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&

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CLINICAL PHARMACY & PHARMACY PRACTICE

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EURO GASTROENTEROLOGY 2019 & CLINICAL PHARMACY 2019



SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

DAY 1 SESSIONS

MARCH 25, 2019

Gastrointestinal Radiology and Imaging | Hepatitis and Liver Diseases | Clinical Drug Development and Therapeutics | Therapeutic Drug Monitoring | Gallstones and Bile Duct Stones | Clinical Pharmacy: Activities and Prescriptions

SESSION CHAIR

Gramatiuk Svetlana
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Abdul Qadir Khan, Mohammad Medical College Hospital, Pakistan

Mark Wilson, Arch Gen Intern Med 2019, Volume 3 | DOI: 10.4066/2591-7951-C1-023

INTERVENTIONAL MRI AND ITS ROLE IN IMAGE-GUIDED THERAPY

Mark Wilson

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Interventional Magnetic Resonance Imaging (iMRI) is a growing field that offers several benefits and enhancements in the delivery of care to patients with a wide range of illnesses. In addition to superior anatomical depiction of disease, iMRI yields feedback on the physiologic impact of interventions performed. In addition, the magnetic environment of the MRI scanner can be exploited to facilitate interventions when coupled with the appropriate clinical tools.

The topics to be covered include targeted drug delivery, tumor therapies, and remote catheter navigation. It will be shown how iMRI enhances the safety and efficacy of these procedures.

BIOGRAPHY

Mark Wilson, MD, is a vice chair and professor-in-residence in the department of radiology and biomedical imaging at the University of California, San Francisco. He is the chief of radiology and chief of interventional radiology at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). His clinical research is focused on how effectively interventional radiology manages different issues and the economic advantages of interventional radiology in any settings, and the contrasting roles of interventional radiology in the hospital setting. Mark Wilson has published over 75 articles, 5 book chapters, and 5 significant publications.

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PRIMARY HEPATIC NEUROENDOCRINE TUMORS, A RARE ENTITY – MULTI-MODAL APPROACH FOR DIAGNOSIS AND MANAGEMENT

Sana Amir Akbar, Yasir Rashed, Hassaan Bari and Faisal Hanif

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Neuroendocrine tumors (NET) of the liver are generally metastatic lesions from other more common primary sites. Liver is an unusual primary site for a NET with only 150 reported cases in English literature. Here we present a case of a primary hepatic NET.

A 64 years old gentleman with no known comorbidities presented in outpatient department with 3 weeks history of pain in right upper abdomen associated with generalized weakness and poor appetite. Examination was unremarkable except for non-tender hepatomegaly. CT scan liver showed a large 18.1 cm lesion in right lobe that was atypical for HCC. Viral markers for Hepatitis B & C were non-reactive.

To confirm the diagnosis, biopsy of the lesion was performed that showed NET. Upper and lower GI endoscopies and whole body octreotide scan was performed to locate the primary lesion. These investigations revealed no lesion elsewhere in the body, so he was diagnosed with primary hepatic NET. It was managed with 1 cycle of neo adjuvant chemotherapy to reduce the size of the lesion followed by right portal venous embolization to increase the volume of future remnant liver. Right hepatic trisectionectomy was performed 1 month after PV embolization. Final histopathology showed 23 cm NET, WHO Grade-II with 2 mm nearest parenchymal margin.

Post-operative course was unremarkable and he was discharged on the 6th POD in stable condition. On his second follow-up visit, 8 weeks after surgery, he presented with right leg DVT and bilateral pulmonary embolism that was managed with therapeutic dose of enoxaparin and lifelong anticoagulation. Currently he is alive, disease free and on regular follow up.

In conclusion primary hepatic NETs are challenging to diagnose but they can be successfully managed with multi modal treatment.

BIOGRAPHY

Sana Amir Akbar is a medical professional and is a hardworking and empathetic individual. She is aware of the limited medical facilities available for her fellow countrymen when they fell ill. In Pakistan every 10th person suffers from hepatitis with very few specialist centres / trained doctors in hepatobiliary surgery, that is why she is interested to become a hepatobiliary surgeon in future. She is also interested in clinical research and is currently working on various research projects at her institute. Her educational background includes MBBS from Allama Iqbal Medical College, Lahore and one year of house job / internship from Jinnah Hospital, Lahore. She has recently cleared her intermediate module of residency training. Currently she is working as a resident doctor in general surgery at Shaukat Khanum Memorial Cancer Hospital & Research Centre, Lahore, Pakistan and is in fourth year of her FCPS-II training.

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Ali Saleh Alkhoshaiban et al., Arch Gen Intern Med 2019, Volume 3 | DOI: 10.4066/2591-7951-C1-023

THE IMPACT OF PATIENT MEDICATION ADHERENCE ON HBA1C LEVEL AMONG TYPE 2 DIABETES MELLITUS PATIENTS

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Background: Pharmacist counselling has a positive effect on patient's medication adherence and patient's glycaemic control, therefore, on health outcome. There is a great interest to assess the impact of pharmacist counselling on medication adherence and glycaemic control.

Objective: This study assessed the impact of pharmacist counselling and follow-up on medication adherence and HbA1c Levels.

Methods: This interventional study used the longitudinal method to compare the diabetic patients' HbA1c levels before ('pre-intervention period') and after the intervention ('post-intervention period'). A total of 102 patients have volunteered and met the inclusion criteria. HbA1c levels were extracted from patients' medical files before applying pharmacist intervention and compared with HbA1c levels after applying pharmacist intervention. The pharmacist followed up the patients once a month at the hospital and twice a month through phone calls for six months. HbA1c is measured in this study from laboratory test results. HbA1c is classified into two categories which are poor control and good control, in both baselines (pre) and at the end of the study (post). Good (HbA1c \leq 6.5%) and poor (HbA1c $>$ 6.5%). Data were analysed by the statistical package for social sciences (SPSS v20).

Results and Discussion: 73.5% of patients were male, where 81.4% of the patients who participated in this study were aged 61– 70 years old. There were significant differences between HbA1c pre-test and post-test which the P-value HbA1c recorded before the intervention has increased to 60% after the intervention program, whereas, 60% of patients with poor control HbA1c had decreased after the intervention program to 40%. Conclusion: This study reflects the important role of pharmacist counselling on patient's glycaemic control, whereas patients who received pharmacist counselling exhibited a perfect rate of medication adherence and in turn lead to successful glycaemic control.

