, Hepatology, gastroenterology and infectious diseases with a 3 years of residency in Alexandria main university hospitals as an intern of tropical medicine, gastroenterology and hepatology and Master degree in tropical medicine from the University of Alexandria 2010. Later on she worked as an assistant lecturer of Tropical medicine, Faculty Of Medicine, Alexandria University Egypt 2010-2014 till she obtained her MD from University of Alexandria in non surgical treatments of hepatocellular carcinoma and then started working as a Lecturer Of Tropical Medicine, Alexandria University, faculty of medicine, Egypt.

A 30 years old female patient known to have systemic lupus was admitted to tropical medicine department because of jaundice and hepatic encephalopathy associated with low grade fever, vomiting and right hypochondrial pain. Upon examination patient had grade I to II hepatic encephalopathy, yellow sclera, tender hepatomegaly. Laboratory tests showed: a white cell count of 13,000 cells/μl, a platelet count 90,000 cells/μl, serum albumin 1.5 g/dl, CRP 20 ng/ml, Alanine aminotransferase 1400 ul, Aspartate aminotransferase 1100 ul, a total bilirubin of 15 mg/dl, direct bilirubin of 11 mg/dl and prothrombin activity of 25%.

Viral hepatitis markers were negative except for IgG for hepatitis A, Autoimmune markers were as follow; ANA (antinuclear antibody) 1/220, ASMA (anti-smooth muscle antibody) negative, LKMA (liver kidney microsomal antibody) negative, SLA (soluble liver antigen) negative, AMA (antimitochondrial antibody) negative, but a positive gamma globulin IgG and a negative IgM. Imaging by computerized tomography with intravenous contrast revealed acute hepatitis with patches of necrosis.

Our patient scored 6 according to Simplified diagnostic criteria of the International Autoimmune Hepatitis Group (table (2 Provisional supportive treatment was initiated upon admission in the form of fresh frozen plasma infusions with broad spectrum antibiotics together with anti-encephalopathy measures and lactulose enemas. Also, steroid therapy in the form of oral prednisolone in a dose of 60 mg/day was administered.

Fortunately, gradual improvement of laboratory analysis occurred till prothrombin activity reached 85% where we performed a liver biopsy that showed the following histologic features with acute hepatitis pattern of injury, with portal and periportal lymphoplasmacytic infiltrate and interface hepatitis. Plasma cells were prominent, the severity of necro-inflammatory activity ranged from bridging necrosis to massive hepatic necrosis. Hepatocyte regeneration was prominent, with regenerating rosette-like structures with florid bile duct destruction. (figure 1,2 and 3), giving the pathological diagnosis of overlap syndrome (autoimmune hepatitis and primary biliary cirrhosis).
Title

DIVIDED LAPAROSCOPIC CHOLECYSTECTOMY FOR UNUSUAL GALL STONES COMPLICATION OF MIRIZZI’S SYNDROME

Name & Country

Ahmed Lasheen

Egypt

Abstract

Background: Chronic complications of symptomatic gallstone disease such as Mirizzi’s syndrome are rare. The importance and implications of these conditions are related to their associated surgical complications which are potentially serious such as bile duct injury and to the modern management when encountered during laparoscopic cholecystectomy. Objectives: This research offers a technique to avoid surgical complications in Mirizzi’s syndrome cases during laparoscopic cholecystectomy. Patients and Methods: Between November 2012 and February 2015, 17 patients (12 females and 5 males) with mean age of 51 years (between 29 and 57 years) suffering from Mirizzi’s syndrome underwent the divided cholecystectomy. In this technique the gall bladder was divided into two parts above the gall bladder infundibulum. The distal part was dissected for short distance and used to push liver up. The proximal part of gall bladder was cleared from all its contents and reevaluated from inside. Management was achieved according to the stage of disease. Results: The mean operative time was 70 minutes (between 60 and 90 minutes). No biliary tract obstruction or leakage or stenosis was recorded in this patient group during the period of follow up (18 months). Conclusions: Divided laparoscopic cholecystectomy is a safe and effective technique to face the unusual gallstones complications (Mirizzi’s syndrome).
Spontaneous bacterial peritonitis (SBP) is a serious complication of liver cirrhosis and finding a prognostic model to predict it is needed. Objective: to test the ability of different laboratory tests and the new Wehmeyer’s SBP scoring system to predict it.

