
Poster Presentation

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The clinical outcomes and the pathogenic background of gastric MALT lymphoma in Korea

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Background/Aims: Gastric MALT lymphoma is well known slowly progressing malignancy and has a pathogenic trigger, *Helicobacter pylori* infection, commonly with gastric adenocarcinoma. Literatures report about 6 times higher incidence of adenocarcinoma in gastric MALT lymphoma patients compared to that of general population. However, the development of gastric MALT lymphoma and adenocarcinoma seems to have different pathways. In this study, authors investigated the clinical course of gastric MALT lymphoma and the pathogenic background in the view point of Correa's hypothesis.

Materials & Methods: Study was conducted by review of electronic medical record of patients who were diagnosed with gastric MALT lymphoma at an academic institute, the Yeouido St. Mary's Hospital, Seoul, Korea, from January 2001 to May 2017. Clinical course was evaluated with analysis of demographic features, treatment modality and clinical outcomes. pathogenetic background was investigated in by *Helicobacter pylori* infection status, histology and serology.

Results: A total of 46 subjects were enrolled and analyzed during the study period. The mean age was 57.19-year-old (range 36 ~ 85). The male to female ratio was 1.19 (25/21). Endoscopic appearances varied; thirteen subjects presented ulcerative mass (28.26%), 12 (26.09%) as flat atrophic patch of discoloration, 16 (34.78%) erosive patches, 2 (4.35%) multiple polypoid lesion and 3 (6.52%) subepithelial tumor like. *Helicobacter pylori* infection was proved in 82.6 % (38 / 46). Atrophy and intestinal metaplasia were accompanied in background mucosa in 28.26% (13/46). Serum pepsinogen I and II, as serological marker for atrophy, was evaluated in 17 subjects. Only 9 of 17 (52.94%) showed compatible with gastric atrophy (pepsinogen I / II ratio of less than 3 or pepsinogen I of less than 70). The lymphoma stage by

Lugano stage was I1E (80.43%), I2E (2.17%), II1E (15.22%) and IIIE (2.17%). genetic alternation, t(11:18), was proved in 4 of 15 patients (23.53%). The treatment of gastric MALT lymphoma varied. 32 patients were treated with *Helicobacter* eradication therapy. Four patients received chemotherapy with cyclophosphamide, adriamycin, vincristine, prednisolone (CHOP) regimen, five patients received Radiotherapy and three patients underwent surgery. Of the 46 patients with MALT lymphoma, except for two who was referred to another hospital, 44 patients (100%) had complete remission. The mean time to remission was 130.81 days, and there was no difference in remission frequency according to each treatment method. Patients were followed up for 3.5~114.9 months (mean 40.86 months) and there was no recurrence in patients.

Conclusions: Gastric MALT lymphoma is well associated with *Helicobacter pylori* infection and showed high prevalence of current infection (82.6%). However, the mucosal background of gastric MALT lymphoma showed low prevalence of atrophy and intestinal metaplasia, which in highly prevalent of and precedent to adenocarcinoma. It suggests that the pathogenic pathway of gastric MALT lymphoma and adenocarcinoma has different directions. The treatment for gastric MALT lymphoma varies according to kind of clinical conditions, and the result could achieve clinical remission regardless of treatment modalities.

Speaker Biography

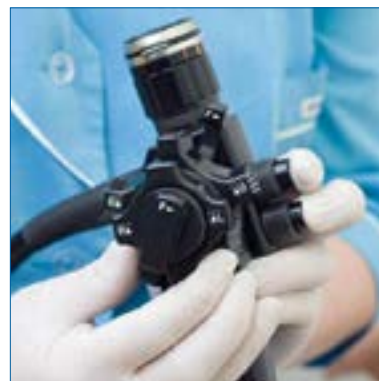
Sang min Lee is a graduate of Kyungpook National University Medical School and has completed his major training at the Department of Internal Medicine, the Catholic University of Korea College of Medicine. Currently, he is in training for fellowship at the Department of Internal Medicine of Yeouido St. Mary's Hospital .He is majoring in gastroenterology and is working to become the best Endoscopic specialist in South Korea.