BIOGRAPHY

Ali Saleh Alkhoshaiban has completed his PhD in 2018 from Universiti Teknologi Mara (UiTM), Malaysia. He is a clinical pharmacist at Qassim University Medical City and director of the pharmacy department. He has publications that have been cited over many times with high index.

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ELECTROSPUN NANOFIBERS IN SKIN WOUND HEALING AND TOPICAL DRUG DELIVERY

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Although electrospinning is not a contemporary technology, in the recent years it has attracted considerable attention, due to the technique's offering advantages making it ideal for applications in the medical and pharmaceutical areas. In the past few decades, electrospinning techniques have advanced even more and the use of materials, such as natural and synthetic polymers has allowed the generation of ultra-thin fibers with various diameters and morphologies.

Electrospun nanofibers have a potential in many fields, including biomedical, such as regenerative medicine, tissue, engineering and biosensing. They have exhibited a surprising performance for topical drug delivery due to high surface area to volume ratio as well as high porosity and flexibility, and so fiber-based systems, like gels, films, hydrogels and wound dressings, have been produced. The drug release from nanofibers can be adjusted by controlling the nanofiber diameter, its mode of encapsulation or changing the morphology to core-shell type. This research elaborates on the advancement of using nanofibers in topical drug delivery systems and skin wound healing.

BIOGRAPHY

Marilena Vlachou is an assistant professor at the National and Kapodistrian University of Athens (NKUoA), Greece. After obtaining her pharmacy degree from NKUoA, she conducted research related to novel pharmaceutical technology techniques at the University of Rhode Island, USA, as a visiting research scientist. She then moved back to Greece to pursue PhD studies on physical pharmacy/pharmaceutical technology. In her capacity as a member of staff of NKUoA, she teaches two undergraduate courses and one postgraduate, all related to the field of pharmaceutical technology. She has co-authored the textbook entitled "Pharmaceutical Technology I: Principles of Physical Pharmacy and Nanotechnology", 2007, parisianou editions, Athens, Greece, (ISBN: 978-960-394-487-4), and has presented her research work in more than fifty international and national scientific conferences and has published more than thirty five articles in peer-reviewed journals. She is a member of the Greek Pharmaceutical Society, Greek Society of Pharmaceutical Technology and Greek Society of Cosmetology.

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APPLICATIONS OF BIOLOGIC DRUGS-BASED BIOSIMILARS ON NSCLC

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Biological products contain active substances and are usually large, complex proteins abundant in living cells. They are used to treat and cure many diseases, however, patient access is restricted due to their high cost. A biosimilar is a biological medicine, which is highly similar to an already existing biological product in terms of structure, purity, immunogenicity, safety and efficacy. Biosimilars aim at improving access to disease modifying therapies, reducing the cost of development and the market's price. They are a way to increase treatment options and lower healthcare costs. Only minor differences between a biologic and a biosimilar are acceptable. In order for a biosimilar to be interchangeable it must meet additional requirements, enlisted in the Biologics Price Competition and Innovation Act. Bevacizumab (Avastin) is an anti-angiogenic therapy that blocks a protein named Vascular Endothelial Growth Factor (VEGF) and is indicated for many cancer types, including Non-Small Cell Lung Cancer (NSCLC). As all the biologic therapies it has a very high cost, thus limiting access to many patients. The first biosimilar for bevacizumab, named Mvasi, was approved in 2017 for the treatment of certain colorectal cancers, NSCLC, cervical cancer and metastatic renal cell carcinoma. In the near future, a number of bevacizumab biosimilars are expected to be available in the market, which will be authorised for most of the prototype biologic indications. The aim of this study is to investigate all the clinical trials in progress for bevacizumab's biosimilars and their proposed indications.

BIOGRAPHY

Sofia K, MSc in clinical pharmacy (UCL, UK) is currently a PhD student at the Medical School, National and Kapodistrian University of Athens. She is a recipient of an Onassis foundation scholarship (G ZO 011-1/2018-2019) in clinical pharmacology-oncology. She has participated in various conferences worldwide. She has published five articles in peer reviewed journals and one book chapter.

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SURGERY OR UPPER GI ENDOSCOPY IN SYMPTOMATIC GALLSTONES

**Chandio A¹, Naqvi SA¹, Sabri S¹, Abbasi M², Shaikh Z², Chandio K³
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Background: Gallstones are common; they do not cause any symptoms in many people. About one in three people with gallstones develop symptoms (symptomatic). There are wide range of gastrointestinal symptoms have been linked to gallstones but causal relationship has not been established yet. It has always been a challenge to differentiate between upper gastrointestinal symptoms due to gall stones or any other causes. There is conflicting evidence that preoperative gastroscopy is useful in identifying medically treatable diseases in patients undergoing cholecystectomy.

Aim: To evaluate significance of upper GI endoscopy as a pre-operative investigative tool in symptomatic gallstones.

Methods: Prospective observational multicentre study of 382 patients undergoing Laparoscopic cholecystectomy from July 2014 to December 2015. All patients diagnosed with gallstones based on ultrasound abdomen, irrespective of age and sex. All patients were subjected to upper gastrointestinal endoscopy 24 to 48 hours before cholecystectomy biopsy were obtained for histopathology, if required. Those patients not keen for surgeries, pregnant ladies due to risk of foetal loss, CBD stone, obstructive jaundice, carcinoma of gall bladder, were excluded.

Results: During this period (382 patients) the female to male ratio 4.78:1 (316 versus 66), and the mean patient age was 46.10 ± 6.31 years (22 to 65 years). 146 (38.21%) patients were present with typical pain and 236 (61.78%) atypical pain. Ultrasound revealed single stone in 83 (21.72%), multiple stones in 299 (78.27%), impacted stone at the neck of gallbladder was found in 68 (17.80%) patients, thick wall gallbladder was seen in 221 (57.85%) patients and contracted gallbladder 44 (11.51%) patients. Pre-operative upper gastrointestinal endoscopy findings revealed esophagitis in 22 (5.75%) cases, GERD in 26 (6.80%) cases, gastritis in 88 (23.03%), gastric ulcer 49 (12.82%), duodenal ulcer in 39 (10.20%), polyps 21 (5.49%) and carcinoma of stomach 9 (2.35%). In all patients with typical pain complete relief of symptoms were observed within 15 days post-operatively. Out of 236(61.78%) cases with atypical pain had persistence of symptoms in 141 (59.74%) cases up to four months.