Methods: Three hundred patients admitted at the National Liver Institute, University of Menoufyia, Egypt (2015-2016) with liver cirrhosis and ascites were included in our study. SBP was diagnosed if ascetic neutrophils count $\geq 250/\mu L$ with no sign of secondary peritonitis. Results: Median age 56 (29 –81 years), 60% men and primary cause of liver disease was hepatitis C, 91.7%. By univariate analysis: age, total bilirubin, AST, creatinine, international normalized ratio, MELD score, total leucocytic count, platelet count and C-reactive protein (CRP) were significant. By multivariate analysis independent predictors were age, platelet count and CRP ($p = 0.004, 0.013$ and $< 0.001$, respectively). CRP at a cutoff point $\geq 13.5 \text{ mg/L}$ could predict SBP (sensitivity 86.4% and specificity 66.0%). Wehmeyer’s SBP scoring system was able to predict it ($p < 0.001$), only 4% of patients with 0 score developed SBP (CRP cutoff is 30 mg/L), while 92.8% with score of 3 or 4 developed it. By using our CRP cutoff value of 13.5 mg/L, no patient with 0 score developed SBP. Conclusion: age, CRP and platelet count are independent predictors for SBP and a scoring system including them could easily predict it. SBP diagnosis could be excluded in patients with zero score, using CRP cutoff value of 13.5 mg/L.
THE USE OF TRANSVERSE LUMBOSACRAL FLAP FOR RECURRENT PILONIDAL SINUS: A NEW CONCEPT FOR A NEW FLAP

Ahmed Farag
Egypt

Background: Despite the facts that flattening the natal cleft and shifting of the scar from the midline were the basis of many modern surgical procedures for Pilonidal Sinus Disease (PSD), yet recurrences still take place. The aim of the present work is to study the histologic difference between the skin of the sacral area of patients with PSD and normal skin as well as the topography of the pilonidal area a basis of a new flap for the treatment of patients with recurrent PSD.

Patients and Methods: Comparing the topography of the sacral area in De-Novo pilonidal Sinus, Recurrent pilonidal Sinus and normal controls in relation to primary and secondary Pits, and comparison of the Histology between the edge of the normal Skin at the margins of excision of the patients with recurrent PSD, Normal controls and the skin of the proposed flap. Using the new flap for closure of the defect after excision of the recurrent pilonidal sinus in 28 male patients.

Results: A Pilonidal Valley was described and should be flattened, The skin of the PSD patients shows abnormal hyperplasia and deep hair follicles into the dermis in contrast to the skin of the controls and the flap which look like normal thick skin. The new flap repair was done in 28 patients with recurrent PSD. Age range 18 – 39 years (average = 26.428). They totally underwent 66 procedure before presentation (1 – 6 procedure Average = 2.357 procedures). 26 cases completed Follow up from 14 – 60 months in 26 patients (Average 41.846 months). Only one case of recurrence 3.8%. and few cases of minor to moderate complications managed conservatively.

Conclusion: Providing a normal quality of thick skin cover of the Pilonidal area after excision is based on histologic findings and may help to minimize recurrences. The presence of abnormal skin in the PN and surrounding buttocks may give a NEW INSIGHT into the congenital predisposition to PNSD.
Title
MINIMALLY INVASIVE AND ENDOSCOPIC METHODS OF TREATMENT OF POSTNECROTIC PSEUDOCYSTS OF PANCREAS

Name & Country
Nazar Omelchuk
Ukraine

Abstract
STATEMENT OF THE PROBLEM: Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14,7 – 26,4 %.

THE PURPOSE: The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of postnecrotic pseudocysts of pancreas.

METHODOLOGY AND THEORETICAL ORIENTATION: For diagnostics were used ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening. Endoscopic interventions were applied by duodenoscopes “Olympus” under control of X-ray machine “Siemens BV 300”. Cystodigestive fistulas were created by prickly papilotoms. For providing of long passability of cystodigestive fistula were used two endoprostheses like “pig tail” sized 10 Fr with length 5 – 6 sm. For transpapillary drainage were used pancreatic endoprostheses like “pig tail”, sized 5 – 7 Fr with length 5 sm.

FINDINGS: In 62 (68,2%) patients were applied minimally invasive methods of treatment. Percutaneous external drainage in 33 (53,2 %) patients, endoscopic transmural drainage of postnecrotic pseudocysts in 11 (17,7%) patients. Combined endoscopic interventions were applied in 18 (29,1%) patients. In particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in 11 (61,1%) patients, endobiliary stenting with temporary stenting of pancreatic duct in 3 (16,67%) patients, endoscopic transmural drainage with percutaneous external drainage in 1 (5,56%) patient.