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 Notes:

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Endoscopy Ultrasound from radial to Linear, breaking paradigm

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Since the introduction of Endoscopy ultrasound (EUS) in the clinical practice at the beginning of 80th, the radial echo endoscope (r-EUS) was used as diagnostic technique in benign and malignant Gastrointestinal lesions for many years, but its lack to take samples for cytology of sub epithelial or extramural tumors, pancreas or lymph node, brought in to the field the curvilinear EUS (c-EUS) which provide an accurate view of the needle tract; These different applications created a false paradigm that all GI service should have both scopes, one r-EUS for diagnostic and one c-EUS for Fine needle aspiration (FNA) and therapeutic, "these necessities" created a big economical problem to undeveloped countries making almost impossible to acquire those scopes. This is why since 1990, we started to use c-EUS not only to performed FNA but also as a diagnostic

technique in upper, and lower GI tract but also in biliary, liver and pancreatic diseases. In this presentation I will give a resume of our experience using c-EUS as a multipurpose scope Which is a cost-benefit option for all GI Units meaning huge resources saving.

Speaker Biography

Dervis Bandres is Vicepresident of Venezuelan Gastrointestinal Endoscopy Society and he is Chief of Endoscopy Ultrasound section and director of EUS fellow program at Central University of Venezuela, Centro Medico Docente La Trinidad Academic Centre, since 2008. He has attended more than National Congresses and meetings related to Gastroenterology. He has been serving as Gastrointestinal Endoscopy reviewer since 2009 and he is an active member of the Venezuelan Association of Ultrasound in Medicine since 1988.

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 Notes:

The association of gut microbiome with diabetes mellitus type 2

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Diabetes mellitus type 2 (T2DM), a component of metabolic syndrome, represents a growing public health burden across the world and is a leading cause of death. There is a further aggravation in the western industrialized world, thereby taking epidemical characteristics. The emerging and hot theme of gut microbiota, with evidence-based results mainly stemming from animal studies, seems to be applicable on diabetes mellitus regulation; there is a pathogenic association between gut microbiota and diabetes. The total amount of microbial genomes in the gut surpasses the size of the human genome, having around 500-fold more genes that significantly complement our coding potential. Several beneficial effects are attributed to gut microbiota and their genes, such as the breakdown of indigestible dietary fibers to short-chain fatty acids, biosynthesis of amino acids and vitamins and production of neurotransmitters and hormones. It has been postulated, that the selective modification of the gut microflora with the addition of certain probiotics and symbiotics, might ameliorate metabolic dysfunction, thereby preventing the onset of diabetes on high-risk individuals. The cutting-edge and challenging application of gut microbiota in the development of preventive as well as treatment strategies

for T2DM and hyperglycemia in humans are discussed in depth. A plethora of examples for future gut-based glucose-lowering approaches involving microbiota, include, among others, development of probiotic therapies and personalised nutrition, identification of therapeutic components of probiotics, targeted delivery of propionate in the right colon, targeted delivery of metformin in the lower gut, transplantation of faecal microbiota, and the incorporation of genetically modified bacteria which express therapeutic factors into microbiota. All in all, further large randomized clinical trials are mandatory for the further strengthen of the very promising evidence-based results of animal models and their establishment as a standard therapy for T2DM patients with metabolic profile.

Speaker Biography

Michael Doulberis is a Medical Doctor, Veterinarian as well as a PhD holder. He is currently working as Resident of internal medicine and has the aspiration to further focus on gastroenterology. He has a special research interest on investigating the interactions between immune system and gut microbiota and how the latter can influence the character and shape the responses of immune system. Moreover, he has studied how microbial products can beneficially alter the microenvironment of inflammation and inflammation-associated cancer, as proposed by the so-called *hygiene hypothesis model*.