Conclusion: We recommend that upper gastrointestinal endoscopy should be performed preoperatively in patients with nonspecific upper abdominal pain and history of peptic ulcer disease.

Key Words: Cholecystectomy, Gastroscopy, Cholelithiasis.

BIOGRAPHY

Chandio A is a surgeon specializing in general surgery. He is employed by the NHS Trust. He is graduated from Chandka Medical College Larkana in 1988. He has obtained his training in various specialties of general surgery (general surgery, urology, emergency medicine, vascular, breast & endocrine, and colorectal) in Ireland and UK. He is awarded as FEBS/Coloproctology in 2018 by European Surgical (Coloproctology) Board. He has obtained comprehensive training in general surgery. He routinely performs general surgical operations in NHS Hospital. He also actively participates in the teaching of medical students and junior doctors.

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COMPARISON OF QUANTITATIVE HEPATITIS B VIRUS DNA REAL TIME PCR (RT-PCR) WITH REVERSE TRANSCRIPTION PCR (RT-PCR)

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Background: Serum HBV DNA is a useful and reliable marker to diagnose and monitor HBV infection. The limitation of HBV DNA is that it is expensive and that the assays lack uniformity and standardization. Hence there is a need for more economical and reliable marker. HBsAg quantitation is one such surrogate serological marker. The objective of the current study is to compare the serum hepatitis B virus DNA quantitative Real Time PCR with Hepatitis B reverse transcription PCR (rt-PCR).

Methods: Patients with HBV attending to the outpatient clinic of all departments were enrolled in the study. Patients with undetectable HBV DNA levels and those co-infected with HCV or HIV were excluded from the study. All patients were tested for serological markers like HBsAg, HBeAg, and HBV DNA-PCR. HBsAg quantification was done using conventional ELISA immunoassay. Chi-square was used to compare between HBV DNA (RT-PCR) and (rt-PCR) quantitation. Statistical analysis was done using SPSS and P value of <0.05 was considered significant.

Results: A total of 661 patients were enrolled in the study. Out of 373 serum samples were analyzed by HBV RT-PCR while 281 by HBV rt-PCR. 38.9% were females in group of HBV RT-PCR while, 32.7% in group of HBV rt-PCR and mean age of patients in the entire study group was 33.01 years in group of HBV RT-PCR while, 34.61 years in group of HBV rt-PCR. The mean ALT level was 57.6 U/L in group of HBV RT-PCR while, 51.00 in group of HBV rt-PCR. 16.5% (n=61) in group of HBV RT-PCR while, 8.9% (n=33) in group of HBV rt-PCR were HBeAg positive. 94.9% (n=351) in group of HBV RT-PCR while, 73.2% (n=271) in group of HBV rt-PCR were HBsAg positive. Mean HBV DNA Positive 44.3% in group of HBV RT-PCR while, 14.6% in group of HBV rt-PCR. HBV DNA (positive) levels were significantly higher in HBV RT-PCR patients compared with HBV rt-PCR patients (164 versus 54; p=0.001). Neither HBsAg levels nor HBeAg levels were significant (p=0.573, 0.057). HBV Real Time RT-PCR is best for diagnosis of HBV DNA PCR. Clinical significant result obtained from such test. HBV RT-PCR has become a useful and important technology for diagnosis of HBV DNA PCR, it must be used appropriately.

Conclusions: There is a significant difference between HBV DNA Real Time PCR (RT-PCR) with HBV DNA reverse transcription PCR (rt-PCR) patients with hepatitis B virus but not in HBsAg and HBeAg.

Keywords: Hepatitis B Virus, Real Time PCR, reverse transcription PCR, HBsAg quantitation

BIOGRAPHY

Rubi Ghazala is a UK trained clinical molecular biologist with M Phil degree in human genetics & molecular biology and PhD thesis in human genetics and molecular biology having more than 15 years of experience in molecular biology & pathology laboratory services, as HCV RNA, HBV DNA PCR, REAL TIME HCV & HBV Genotyping. She has four years of experience in teaching M Phil graduates. She did her services at University of Health Sciences as a senior research / teaching faculty for four years in human genetics and molecular biology department. She did a research project on "Susceptibility of HCV RNA in our isonym group." She is now working on two different projects in Aga Khan University Hospital.

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CAN “NO SHOWS” TO HOSPITAL APPOINTMENT BE AVOIDED?

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Introduction: Non-attendance is a common source of inefficiency in a health service, wasting time, resources, potentially lengthening waiting lists, increases patient suffering, morbidity and has received little attention. Patient failure to attend hospital outpatient appointments has a significant impact on the ability of hospitals to provide efficient and effective services.

Aim of study: To analysis risk factor of non-attendance in a group of patients who are unlikely to attend again.

Method & Material: Prospective study of patients referred to surgical clinics Antrim area Hospital Northern Ireland from April 2017 to August 2017. Survey was a structured on a telephonic interview. Including new referrals from general practitioners, accident & emergency department, and medical department & review surgical patients.

Results: Fifty patients contributed to the survey 27 were female & 23 male ratio 1.17:1. Age range from 17-89 years, mean age 56. There were total 42 clinics sessions and total numbers of the patients to be seen were 504, only 454 were seen in the out-patient clinics but 50 patients were DNA including 22 new patients, 25 review & 3 referrals from other teams.

Discussion: Many follow-up appointments are sent inappropriately to patients who do not want further attention. This study, indicating how risk factor analysis can identify a group of patients who are unlikely to attend again after one missed appointment, though efforts to improve attendance rates seem appropriate to conserve resources, no definite recommendations can be made on the results of this study. Despite optimizing the operation of the clinic, the non-attendance rate remained unsatisfactory, and comparable to the average. Telephone reminders are a very effective method of increasing attendance in a hospital-based adolescent clinic. The reminder is a consistently effective intervention whether the message is delivered to the patient, to the parent or other family member, or to a telephone answering machine. As there is no identifiable predictor for non-attendance apart from a longer waiting time, any maneuvers or interventions to improve attendance rate are unlikely to be significantly fruitful. A significant improvement in the proportion of patients attending outpatient's appointments can be made by a simple reminder telephone call one to three days after attendance at the ED. The poor compliance with attendance at outpatient clinic appointments in patients referred from Emergency Departments (EDs) is a major problem in public hospitals.