CONCLUSION AND SIGNIFICANCE: Usage of combined minimally invasive methods of treatment of acute necrotic pancreatitis complicated by postnecrotic pseudocysts help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.
Title
PATHOGENESIS OF CHRONIC DIARRHEA, IBS

Name & Country
Hüseyin Sancar Bozkurt
Turkey

Abstract
Pathogenesis of chronic diarrhea, IBS are thought to be through different factors and there is a relationship between the gut flora and the risk of its development. Probiotics can manipulate the microflora in chronic inflammation and may be effective in treating inflammation. Bifidobacterium strains are saccharolytic and their growth in the gut can be promoted by non-absorbable carbohydrates and its increase in the colon appears to be of benefit. Intracolonic probiotic application may resolve chronic diarrhea, IBS which are unresponded conventional medical treatment.
Title

HBV AND HEPATOCARCINOGENESIS IN TRANSLATIONAL MEDICINE

Name & Country

Xiaodong Zhang
China

Abstract

HCC is the fifth-most common cancer and the third leading cause of cancer death worldwide. HBV infection is one of the major causes of HCC. HBx plays critical roles in the development of liver cancer. Our group has reported that HBx modulates oncogene YAP via CREB to promote growth of hepatoma cells. HBx promotes the development of liver fibrosis and hepatoma through down-regulation of miR-30e targeting P4HA2 mRNA up-regulates Lin28A/Lin28B through Sp1/c-Myc to enhance the proliferation of hepatoma cells. Up-regulated long non-coding RNA HULC by HBx enhances growth of hepatoma cells via down-regulating p18. HULC modulates abnormal lipid metabolism in hepatoma cells through a miR-9–mediated RXRA signaling pathway. MicroRNA-520e suppresses growth of hepatoma cells by targeting the NF-κB inducing kinase (NIK). Therapeutically, anti-HBV drugs suppress the growth of HBV-related hepatoma cells via down-regulation of hepatitis B virus X protein. Our findings provide new insights into the mechanism by which HBV promotes the development of HCC. Our findings develop novel targets for anti-HCC therapy.

Current antiviral therapies inhibit cytoplasmic HBV genomic replication, but rarely achieve a cure because they do not directly target nuclear HBV covalently closed circular DNA (cccDNA), the genomic form that serves as a HBV replication intermediate and viral persistence reservoir. We report that HBx-elevated MSL2 modulates HBV cccDNA through inducing degradation of APOBEC3B to enhance hepatocarcinogenesis.

Biography

Xiaodong Zhang has completed his Ph.D. in Fourth Military Medical University (FMMU) in China, a national key university for training high-qualified military medical staff. He is the professor of Nankai University in China and the director of Department of Cancer Research. His interest is focusing on the regulation mechanism of HBV cccDNA and the development of liver cancer. He is the one of the “Thousand Talents Plan” in China, a brain gain plan for overseas senior talents to introduce overseas Chinese high-leveled talents. From 2012, he has published about 60 SCI papers in the first-class international journal as corresponding author, such as Hepatology, Cancer Research, Oncogene, Cancer Letters, JBC etc. He has been serving as a reviewer of many reputed Journals.
Candida-associated gastric ulcer, though formerly thought to affect only debilitated persons, has been reported to occur in apparently healthy individuals. Though had been reported to demonstrate nothing but nonspecific endoscopic features, the disease occasionally exhibits an apparently typical finding designated a candidarium. The natural history of the disease had been unknown and the fungus had been reported to be no longer detected once the ulcers were healed and no recurrence of the disease had been described. However, the ulcer is shown to not only occur but also recur in a different site with a different shape in a non-diabetic, Helicobacter pylori-negative patient without antecedent ulcers, who has not been given non-steroidal anti-inflammatory drugs (NSAIDs), antibiotics, or antineoplastic agents, which implies that, contrary to the prevailing opinion, Candida is no innocuous bystander but an etiologic perpetrator. Immune deficiency has recently been reported in relation to candidiasis, which is considered to explain the cause of intractable or recurrent Candida-associated gastric ulcer. In the oropharyngeal field, Candida albicans has recently been shown to secrete a hitherto unknown cytolytic peptide pore-forming toxin (PFT), candidalysin, into a pocket in the epithelium which penetrates into and to activate mitogen-activated protein kinase (MAPK)/MAPK phosphatase 1 (MKP1)/c-Fos pathway, triggering release of damage as well as immune cytokines. While the PFT, exerting an effect even on the adjacent cells, directly injures the tissue with damage cytokines, immune counterpart activates polymorphonuclear leukocytes (PMN) to eventually terminate inflammation, which results in restoring the fungus to the commensal state or eradicating it. Since it cannot be negated that such a phenomenon occurs in the gastric mucosa, a theoretically strong possibility has come up that the so-called Candida-associated gastric ulcer is actually Candida-induced ulcer. Therefore, the disease should be reinvestigated in the light of the recent immunological, microbiological, and molecular biological findings.
HAT1-enhances hepatocarcinogenesis through modulation of epigenetic modification