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 Notes:

Combined endoscopic and surgical treatment of severe GI bleeding in a patient with heart assist device under therapeutic anticoagulation

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GI bleeding is a common complication in patients with heart assist device. Reasons for bleeding are multifactorial. In general endoscopic therapy is the treatment of choice whereas more invasive procedures are avoided in these critically ill patients. We present a 65-year old male patient suffering from severe gastrointestinal bleeding after left and right ventricular assist device placement with therapeutic anticoagulation. Endoscopically, multiple gastric bleeding sources were found but couldn't be treated effectively because of a large blood clot. Therefore, a combined multimodal endoscopic and surgical approach was applied, including gastrotomy for removal of the blood clot, surgical transgastrical suturing, and luminal endoscopic over-the-scope clip (OTSC) placement as well as hemospray application. Postoperative endoscopic visualization showed

effective bleeding control. The patient unfortunately died due to causes unrelated to endoscopic/surgical treatment. This case shows that a combination of endoscopic and surgical techniques as a minimal invasive option can be an alternative for the treatment of severe upper GI bleeding in critically ill and anticoagulated patients unfit for gastrectomy.

Speaker Biography

Mohamed Bounnah has possessed his expertise in digestive endoscopy of the passion he feels for this field and the different international exchanges that he may have had during his training, the approach of endoscopy and surgery leaves immersed new techniques in endoscopy and opens new perspectives for the care of the patients who other times were in surgery this border between the two domains all arouses its interest to implement a new approach and technique with the different teams with whom he has already worked.

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 Notes:

Accepted Abstracts

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Dietary supplements and altered diets for IBD: Hype or help?


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This program will review the best available evidence of the use of dietary supplements (herbals, nutraceuticals, probiotics, fish oils) for the management of IBD. Inflammatory bowel disease (IBD) is a disorder characterized by idiopathic chronic intestinal inflammation associated with the utilization of costly medications, disease and medication-associated complications, hospitalizations, poor quality of life, surgical procedures, malnutrition, and much more. IBD is estimated to afflict 1.2 million Americans with 21-60% of IBD patient have utilized at least one form of CAM with dietary supplements and altered diet constituting the top modalities with optimum symptom control as the rationale. Dietary supplements and altered diets are promoted on the Internet by healthcare practitioners and even non-

licensed individuals often without supporting evidence and place patients at risk due to macronutrient restriction (diet) or toxicity (dietary supplements). IBD patients often turn to their physician whether dietary supplements are useful for control of their disease symptoms. The goal of this program is to provide an evidence-based review of dietary supplements in the management of IBD. To define the pathophysiology of inflammatory bowel disease, the potential mechanisms of nutritional (oral diet, dietary supplements) disease pathogenesis and their patterns of utilization in this population is to be reviewed, the evidence of dietary supplements and altered diets in the management of inflammatory bowel disease.

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Endoscopic management of bilio-pancreatic diseases in surgically altered patients


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Endoscopic retrograde cholangiopancreatography (ERCP) remains challenging in patients who have undergone surgical reconstruction of the intestine. In 2001, double-balloon enteroscope (DBE) was reported by Yamamoto et al to be an effective procedure for the diagnosis and treatment of small intestinal lesions. In 2005, DBE-assisted ERCP was first successfully by Haruta et al used to treat a late anastomotic stricture in a patient who undergone biliary reconstruction by R-Y choledochojejunostomy after liver transplantation. After that, several studies with long enteroscope have reported that balloon enteroscope-assisted ERCP (BEA-ERCP) is a safe and effective procedure with about 75 % of reaching the blind end. However, long type enteroscope allows us to use limited number of ERCP devices because of its 200 cm length. Then short type double balloon enteroscope (DBE) has been developed by Fujifilm Co., furthermore Olympus Co. introduce the prototype of short single balloon enteroscope (SBE) with bigger channel 3.2 mm in diameter. Using short type SBE, we can diagnose and treat biliopancreatic diseases with about 90% of reaching the blind end, 90% diagnostic success rate, and 96% therapeutic success rate, because short type SBE allows us to use most of ERCP devices, even with guide-wire equipment. And complication rate is also rare 3% in pancreatitis, 1.5% in perforation, etc. In general, BEA-ERCP seems to be taken long time, because it is sometimes difficult to choose right route to the papilla or chododochal