Conclusion: system of telephonic calling by clinic receptionist of all the patients should be made prior to Clinic to overcome the issue of DNA. Patients who were given longer appointments than 2-3 weeks should get an additional reminder either by post, electronic mail, mobile (SMS) text messaging where appropriate which may turn up a suitable means of improving patient attendance.

BIOGRAPHY

Chandio A is a surgeon specializing in general surgery. He is employed by the NHS Trust. He is graduated from Chandka Medical College Larkana in 1988. He has obtained his training in various specialties of general surgery (general surgery, urology, emergency medicine, vascular, breast & endocrine, and colorectal) in Ireland and UK. He is awarded as FEBS/Coloproctology in 2018 by European Surgical (Coloproctology) Board. He has obtained comprehensive training in general surgery. He routinely performs general surgical operations in NHS Hospital. He also actively participates in the teaching of medical students and junior doctors.

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THE HISTOPATHOLOGICAL STUDY OF “HORSE BONE CALCIUM” PREPARATION EFFECT ON THE ACETIC INDUCED GASTRIC ULCER MODEL

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Introduction: Calcium homeostats is: Horse bone calcium supplement contains calcium hydroxyapatite, which is in the form of complex chelates ion, gives effect of diminish gastric acid and pepsin. Calcium hydroxy-apatite is crystallizes in the hexagonal crystal system. Size of the calcium hydroxy-apatite nano particles are 105-120 nm.

Microcrystalline hydroxyapatite concentrate (MCHC) is derived from whole bone and is available as a nutritional preparation. It provides much greater nourishment than just calcium. MCHC contains protein and other ingredients that comprise the organic portion of bone, as well as calcium and other minerals in the normal physiological proportions found in raw bone.

There is no doubt that calcium is essential for healthy bone formation; however, trace minerals and organic factors are also important. Because bone is a complex, highly mineralized tissue, a number of trace mineral deficiencies can impair bone formation and remodeling. Trace minerals also act as cofactors for several enzymes involved in the production of the organic portion of bone. Because MCHC is actual bone, it contains these vital components, which are important for a healthy skeleton. It truly is comprehensive bone nourishment. No stress for gastric digestion system.

Materials and methods: The effects of the medicinal substances were investigated on “Wistar” breed of white rats. Many studies mostly experimental animal effect have been conducted in thus field. In this study, we examined gastroprotection effect of “Horse bone calcium” preparation on the gastric ulcer in rats model induced by acetic acid. The stomach exposed and 0.02 ml of 100% acetic acid was injected into the gastric wall near the antral portion of the stomach using a hamilton syringe with a 30-gauge needle. Intact animals received no surgical modifications. The abdomen was then sutured, and the animals were allowed to recover and returned to their cages with food and water ad libitum. Injection of 0.02 ml of acetic acid causes. The stomach protective process starts around day 7 and is completed in about 4 weeks.

The animals were divided into 3 groups and treated daily by gavage with “Horse bone calcium” in 1.2 ml of solvent. At the end of 4 weeks, the animals were killed and their stomachs removed, opened along the greater curvature, fixed in 10% neutral buffered formalin overnight, and photographs taken.

Results: Histopathological studies: Freshly excised stomach of one animal from each group was washed with

saline and preserved in 10% formaldehyde solution for hystopathological studies. It was processed for 12 h using isopropyl alcohol, xylene and paraffin embedded for light microscopic study. Paraffin embedded tissue section cut at 5 μ m thickness were prepared and stained after deparaffination using hematoxyline and eosin stain (H and E) to verify morphological assessment of stomach damage. Photomicrographs were captured at a magnification of 10, 20 X.

“Horse bone calcium” preparation said the ulcer by reducing the epithelium and epithelial tissue of the gastric mucosa of experimental animals.

Conclusion:

1. Gastric ulcer model has been developed as pathohistological method to the experimental and control animal groups.
2. “Horse bone calcium” supplement exhibited a gastroprotective effect against gastric injury induced by acetic acid in rats.

BIOGRAPHY

B Myagmarnaran is a pharmacist, researcher of science, technology & production at Monchemo, Mongolia. She has been working at Monchemo as a researcher since 2014 when she was a bachelor's degree student of Mongolian University of Pharmaceutical Science. In 2018, She has been working as a quality control manager and researcher in treatment, research and production company of “Mong-em”. Also, she has been studying master's degree course at Mongolian University of Pharmaceutical Science since 2018.

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THE HEPATOPROTECTIVE EFFECT'S RESULT OF NEW DRUG LONAL IN PATIENT WITH NON-ALCOHOLIC FATTY LIVER DISEASE CONCOMITANT WITH CHRONIC HEPATITIS

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³New Medicine Medical University of Mongolia, Mongolia

⁴Mongolian University of Pharmaceutical Science, Mongolia

Introduction: Following researchers determined the Chronic hepatitis C virus infection which was 8,2% (Davaalkham.J et al, 2003), 9,6% (Takahashi.M et al, 2004), 9,8% (Tsatsralt-Od.B et al, 2006), 11,8% (Dagvadorj.Ya et al 2005) in Mongolia. As researchers noted that hepatitis C genotype 1 and 3 enable to be triglyceride accumulation for liver because it often occurs simultaneously fatty liver disease. Although many types of traditional medicine have been used for for hundreds years, their effectiveness of the therapy is relatively small with inadequate use of poorly understood in practice. These types of medicine's storage, form, flavor are to improve which are prepared based on scientific studying, is to make the clinical trial of drug acts as easily use, emerged as one of the need for market. Therefore, our research team has made the clinical trial based on the chemical and pharmacological study of hepatoprotective effect for Ionicera Altaica Pall fruit, an established clinical study and producing new drugs.

Material and Method: The research was considered such as clinical trial guideline for new drug issued by the WHO's "Good Clinical Practice". Based on permission given by Biomedical Ethical Community of the Health Ministry of Mongolia approved diagnosis patient with fatty liver disease associated with chronic hepatitis C. Research design is randomized placebo-controlled, double blind clinical trial. We studied 3 groups of participants that was given the following treatment for 21 days: (I) Treatment group: Lonal drug 1.4 gr ×3 times, (II) Control group: Silymarin drug 67.5 mg ×3 times, (III) Placebo group: Placebo drug 1.4 gr ×3 times. We used on histo-morphometric analysis of liver biopsy DISKUS ver 4.80, Olympus BX microscopy.

