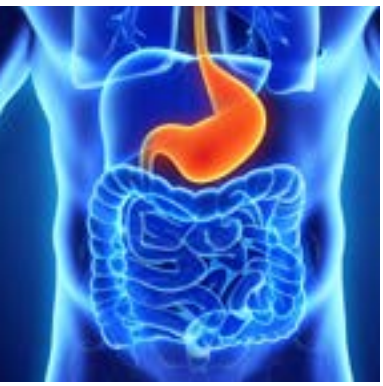
Keynote Forum
October 30, 2017

Gastroenterology 2017



Joint conference on

World Gastroenterological &

World Congress on

Gastroenterology and Endoscopy

October 30-31, 2017 | Toronto, Canada

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Simon Biron

Laval University, Canada

Liver in morbid obesity and effect of bariatric surgery, BPD Scopinaro and DS

Once upon a time, a bariatric general surgeon palpated a liver of normal consistency as he was repairing an incisional hernia, but momentarily recalled the pathology of a biopsy taken at the time of the patient's bariatric surgery - which had shown liver fibrosis. Very surprised, but staying professional, he didn't say a word about his finding instead asking for the scalpel to perform a second open biopsy sending the specimen to Pathology as a routine liver biopsy before completing the hernia repair. A week later the surgeon received the Pathology report of normal liver tissue taken at the time of open incisional herniorrhaphy. Surprised, worried, but happy the surgeon checked with the pathologist about differences between the past and present diagnoses of the two liver biopsies. That 'event' was a landmark of an unbelievable journey. Years before in February 1984, my esteemed close colleague, Picard Marceau, and I decided to adopt Scopinaro's Bilio-Pancreatic diversion (BPD) as our major bariatric technique. Needless to say: the disastrous long-term outcomes of jejuno-ileal bypass biased recognition of the value of this new bypass. This prompted us to initiate a prospective systematic follow-up of our patient's livers and nutritional status. It was, indeed, our duty to perform liver biopsies whenever possible. For quality assurance and 'blinded' evaluations we accepted the offer of collaboration with our colleague John G. Kral and the renowned Liver Pathologist Swan N. Thung. Seven cases of bridging fibrosis exhibited normal histopathology upon re-biopsy several years after BPD.

Speaker Biography

Simon Biron has completed his medical degree in 1972 from Laval University and completed his surgical residency training at McGill University in 1977. He has worked at Laval Hospital since 1978 and has served as the Head of the Department of General Surgery from 1993 to 2013. He has been a Clinical Professor of Surgery at the University of Laval since 1981 and served as the Head of Division of General surgery from 2002 to 2012. He has been involved in the writing of approximately 130 articles and 15 books or chapters. He has been an invited speaker to many conferences and has presented numerous posters. He is the principal investigator in N.O.T.E.S. He has been a practicing Bariatric Surgeon since 1981 and currently sits on the Executive of the ASMBS Canadian Chapter.

e: simon.biron@fmed.ulaval.ca

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Raj Lakshman

George Washington University, USA

Hepatoprotective role of thymosin β4 (Tβ4) in alcoholic liver disease

Thymosin beta4 (Tβ4), an actin sequestering protein, is involved in tissue development and regeneration. It prevents inflammation and fibrosis in several tissues. We investigated the Hepatoprotective role of Tβ4 in chronic ethanol (EtOH) and lipopolysaccharide (LPS)-induced liver injury as well as in liver regeneration after partial hepatectomy in chronic EtOH fed mice. We demonstrated that Tβ4 treatment prevented EtOH and LPS-mediated oxidative stress by decreasing ROS and lipid peroxidation; and increasing the antioxidants, glutathione and manganese-dependent superoxide dismutase. It also prevented the activation of nuclear factor KappaB by blocking the phosphorylation of IκB, thereby prevented pro-inflammatory cytokine production. Moreover, Tβ4 prevented fibrogenesis by suppressing the epigenetic repressor, methyl-CpG binding protein2 that coordinately reversed the expression of peroxisome proliferator-activated receptor-γ and down-regulated fibrogenic genes, platelet derived growth factor β-receptor, α-smooth muscle actin, collagen1, and fibronectin, resulting in reduced fibrosis. Tβ4 also promoted liver regeneration after partial hepatectomy in EtOH-fed mice by increasing hepatocyte regeneration markers, hepatocyte growth factor and its receptor (c-Met) and α-fetoprotein, as well as proliferation markers, proliferating cell nuclear antigen and Ki-67. Our data suggest that Tβ4 has antioxidant, anti-inflammatory, anti-fibrotic and regenerative potential during alcoholic liver injury.