Guang Yang is a doctor of Nankai University. He is focusing on investigating the regulation mechanism in the development of liver cancer. He has published a SCI article as a co-author and reported that HBx-elevated MSL2 modulates HBV cccDNA through inducing degradation of APOBEC3B to enhance hepatocarcinogenesis in Hepatology.

HCC is the fifth-most common cancer and the third leading cause of cancer death worldwide. Epigenetic modification plays key roles in the development of liver cancer. Here, we found that a histone acetylase HAT1 was up-regulated in liver tissues of HCC samples. Clinical data showed that high-levels expression of HAT1 revealed a low rate of survival for HCC patients. And the expression levels of HAT1 were positive related to pathologic stage of HCC patients. Interestingly, MTT assays and Edu assays showed that HAT1 could promote the proliferation of hepatoma cells in vitro. Next, we explored the global impact of HAT1 on host gene expression profiling. Gene expression microarray analysis showed that 1360 mRNAs were up-regulated and 1096 mRNAs were down-regulated in HepG2 cells transfected with siHAT1 relative to HepG2 cells transfected with sicontrol. GO and KEGG analysis showed that HAT1 displayed crucial roles in many important processes, such as DNA replication, chromatin remodeling, chromatin binding, cell cycle, p53 pathway, TNF signaling pathway and Hippo signaling pathway. Our findings provide new insights into the mechanism by which epigenetic modification factor regulates the development of liver cancer. Therapeutically, HAT1 may serve as a novel target for anti-HCC therapy.
Gastro-esophageal reflux disease (GERD) affects one third of the population worldwide and prevalence in India ranges between 8 to 19%. Majority of the patients have impaired quality of life (QOL) due to symptoms such as heartburn, regurgitation or dysphagia and long term complications associated with it. The pathogenesis of GERD is multifactorial, involving transient lower oesophageal sphincter relaxations and other lower oesophageal sphincter pressure abnormalities. As a result, reflux of acid, bile, pepsin and pancreatic enzymes occurs, leading to oesophageal mucosal injury. Other factors contributing to the pathophysiology of GERD include hiatus hernia, impaired oesophageal clearance, delayed gastric emptying and impaired mucosal defensive factors. Current treatments 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; hypergastrinemia), results in many patients discontinuing treatment. Surgical options for GERD have their limitations with respect to increased costs, hospitalization, complication rate and recovery. Data from 5-year LOTUS study suggests that 15–20% of patients who have undergone fundoplication may have GERD symptoms. Uncontrolled GERD results in a significant decrease in quality of life, productivity at work and economic burden on the patients from hospital admissions due to acid-induced non-cardiac chest pain. In addition, it is associated with worrisome complications such as strictures, Barrett’s esophagus and oesophageal 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 and GERD-X to treat reflux disorder. Several clinical studies including a systematic review showed that the Stretta and GERD-X procedure improves GERD symptoms, quality of life, oesophageal acid exposure, and eliminates the need for anti-secretory drugs in majority of patients.
COMPARATIVE STUDY OF CONVENTIONAL SCORING SYSTEMS (CTP & MELD) WITH VON WILLEBRAND FACTOR IN PREDICTING PROGNOSIS IN CIRRHOSIS OF LIVER

Aditya Kulkarni
India

Background: Aim of this study is to compare VWF to CTP and MELD scores to determine short term morbidity and mortality.

Methods: A prospective observational study enrolling 50 patients with cirrhosis of liver who were categorized according to CTP and MELD scores. VWF levels were detected. The levels of VWF were compared with the CTP and MELD scores in 50 cirrhotic patients. All patients were on 3 month follow up to determine the complications.