Results: Lonal drug decreases activation of syndrome hepatic cell cytolysis ALT (p=0.023), AST (p=0.037). Also decreases criteria of cholestatic syndrome such as indirect bilirubin (p=0.611), ALP (p=0.04), GGT (p=0.445). The lonal medicine was taken during 21 days and comparing the results of lipid metabolism exchange before and after treatment, reduces TG (p=0,402), increases HDL (p=0.047). The participants have taken the fibroscan analysis and liver biopsy. That was compared to determine before and after treatment such as steatosis and fibrosis degree. Before treatment degree of steatosis was S2: 278.4±75.3 dB/m and after treatment it was dropped from S1: 238.6±70.4 dB/m (p <0.05). And before treatment, such as fibrosis degree F2-3: 8.84 ± 2.2 kPa, after treatment it was decreased in F1-2: 7.18 ± 3.87 (p<0.01). In liver histology, comparing before and after treatment the results of liver cell inflammation-fibrosis area was reduced by 1,75 times and decreases hepatic steatosis degree (strong fatty change was improved mild fatty change).

Conclusion: New lonal medicine is reducing activation syndrome hepatic cell cytolysis, cholestatic and some criteria of the metabolic syndrome in patient with fatty liver disease associated with chronic hepatitis C. Also new lonal medicine reduces the degree of liver steatosis and fibrosis by the analysis of fibroscan and liver biopsy.

GASTROENTEROLOGY AND HEPATOLOGY

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BIOGRAPHY

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CLINICAL PHARMACY AND PHARMACY PRACTICE

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Clinical pharmacy is the branch of pharmacy in which clinical drug specialists give coordinate patient consideration that upgrades the utilization of prescription and advances wellbeing, health, and illness counteractive action. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care, blending a caring orientation with specialized therapeutic knowledge, experience, and judgment to ensure optimal patient outcomes. Future evaluations should use a comparative study design that includes the incremental cost-effectiveness benefit ratio of clinical pharmacy interventions from a societal perspective. There is a need to review and revise current doctorate programs in clinical pharmacy with a view to equip future academicians and practitioners with necessary knowledge required to become competent researchers and practitioners. Pharmacy practice is the discipline of pharmacy which involves developing the professional roles of pharmacists. It includes areas such as clinical pharmacy, pharmaceutical care, health promotion and education, social pharmacy, health informatics and pharmacy education. The health care system in Bangladesh is going through dramatic changes due to growth in the demand for health care and patient needs. Hopefuls with a bachelor's of pharmacy or master's of pharmacy are viewed as industry-situated experts who want to join different divisions in the pharmaceutical businesses. Improving patients' quality of life with safe and cost-effective medicines is a growing priority for health policymakers worldwide. However, if pharmacy practice is going to continue as the exemplar of drug expertise, helping to lead health care, we should now start to join the voices of drug specialists to address the neglected needs of our patients and society.

BIOGRAPHY

Abul Hossain is a pharmacist and works at Padma Homeo Laboratories as a quality control manager. He was a member of IRED from 21 March 2014 to 21 March 2017 and had membership no: SM1009282.

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Note:

BIOGENIC DIBUTYLTIN (IV) COMPOUNDS DERIVED FROM α -AMINO ACIDS: SYNTHESIS, BIOIMAGING AND INVESTIGATION OF IN-VITRO ANTICANCER ACTIVITY

Navjot Singh Batth

GHG Khalsa College, India

Organotin(IV) compounds (1-6) consisting of biogenic coordinating skeleton have been derived from one pot reaction of dibutyltin oxide, α -amino acids (viz. L-serine, L-isoleucine, L-tryptophan, L-alanine, L-valine, L-methionine) and 2-hydroxy-4-methoxybenzophenone. The characterization of compounds by FT-IR, NMR (¹H, ¹³C, ¹¹⁹Sn) spectroscopy, mass spectrometry, elemental analyses and single crystal X-ray diffraction (for 1, 2 and 3) confirmed the formation of LSnBu₂ (where L is Schiff base ligand) in pure form. Compounds 1 and 2 were found to be enantiomerically pure contrary to 3, which crystallized in the form of enantiomeric pair. All the compounds exhibited blue-violet emission with a band centred at 470 nm when excited at a wavelength of 365 nm. The fluorescent nature of compounds was explored to investigate their anticancer activity against HeLa cells. The compounds were found excellent for bioimaging and exhibited good anti-cancer activity. The confocal fluorescent microscopy of HeLa cells revealed the uptake of 1-6 inside the HeLa cells with higher proportion in the cytoplasm. Amongst these, compound 1 was found potent anti-cancer agent with IC₅₀ of 8.35 μ M.

BIOGRAPHY

Navjot Singh Batth is working as an assistant professor in postgraduate department of chemistry in GHG Khalsa College, Gurusar Sudhar. He has completed his PhD from Panjab University, Chandigarh. His research interests include investigation of numerous applications of organotin compounds and detection of toxic metal ions/ chemical impurities in agricultural resources like soil and ground water. His relatively young research career is on route to get further focused on carrying out quality research oriented towards social benefits. His teaching duties include teaching of spectroscopic techniques, chemistry of natural products and research supervision of postgraduate students.

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Note:

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TREATMENT OUTCOME AND SIDE EFFECTS OF DIRECTLY ACTING ORAL ANTI HCV DRUGS A SINGLE CENTER EXPERIENCE

Abdul Qadir Khan

Mohammad Medical College Hospital, Pakistan

Objective: To see treatment outcome and side-effects of directly acting oral anti HCV drugs.

Study Designs: Single prospective / observational study.

Place and duration of study: Liver & GI center new towns Mirpurkhas from August 2017 to August 2018.

Inclusion criteria: All chronic hepatitis C patients.

Exclusion criteria: Pregnancy, Lactating females and Hepatocellular Carcinoma.

Methodology: Outdoor chronic Hepatitis C patient treated with directly acting oral anti HCV drugs were enrolled. Quantitative HCV RNA was tested at week 4, 12 during and week 24 after the treatment, side effects of treatment were asked from the patients during the follow up visits. Data was put on a pre designed performa

Results: 94 numbers of patients enrolled, out of which 48 were males and 47 were females, male to female ratio was 1:1. 51 (52%) were naive, 47 (47.9 %) were treatment experienced, out of them 32 (32.6%) were CLD patients, out of them 22 (68.3%) were child A cirrhosis, 10 (31%) were child B cases. One patient was co-infected with HBV; their previous treated genotype was 3a (68%). Quantitative PCR ranges from 1020 IU to 530000 IU/ml.