Speaker Biography

Raj Lakshman is currently the Director of Research Laboratories and the Chief of Lipid Research at the VA Medical Center, Washington, D.C. He also has joint appointments as a Professor in the Departments of Biochemistry & Molecular Medicine as well as in the Department of Medicine at the George Washington University, Washington, D.C. He directs studies in the areas of Alcoholism, Alcoholic Liver Disease, Oxidative Stress, Coronary Artery Disease, Lipids & Lipoproteins, Metabolic & Genetic Obesity, Hepatotoxins and Gene Regulation & Expression. He joined the National Institute of Health, to work on Alcoholic Hyperlipidemia under the able guidance of Professors Richard Veech and Nobel Laureate, Hans Krebs. In 1979, he received the prestigious VA Research Career Scientist Award working in the field of Alcohol and Alcoholism at the VA Medical Center, Washington, D.C. He was honored the "Washington Heart Ball" Research Award in 1990 in the field of Hyperlipidemia.

e: Raj.Lakshman@va.gov

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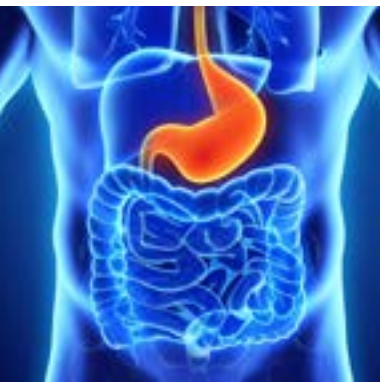

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David H Van Thiel

Rush University, USA

Hepatitis C eradication: A unfulfilled promise

The development of direct acting antiviral agents (DAA) for the treatment of HCV provides an opportunity for eradication. Current DAA agents consist of 2 or 3 inhibitors of the HCV replication chain and high barriers to resistance. SVRs are achieved in 97 to 100% of patients treated in trials of patients with advanced disease and suggest that HCV can be eliminated. Eradication of in individuals with advanced disease is unlikely to result in elimination as these individuals are very ill and unlikely to infect others. If the promise is to be achieved, physicians, insurers and government agencies must make these agents available to a much wider group to include those with those with minimal or no liver disease. This latter group includes individuals with diabetes mellitus, membrano proliferative glomerulonephritis, thyroiditis, polyarthritis, cryoglobuinemia and other manifestations of HCV infection. Screening for hepatitis C is inadequate in these individuals as they are not aware that they are infected; have no manifestations of liver disease bringing them to the attention of their physicians and HCV antibody detection. Individuals with these diseases are the major source of continued infection and unknowingly are vectors of the disease. For HCV to be eliminated, current approaches have to change and mirror those for tuberculosis. The identification of a positive PPD is sufficient to initiate therapy. This approach to HCV has been ignored because the agents previously used were difficult for patients; were associated with a variety of adverse events; and required injections and prolonged therapy. Current DAA agents are taken orally; have minimal side effects and require a treatment for 8-12 weeks. With these changes, a much broader approach to treatment of HCV is available and can eradicate the disease at its origin rather than at its end-stage.

Speaker Biography

David H 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 Clairemont, California, and then entered Medical School at the University of California at Los Angeles graduating with honors 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.

e: david_vanthiel@ rush.edu

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Bingrong Liu

Zhengzhou University, China

Transrectal gallbladder preserving cholecystolithotomy and polypectomy by pure notes

Introduction: We conducted this retrospective study aiming to evaluate the feasibility and efficacy of transrectal gallbladder preserving cholecyctolithotomy (TRGPC) and transrectal gallbladder preserving polypectomy (TRGPP) by pure notes.

Methods: 30 cases underwent transrectal gallbladder preserving cholecyctolithotomy (TRGPC), 4 patients received transrectal gallbladder preserving polypectomy (TRGPP) and 6 cases underwent combined transrectal gallbladder preserving cholecyctolithotomy and polypectomy by pure NOTES and one patient was performed by hybrid NOTES. As the figures show, the balloon was placed in the transverse colon to block the colonic lumen, and the distal colon cavity was disinfected with povidone-iodine solution. An incision was made on the anterior rectal wall 15-20cm from the anus. The endoscope was advanced into the peritoneal cavity with liver and gallbladder identified. The bile was aspirated and an incision on the gallbladder wall was made. Stones and/or polyps were found inside of the gallbladder.Stone extractor and biopsy forceps were used to take out the stones. The polyps were coagulated and removed by electric biopsy forceps. The muscular layer and the adventitial layer were successively closed with endoclips. The rectal incision was closed with endoclips and endoloops tightly. At the end of the procedure, the balloon was pulled out after being deflated.

Results: The mean operation time was 180.5 min. (89-467min.). liquid diet was resumed 24 hours later. Postoperatively, 4 of the 41 patients felt mild abdominal distention which disappeared within 12 hours when they were able to get off the bed. Moreover, gallbladder drainage and peritoneal lavage were used, and the abdominal pain relieved soon. All the patients were discharged without any adverse events.

Conclusions: The usage of the detachable balloon can prevent the operative field from fecal contamination effectively. To our knowledge, this is the first human case series of transrectal gallbladder preserving cholecyslithotomy and polypectomy by pure notes.

Speaker Biography

Bingrong Liu is a Doctor of Medicine, Post doctor, Professor, Doctoral supervisor and President of the GI Hospital, The First Affiliated Hospital of Zhengzhou University. He initiated the painless gastroenteroscopic examinations in 2002 in the three northeast provinces. And has been engaged in the work of interventional treatment of liver cancer and achieved a good result. He and his team has initiated and completed a series of pioneering techniques in the world in recent years. Every year since 2010, Professor Bingrong Liu has shown himself at different international conferences as a speaker, and has been invited by many countries to carry out academic reports and demonstrations. He enjoys a high reputation both at home and abroad. In 2015, his work on the Transrectal Gallbladder-Preserving Cholecystolithotomy via Pure NOTES" won the eightieth American Digestive Association (ACG) video contest champion.

e: 2110858887@qq.com

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