Results: In comparison with CTP A, B, C, VWF was elevated in 3.4%, 34.5% and 62.1% respectively (X² = 10.89, p<0.01). In MELD score, 78.2% had high VWF levels (X² = 7.17, p<0.01). The mean value of overall complications in patients with high VWF was 1.48±1.32 (t= 2.19, p<0.05), as compared to CTP and MELD scores which had a mean value of 0.8±1.14 and 0.77±1.05 respectively. In comparison of VWF levels with individual complications and mortality, spontaneous bacterial peritonitis (SBP) was seen in 27.6% in high VWF group compared to 4.8% in low VWF group (X² = 4.299, p<0.05). Hepatorenal syndrome (HRS) was present in 51.7% patients with high VWF group in comparison with 23.8% in low VWF group (X² = 3.95, p<0.01). Correlation of VWF levels was also done with the grade of varices. 4, 23, 20, 3 patients had grade 0, 1, 2, 3 varices respectively, among which 6.9%, 37.9%, 48.3% and 6.9% were in high VWF group (X² = 2.35, p=0.502). 9 patients had bleeding of which 5 patients had high VWF levels.

Conclusions: VWF was a better predictor of overall 3 month mortality. As for individual complications, VWF is better in predicting complications related to bacterial translocation (SBP, HRS). VWF levels did not correlate with grade of esophageal varices and fail to predict the risk of bleeding over 3 months in the study.
GASTROILEOSTOMY FOR WEIGHT REDUCTION AND LIPID PROFILE CONTROL: AN EXPERIMENTAL RAT MODEL

Erfan Sheikhbahaei
Iran

OBJECTIVE: Although the exact mechanism of obesity remains a matter of debate, there is a direct correlation between development of obesity and elevated lipid profile. Malabsorptive procedures decrease the effectiveness of nutrient absorption by shortening the length of the functional small intestine. Profound weight loss can be achieved by a malabsorptive operation. Investigational procedures such as gastroileostomy also work by malabsorption. In this study we aim to investigate the early effects of gastroileostomy on weight reduction and lipid profiles.

MATERIALS AND METHODS: Gastroileostomies were performed in 15 male New Zealand rats. Blood samples were obtained at baseline and one week after gastroileostomy. Blood samples were analyzed for lipid profiles including TC, LDL, HDL, and TG. The body weight of each rat was evaluated before and after surgery.

RESULTS: The data show that gastroileostomy surgery leads to a significant decrease of weight (330 ± 15gr vs. 240 ± 25 gr before and after surgery, respectively) in operated rats (P < 0.05). The levels of TG decreased in plasma (99.21 ± 29.012 mg/dl vs. 95.64 ± 48.668 mg/dl respectively; P = 0.807). TC (71.14 ± 13.416 mg/dl vs. 72.64 ± 22.455 mg/dl; P = 0.813), and LDL (12.96 ± 4.853 mg/dl vs. 15.36 ± 5.665 mg/dl P = 0.121) had no significant changes after the operation.

CONCLUSION: Based on the results of this study, gastroileostomy could be effective in weight reduction but has no statistically significant change on lipid profiles in a short time. Therefore, this surgery could be a promising surgery for weight reduction.
Gastroesophageal reflux disease (GERD) is a common problem in neonatology. GERD is often incriminated in various clinical manifestations occurring in premature infants. However there is no consensus about the clinical and paraclinical diagnosis. Further explorations and treatment offered to premature infants with symptoms are discussed. From a literature review we discuss at length the different aspects of the problem.
CHARACTERIZATION OF ESCHERICHIA COLI ISOLATED FROM STOOLS OF PATIENTS SUFFERING FROM DIARRHEA IN BENIN CITY, NIGERIA

Francis Oronsaye
Nigeria

Background: Diarrheoa disease is very common in the tropical regions of the world where high temperatures favor bacterial growth and food are served cold; Moreover, excrement contaminate the environment because low standard of hygiene, E. coli, abnormal biotype in the gut of humans and animals, but some strains have been incriminated in both bloody and non bloody diarrheoa and many of them are toxigenic strains. Thus the determination of these toxigenic strains cannot be over emphasized.

Methods: Three hundred stool samples were collected from patients attending various hospitals in Benin City, Nigeria and were cultured using routine methods of culture and sensitivity in the Medical microbiology department of University of Benin Teaching Hospital, Benin city, Nigeria.

Results: The enterovirulent isolated were identified to species level using the protocol of cowan and steel. Antibiotics susceptibility pattern of the strains were determined using the agar diffusion and dilution methods of Stokes. None of the strain exhibited high MIC to many antibacterial agents including the fluoroquinolones and were thus subjected to investigation for R-PLASMID.

Analysis: R-plasmid analysis using a horizontal appearance Plasmidtus showed three Plasmid bands greater than the reference Plasmid marker.

Conclusion: This study presents, the isolation of enterovirulent Escherichia coli that harbor transferable R-Plasmid mediated resistance to the fluoroquinone antibacterial agents and other antibiotics in Benin city, Nigeria.