In all (94) patients HCV RNA was negative at 4 and 12 weeks of treatment. Viral response at 24 weeks after the treatment was different. Viral clearance in patients With Sofosbuvir and Ribavirin was 83% (50 out of 62). With Sofosbuvir and Daclatasvir response rate was 91% (11 out of 12). One patient put on Sofosbuvir and Ribavirin stop the treatment by herself due to palpitation and epigastric pain.

While in decompensated patients put on Sofosbuvir and Ribavirin the response rate was 65 % (13 out of 20), and patients put on Sofosbuvir and Ribavirin and Daclatasvir the response rate was 83% (10 out of 12). One cirrhotic patient developed HCC during the treatment may be due to disease course not because of the treatment. Mild anemia was noted in 15 numbers (14.7%) of patients that was treated with folic acid and iron, no major side of the DAAs were noted during the treatment.

Conclusion: New directly acting oral anti HCV (DAAs) is well tolerated and efficacious, further studies are needed in more number of patients to assess the efficacy and side effects.

GASTROENTEROLOGY AND HEPATOLOGY

&

CLINICAL PHARMACY & PHARMACY PRACTICE

March 25-26, 2019 | Amsterdam, Netherlands

BIOGRAPHY

Abdul Qadir Khan is a professor of medicine, head of department, consultant physician & gastroenterologist at Muhammad Medical College Hospital Mirpurkhas. He obtained his MBBS from Liaquat University of Medical and Health Science, Jamshoro. He has done his fellowship in Medicine in 2005 from CPSP Karachi, and honorary worked in gastroenterology department at AKU Karachi. He has also done masters in gastroenterology from AIIMS Hyderabad. He is a member of Pakistan Society of Gastroenterology, Pakistan Society of Hepatology, and Pakistan Society for Study of Liver. He has published many papers in different Pakistani journals and is a reviewer of articles as well. His main areas of interest are liver diseases specially hepatitis B & C.

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Note:

Joint Event on

4th International Conference on

GASTROENTEROLOGY AND HEPATOLOGY

&

9th World Congress on

CLINICAL PHARMACY & PHARMACY PRACTICE

March 25-26, 2019 | Amsterdam, Netherlands

EURO GASTROENTEROLOGY 2019 & CLINICAL PHARMACY 2019



SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

DAY 2 SESSIONS

MARCH 26, 2019

Gastrointestinal Bleeding and Pathology | Gastroenterological Transplantation | Clinical Pharmacy: Activities and Prescriptions | Gastrointestinal Infection and Viral Gastroenteritis | Novel Drug Delivery Systems | GI Surgery

SESSION CHAIR

Higinio T Mappala
Jose Reyes Memorial Medical Center, Philippines

SESSION INTRODUCTION

- Title:** Intussusception: Highlighted aspects
Ahmad Almaiman, King Khalid University Hospital, Saudi Arabia
- Title:** Comprehensive study of microbiological resistance among Al-Shifa hospital surgical ward during GMR
Samaher J Younis, Al-Shifa Hospital, Palestine
- Title:** The spectrum of hereditary metabolic disorders that are associated with gastrointestinal pathology
Olena Grechanina, Kharkiv Interregional Specialized Medical Genetic Center, Ukraine
- Title:** Outcome of acute viral hepatitis in diabetic and non diabetic patients in Bangladesh- Report from a tertiary centre
Mohd Harun Or Rashid, Rajshahi Medical College Hospital, Bangladesh
- Title:** Laparoscopic cholecystectomy in patients with liver cirrhosis: 8 years experience in a tertiary centre and the rule of harmonic device
Emad Hamdy Gad, Menoufia University, Egypt
- Title:** Evaluation of risk factor associated with drug-resistant tuberculosis in Yemen: The result from governance with a high rate of drug resistance
Ammar Ali Saleh Jaber, Universiti Sains Malaysia, Malaysia

INTUSSUSCEPTION: HIGHLIGHTED ASPECTS

Ahmad Almaiman

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Intussusception is a clinical disorder characterized by the telescoping of a proximal part of the bowel into its distal part. The point that invaginates into its adjacent part is known as the "Intussusceptum" (also referred to as the lead point), while the distal segment that receives the folding is known as the "intussusciptien". This is one of the most important causes of acute abdomen in children, particularly infants and toddlers (3 months-3 years), however it is a rare condition in adults and brings about a variety of symptoms and patterns; be it acute, intermittent or chronic.

This disorder particularly triggers worrisome matters that are deemed target worthy in the clinical setting. One of these matters is managing the possible shock that comes about with the excessive compromise of the mesenteric blood supply, which ends up thickening the intestinal wall leading to fatal complications of ischemia and perforation. Intussusception's diagnostic approach also happens to be its therapeutic approach, which is non-operative reduction (be it air or barium enema).

The recurrence risk of intussusception is one that demands a cautious observation in an in-patient setting, as the reduction management helps in limiting said risk allowing the recurrence to alter between 24 and 48 hours onwards.

In recent years, there has been a presentation of this disorder in children who were provided with the Rotavirus vaccine bringing about different post-marketing surveillances to understand the possible risks of developing intussusception. Along with the general overview on the topic of intussusception the following highlights will be included: an emphasis on the potential complications of intussusception, its distinguishing presentation between children and adults, favoring air over liquid enema in reduction management, and intussusception's increasing risk if/when the Rotavirus vaccine is given.

BIOGRAPHY

Ahmad Almaiman received his MBBS from University of Sharjah, College of Medicine in 2017. He conducted his internship at King Khalid University Hospital in King Saud University Medical City, after which he travelled to USA to conduct an observer ship in his field of interest paediatrics at the Paediatrics of Greater Houston Centre. He will be starting his residency in the same field in October of 2019 under the Saudi Commission for Health Specialties. Subspecialties of interest to him include neonatology, gastroenterology and rheumatology. As part of his university curriculum in community-based research, Dr Ahmad presented a research titled Lifestyle changes among freshmen students (2014), which was published as an abstract and presented as a poster for the 4th National Conference of Applied Psychology in the UAE in March of 2016. Another publication he made was a research article entitled Intussusception: Highlighted aspects (2018), which was published in both the Journal of Gastroenterology, Hepatology and Digestive Disorders as well as the Journal of Hepatology and Gastrointestinal Disorders, for which he delivered an oral presentation and spoke at the 17th International Conference of Gastroenterology and Hepatology in the UAE in September of 2018.