or pancreatic anastomosis. In order to choose right route, several techniques such as intraluminal injection of indigo carmine by Yano et al and CO2 inflation guidance by Iwai et al have been reported. Furthermore, PTBD rendezvous technique and improvement of enteroscope such as passive vending function etc. introduce to shorten the reaching blind end time (10-21 min), although there are some learning effect too. The rate of reaching blind end with short type SBE is 94 % (126/134) in R-Y gastrectomy, 72% (39/54) in R-Y choledochojejunostomy, 96% (71/74), 96% (71.74) in Child/Whipple's resection, and 97% (29/30) in B-II gastrectomy, respectively. Using long type SBE, we could reach blind end in 94% (15/16) cases which could not be reached by short type SBE and were mainly cases of R-Y Choledochojejunostomy. Concerning about therapeutic procedures, we have sometimes employed electrocautery in case of tight stricture of anastomosis such as hepaticojejunostomy if guide-wire passed and EUS-BD with forward-viewing echoendoscope was performed in case of non-guide-wire passed. In cases of large bile duct stone, we have made EPLBD and treated by EHL after inserting SBE (direct cholangioscopy) into the bile duct. Finally remaining difficult cases, which we could not treated by SBE because of un-reaching blind end, were treated by EUS-HGS route.

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Percutaneous electro chemotherapy of hepatocellular carcinoma at hepatic hilum: A feasibility study

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Background & Aims: In the treatment Hepatocellular Carcinoma infiltrating the hepatic hilum (hh-HCC), surgery and loco-regional therapies are ineffective and can be unsafe for possible damage to structures at the hepatic hilum. Electrochemotherapy (ECT) is a non-thermal ablation technique able to induce cancer cells necrosis without affecting stromal structures, biliary ducts and vessels next to the tumor. We evaluated the feasibility, efficacy and safety of ECT in a series of patients with hh-HCC.


Materials & Methods: 15 patients (13M, 2F; 43-85 year, mean: 61 year), 11 in Child-Pugh-A, 4 in Child-Pugh-B-class, with biopsy proven hh-HCC (diameter range: 2.5-5.5 cm; mean: 3.6 cm) underwent ECT. 7 patients had complete right and/or left portal vein tumor thrombosis (PVTT), 2 patients showed partial right PVTT, 6 patients had a hh-HCC next to main portal vein bifurcation. All patients underwent endoscopy for evaluation of gastro-aesophageal varices (GEV) within 3 months before treatment. ECT was performed with insertion of 4-6 electrode-needles connected to a generator (Cliniporator Vitae - IGEA, Carpi, Italy) under general anesthesia plus myorelaxation. 8 minutes after i.v. injection of Bleomycin (15,000 IU/m²), high voltage electric pulses were delivered. All patients underwent control of the efficacy by contrast-enhanced-MDCT 4 weeks after treatment and follow-up CT controls every 6 months thereafter.

Results: Endoscopy detected grade-F1-GEV in 6 and F2-GEV

in 9 patients. No perioperative major complication occurred. 2/15 (13%) patients died because of hemorrhage from GEV at 4 and 5 weeks after treatment. Both 2 patients had PVTT. Post-treatment CT showed complete absence of enhancement of the treated nodule and/or PVTT in 11/13(85%) and partial necrosis in 2/13(15%) cases. The follow-up ranged from 9 to 28 months (median: 14 months). Follow-up-CT showed local progression of the tumor in the 2 cases of partial response. 4 patients dropped-out the follow-up at 6, 9, 10 and 12 months because of death from liver failure in 3 and hemorrhage from gastroaesophageal varices in 1 case, respectively. In these 4 patients, 6-months-CT confirmed complete necrosis and absence of local recurrence. In the other 7 patients, no local recurrence was detected at CT during follow-up. In 4 patients with PVTT, 2 with partial and 2 with complete PVTT, the imaging showed a patent portal vein during follow-up. Other 3 patients showed a persistent avascular non-tumoral shrunken thrombus. During follow-up, intrahepatic recurrences in other segments were detected in 4/13 (31%) patients.

Conclusions: ECT seems to be a feasible and effective treatment for local control of hh-HCC, with a good safety profile. Patients with PVTT and GEV>F1 are at high risk for short-term hemorrhage from GEV after ECT (13% in our series).