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COMPREHENSIVE STUDY OF MICROBIOLOGICAL RESISTANCE AMONG AL-SHIFA HOSPITAL SURGICAL WARD DURING GMR

Samaher J Younis

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Antimicrobial resistance has been identified as a major threat by the World Health Organization (WHO) due to the lack of new antibiotics in the development pipeline and infections caused by multi-drug resistant pathogens becoming untreatable.

Methodology: Cross sectional retrospective observational study was conducted for nearly 4 months from 1/04/2018 to 23/07/2018 during AL-OADA GMR (Great March Retain). A comprehensive review of all culture isolates from surgical departments of Al-Shifa Hospital. Internal, NICU and gynecological departments were excluded. Composite end point was taken as outcome with ease of collection and complexity of result interpretation. 981 cultures were reviewed from these: 824 pus cultures, 90 sputum cultures, 56 blood cultures and 11 central line cultures.

Results: *E-coli* 28%, *Klebsiella* 21%, *Staph aureus* 21%, *Pseudomonas* 14%, *Proteus* 6%. Resistance of G negative strains were: to third generation Cephalosporins reach 97%, 85% for Ciprofloxacin, 93% for Piperacillin, 100% Cefazolin, 22% Amikacin, 47% Meropenem And 19% Colistin. Resistance of G positive strains were 81% Ampicillin, 14% Rifampicin, 41% Clindamycin, 15% Vancomycin, 50% Cefazolin, 46% Amoxy/Clavu, 66% Cloxacillin, 50% Gentamicin.

Conclusion and recommendations: High period prevalence of BDR was detected apparently with losing colistin as corner stone in resistant G strains. Clear steps should be taken to win the war against resistant strains emerged, stewardship program should be planned and supported in Gaza Hospitals.

BIOGRAPHY

Samaher J Younis has completed her bachelor's degree at the age of 23 from Al-Azhar University, Palestine. She is a board-certified pharmacotherapy specialist from American College of Clinical Pharmacy. She is the head of clinical pharmacy in Al-Shifa Hospital, lecturer in Palestine University, Gaza, Palestine. She has over 7 publications that have been cited.

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Note:

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THE SPECTRUM OF HEREDITARY METABOLIC DISORDERS THAT ARE ASSOCIATED WITH GASTROINTESTINAL PATHOLOGY

Olena Grechanina, Yu B Grechanina, S V Lesniak and A V Krasov

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The number of patients with Hereditary Metabolic Diseases (HMD) has been steadily increasing, but only 50% of them receive the necessary assistance. To overcome these problems, we strive to replace the “specialized” approach to the patient with the systemic and personalized approach.

Objective: To determine the spectrum of hereditary metabolic diseases that are associated with gastrointestinal pathology based on the systemic pheno- and genotypic assessment of the proband and his family.

The Medical Genetic Center for 20 years (1999-2018) has been conducting a systematic assessment of families, carrying out the monitoring. During this period, we had 628,971 families (primary-7,269-18,746 annually, data of 2018). 30,392 consultations were conducted, 9892 of them were primary. There were 1,457 children and 332 adults with HMD.

The spectrum of gastrointestinal disorders was represented by nausea, vomiting, typical and atypical reflux syndromes, cyclical vomiting syndrome, recurrent vomiting, abdominal pain, acute gastroenteritis, chronic diarrhea, celiac disease, malabsorption, Hirschsprung's disease, hepatomegaly, hepatosplenomegaly, chronic pancreatitis etc. The difference in the frequency of gastrointestinal pathology was established based on complaints (63%) and based on objective assessment of patient (87%) using clinical, biochemical, molecular genetic biomarkers and somato-genetic research.

Nosology spectrum associated with gastrointestinal disorders includes urea cycle defects, phenylketonuria, hypervalinemia, galactosemia, hyperglycemia, isopathic calcinemia, renal tubular acidemia, disorders of ornithine, methionine, cobalamin metabolism, maple syrup diseases, methylmalonic acidemia, lysinuric protein intolerance, Leigh syndrome, MELAS syndrome, Kearns-Sayre syndrome, neuro-gastrointestinal encephalopathy, congenital lysine intolerance, etc.

Conclusions: A systematic approach based on clinical genomics is the only effective way to provide adequate medical care to patients who have gastrointestinal disorders as the first signs of HMD.

BIOGRAPHY

Olena Grechanina has completed her PhD at the age of 24 years from National Medical University (department of general medicine) and postdoctoral studies from National Medical University (department of obstetrics and gynecology). She is the general director of Kharkiv Interregional Specialized Medical Genetic Center – Center of Rare (Orphan) Diseases, and is the member-correspondent of National Academy of Medical Sciences and professor of department of medical genetics.

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OUTCOME OF ACUTE VIRAL HEPATITIS IN DIABETIC AND NON DIABETIC PATIENTS IN BANGLADESH- REPORT FROM A TERTIARY CENTRE

Mohd Harun Or Rashid¹, Khalilur Rahman¹, Mahbubur Rahman Khan¹, Tasnova Rashid² Humaira Rashid³ and Mamun-Al-Mahtab⁴

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⁴Bangabandhu Sheikh Mujib Medical University, Bangladesh

Background: Diabetes Mellitus (DM) and Acute Viral Hepatitis (AVH) are common diseases in Bangladesh. Although AVH is a self-limiting pathological entity, DM is endowed with long-term influence on different pathological conditions. The study presented here was designed to assess if DM has any role on clinical course of AVH.

Methods: This cross sectional study was accomplished in Rajshahi Medical College Hospital and Rajshahi Diabetic Association Hospital from May 2010 July 2013. A total of 300 patients with AVH were enrolled in this study and they were divided into two groups; Group-A; patients of AVH with DM (N=140) and Group-B; patients with AVH without DM (N=160). The clinical and laboratory data of these patients were serially evaluated.

Result: There was no significant difference regarding age, sex, and levels of alanine aminotransferase (ALT) between two groups. The cause of AVH was hepatitis E virus (HEV) in 100 of 140 patients (71%) in Group A, whereas, HEV was etiological factor in 112 of 160 patients (70%) of Group-B. However, the clinical course of liver disease showed marked variation between two groups. Jaundice persisted for more than 6 months in 68 of 140 (49%). In Group B 149 of 160 Patients (93.12%) became jaundice free within 30 days after attending the hospital. Only in 11 of 160 patients (6.88%) jaundice persisted for 1 to 3 months. Forty-two patients of Group-A showed evidences of esophageal varices; however, endoscopic assessment did not reveal any abnormality in patients with Group-B. Moderate to severe hepatic fibrosis was seen in 19 of 140 patients with AVH plus DM, whereas, these were not detected in any patient of Group-B (patient with AVH without DM). Even more important is the fact that 4 patients of Group-A died of liver failure, whereas there was no mortality in any patient of Group-B.

Conclusion: AVH is regarded as a self-limiting pathological process. The study presented here reveals that presence of DM in AVH patients drastically alters the clinical course of AVH. In conclusion, all patients with DM with superimposed AVH should be carefully followed up with possibility of development of severe liver diseases and even mortality.

BIOGRAPHY

Mohd Harun Or Rashid has been working as the associate professor, and is the head of the department, department of hepatology in Rajshahi Medical College, Rajshahi. Treating patients is his foremost duty. In addition, he is an academician and finds enormous enjoyment with his teaching career. Moreover, he is an active researcher who is very much engaged with different research projects on hepatology. He runs disease awareness campaigns in the form of cinema, leaflet, public meeting, screening programme etc.

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LAPAROSCOPIC CHOLECYSTECTOMY IN PATIENTS WITH LIVER CIRRHOSIS: 8 YEARS EXPERIENCE IN A TERTIARY CENTRE AND THE RULE OF HARMONIC DEVICE

Emad Hamdy Gad, Yasmin Kamel, Ayman Alsebaey, Anwar Mohamed, Ali Nada and Mohammed Alsayed Abdelsamee

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Objectives: With improved laparoscopic techniques and experience, availability of newer tools and instruments like ultrasonic shears; Laparoscopic Cholecystectomy (LC) became feasible option in cirrhotic patients, the aim of this study was to analyze the outcome of LC in cirrhotic patients, and the rule of harmonic device.

Patients and Methods: We retrospectively analyzed 213 cirrhotic patients underwent LC, in the period from 2011 to 2019, the overall male /female ratio was 114/99.

Results: The most frequent CTP score was A, The most frequent cause of cirrhosis was HCV, while biliary colic was the most frequent presentation. Harmonic device was used in around 40% of patients, and on comparing patients with and without harmonic use, there were significant lower operative bleeding, less amount of blood and plasma transfusion, shorter operative time and hospital stay, and lower conversion and morbidity rates in the former. The morbidity was around 22% while mortality was around 2%, and morbidity significant predictors were CTP score B, C, non-harmonic group, operative bleeding, increased MELD score, blood and plasma transfusion units, lower platelet count and longer operative time.

Conclusion: LC can be safely performed in cirrhotic patients with appropriate patient selection. However, operative bleeding, increased blood and plasma transfusion units, CTP and MELD scores are predictors of poor outcome that can be improved by using harmonic scalpel shears.

Keywords: Laparoscopic cholecystectomy, Liver cirrhosis, Harmonic device

BIOGRAPHY

Emad Hamdy Gad is currently working as an associate professor of surgery in the department of transplantation, hepato-biliary & pancreatic surgery at National Liver Institute, University of Minoufiya, Shibin El-Kom, Minoufiya, Egypt and consultant in general surgery and hepatobiliary surgery in King Faisal Hospital, Taif, KSA. He worked as specialist in general surgery in Alganzoury Private Hospital in Cairo, Egypt from 2008 to 2014 (part time). He also worked as consultant in hepatopancreatobiliary and laparoscopic surgery in King Khaled Hospital (General Surgery and Trauma Hospital) in Hail in KSA for 6 months (Locum) from 2/ 2015 to 8/2015. He worked as consultant in general surgery in Alnila Hospital, Gherghada, Egypt from 3/2016 until 8/2016.

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EVALUATION OF RISK FACTOR ASSOCIATED WITH DRUG-RESISTANT TUBERCULOSIS IN YEMEN: THE RESULT FROM GOVERNANCE WITH A HIGH RATE OF DRUG RESISTANCE

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Background: Although the world health organization reported Yemen to consider to have low burden drug resistance, this is due to the high shortage of diagnostic method and drug treatment regimen available in Yemen. Therefore our study aimed to evaluate the risk factor associated Drug Resistance Tuberculosis (DR-TB) and to identify the shortage in TB management.

Method: In this prospective study, 115 DR-TB patients enrolled in drug resistance program in four major TB centers in Yemen between January 2014 until December 2016. All patients were followed, and the treatment outcome was reported.

Result: A total of 135 patients with drug-resistant TB were registered in the four main TB centers in Yemen. Most patients were from Aden TB center (35.17%). The end of treatment reported a success rate of 77.4 %. Majority of patients were resistant to one drug (43.5%). 30 patients (26.1%) were resistant to two drugs, 21 % patients (18.3%) were resistant to two drugs. 21 patients (18.3%) were resistant to 3 drugs. 14 patients (12.2%) were resistant to 4 drugs. A total of 30 patients (26.1%) reported one or more adverse events during the intensive phase of treatment. In the multivariate logistic regression analysis, revealed that comorbidity (p-value = 0.049, AOR = 4.73), base lungs cavity (p-value = 0.016, AOR = 25.09), abnormal level of creatinine level (p-value = 0.031, AOR = 4.1), positive culture end of intensive phase (p-value = 0.009, AOR = 8.83) were associated with unsuccessful treatment outcome of drug resistance patients.

Conclusion: A low success rate of 74% was achieved at the end of treatment. Therefore, the study has not achieved the success rate set out in goals of stop TB strategies (75%), end TB strategy (90%) and the United National Sustainable Development Goals (80%). Considering the risk factor associated with DR-TB in Yemen is essential because it may increase the success rate especially in the high shortage of unavailability of second-line treatment or lab diagnostic method.

BIOGRAPHY

Ammar Ali Saleh Jaber has completed his PhD from Universiti Sains Malaysia. Currently, he is a lecturer in Universiti Sains Malaysia. He completed his bachelor's degree from Rajiv Gandhi University of Health Science and master's degree from Jamia Hamdard University in India. He is a member of the Pharmacy Council of India. He works as a pharmacy lecturer in Lebanese International University for three years and is the head of the clinical pharmacist in Yemen International Hospital for one year. He has published more than 6 papers in reputed journals.

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