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 Notes:

IBD a new world epidemic

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Inflammatory bowel disease (IBD) is an autoimmune disease entity of unknown etiology comprised of Crohn's disease (CD) and ulcerative colitis (UC). IBD mainly occurs in genetically predisposed individuals in response to unrecognized environmental triggers. In 2004, it was reported that approximately 1.4 million and 2.2 million individuals carry the disease in North America and Europe, respectively. A more recent time-trend analysis identified Europe, Asia and the middle east as areas with highest annual incidence rates of UC (24.3 per 100,000 person-years in Europe, 6.3 per 100,000 person-years in Asia and the Middle East, and 19.2 per 100,000 person-years in North America) and CD (12.7 per 100,000 person-years in Europe, 5.0 person-years in Asia and the Middle East, and 20.2 per 100,000 person-years in North America). Europe and North America harbored the highest reported prevalence values for UC (505 per 100,000 persons in Europe; and 249 per 100,000 persons in North America) and CD (322 per 100,000 persons in Europe and 319 per 100,000 persons in North America). Consequently, the disease has been labeled as an emerging healthcare problem that requires public attention in many parts of the world therefore large registries and databases have been developed worldwide which have led to better characterization of disease course and phenotype. Similar efforts were made in developing countries such as China and Japan with the help of national and international organizations mainly to intervene before the occurrence of complications, which are part of the natural history of the disease when inflammation goes unopposed. Multiple

reports have indicated that increasing numbers of IBD patients are being diagnosed in Saudi Arabia every year. A data registry, the Inflammatory Bowel Disease Information System (IBDIS), was established in Riyadh and has been used to register CD and UC patients diagnosed in Riyadh since 2009. Limited numbers of cases from other cities such as Dammam and Jeddah have been sequestered into the registry due lack of resources. To date, more than 1900 patients have been registered and it is believed that many more cases exist. The majority of UC, and CD cases was young people (17-40 years), with a male preponderance while its behavior resembled that of western societies in terms of age of onset, location and behavior. A similar pediatric IBD database has been founded in Riyadh that recorded so far more than 300 cases with an estimated mean incidence rate of 0.2, 0.27, and 0.47 per 100,000 individuals for UC, CD, and IBD, respectively. Middle East countries as well as East Asia are experiencing a more than doubled increase in IBD prevalence over the past decade. Evaluation of the differences and rates in epidemiologic trends may help researchers and clinicians estimate disease burden and understand the reasons behind these differences, which may hold the key to unravel the etiology of IBD.

Speaker Biography

She is an Associate Professor and Consultant of Gastroenterology & hepatology at King Saud University. She is also a Board member of Saudi Gastroenterology Association.

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Non endoscopic predictors of esophageal varices

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Background: Esophageal varices are serious consequence of portal hypertension in patient with liver diseases. The objective of this research was to assess the diagnostic efficiency and usefulness of non-invasive markers of cirrhosis in the context of esophageal varices.

Methods: This cross sectional study was conducted in NAMS, Bir Hospital among 64 patients who met the selection criteria. After randomization, they were subjected to a screening endoscopy and a blood analysis. SPSS statistical analysis software was use to analyze data. T-test and one way ANOVA were used to find mean differences, and ROC curves were used to establish cutoff points.

Results: Out of 64 patients, majorities were of age group 50-60 years and the mean age was 51.2 ± 9.6 years. Most of the cases presented in Child Pugh's Class A, and 70% of them have Ascites on presentation. Oesophageal varices were detected in 59% and 71% of male and female patients on screening endoscopies respectively. Mean platelet counts, serum albumin levels were significantly lower and splenic

diameter was significantly higher (138.7 ± 19.73). The platelet count / splenic diameter ratio was significantly lower with both the occurrence of varices and the severity of varices as compared to patients without varices (746.2 ± 201.3 and 1562 ± 322.4) (with a significant $p < 0.05$) respectively.

Conclusion: The findings of this study suggest that non-invasive and non-endoscopic markers like Platelet count, Serum Albumin Levels, Splenic Diameter and the Platelet count/splenic diameter ratio can be used as markers to detect the presence of esophageal varices in patients that do not undergo UGI endoscopy.

Speaker Biography

Dipak Baral has completed MD from Bir Hospital, NAMS, Kathmandu, Nepal and interventional endoscopy from Kathmandu University. He is the Member of European Society of Gastrointestinal Endoscopy. He is working currently as a Consultant Physician and Endoscopist at Life Line Hospital Jhapa Nepal. He has several publications in international journal.

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