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November 23-24, 2018 | Bangkok, Thailand

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Asian J Biomed Pharmaceut Sci 2018, Volume 8 | DOI: 10.4066/2249-622X-C5-015

ENDOSCOPIC ULTRASOUND GUIDED LEFT LOBE LIVER LESIONS BIOPSY (EUS-LLB) WITH ATYPICAL MALIGNANCIES, AN ALTERNATIVE APPROACH TO RADIOLOGICAL IMAGE GUIDED BIOPSY: INITIAL EXPERIENCE FROM A SINGLE TERTIARY CARE CENTRE

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Introduction: Endoscopic ultrasound (EUS) is gaining attraction as an alternative method of biopsy. It offers a more targeted approach for focal lesions in liver especially those areas which are accessible via EUS-guided method with its high diagnostic yield and limited adverse event profile making it more promising².

Methods: A total of 7 patients from Feb 2018 till September 2018 underwent EUS-guided Left Lobe lesions biopsies. All patients gave informed written consent and procedure related details were explained. Coagulation profile and preprocedural Nil per oral was similar as per standard Gastroscopy and procedures were done under conscious sedation. EUS Guided LLB performed using 22G FNA needle, 2 passes were done with slow pull technique over one minute with 10-15 strokes in each pass to obtained core samples. All patients were discharged after 2 hrs of observation like post gastroscopy practice with nil complications. Duration of procedures ranges from 15-30 minutes.

Results: Case 1, 78-Years-old male with history of gastrectomy 5 years back for biopsy proven gastric cancer, presented with weight loss and vague epigastric pain, CT scan showed left lobe SOL. Biopsy showed well differentiated Adenocarcinoma from GI Tract. Case 2, 58-years-old male presented with weight loss and Liver mass on CT Scan. Hepatitis B & C screen was negative with normal AFP levels. Biopsy revealed Sarcomatoid Carcinoma. Case 3, 53-Years-old male presented with weight loss and abdominal pain. He had multiple lesions identified on CT scan in liver. Biopsy revealed Neuroendocrine Tumour. Case 4, 35-years-old male presented with abdominal pain. Laboratory tests showed anti-HCV reactive with normal AFP levels. CT Scan showed liver lesion suggestive of atypical Hepatocellular carcinoma. Biopsy revealed Smooth Muscle Tumour. As part of workup he also had gastroscopy and Colonoscopy with no evidence of luminal malignancy. Case 5, 60-years-old female presented with Weight loss, CT scan showed pancreatic malignancy with liver metastasis. Biopsy revealed Metastatic Adenocarcinoma. Case 6, 42-years-old female presented with Obstructive jaundice from Ampullary Carcinoma. She underwent EUS staging which revealed left lobe lesion. Biopsy revealed Metastatic Adenocarcinoma. Case 7, 32-years-old male presented with Weight loss and Obstructive jaundice, CT scan showed left lobe malignancy consistent with Cholangiocarcinoma with normal AFP and CA19-9 levels, his hepatitis B & C screen negative, biopsy revealed Lymphoproliferative disease (Lymphoma).

Conclusion: EUS-guided LLB is an alternative new technique for biopsy of liver lesions with suspected atypical malignancies. It appears to have higher level of safety and accuracy for targeted lesional biopsies. Further larger series are required for more supportive evidence.

Keywords: Endoscopic Ultrasound, Left lobe lesions, Atypical Malignancies and CT Scan.

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REGENERAGE SYSTEM: THERAPEUTIC EFFECTS OF COMBINATORIAL BIOLOGICS (MRNA AND ALLOGENIC MSCS) WITH A SPINAL CORD STIMULATION SYSTEM ON A PATIENT WITH SPINAL CORD SECTION

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As it has been previously demonstrated that coelectroporation of *Xenopus laevis* frog oocytes with normal cells and cancerous cell lines induces the expression of pluripotency markers and in experimental murine model studies that mRNA extract (Bioquantine®) purified from intra and extra-oocyte liquid phases of electroporated oocytes) showed potential as a treatment for a wide range of conditions, including Spinal Cord Injury (SCI) among others. The current study observed beneficial changes with Bioquantine® administration in a patient with a severe SCI. Pluripotent stem cells have therapeutic and regenerative potential in clinical situations CNS disorders even cancer. One method of reprogramming somatic cells into pluripotent stem cells is to expose them to extracts prepared from *Xenopus laevis* oocytes. The positive human findings for spinal cord injury with the results from previous animal studies with experimental models of traumatic brain injury and SCI respectively as our evidence and due to ethical reasons, legal restrictions and a limited number of patients, we were able to treat only a very small number of patients, deciding to include in our protocol the RestoreSensor SureScan to complete it. Based on the electrical stimulation for rehabilitation and regeneration after spinal cord injury published by Hamid and MacEwan, we designed an improved delivery method for the *in-situ* application of MSCs and Bioquantine® in combination with the RestoreSensor® SureScan®. To the present day the patient who suffered a complete section of spinal cord at T12-L1 shows an improvement in sensitivity, strength in striated muscle and smooth muscle connection, 13 months after the first treatment and 6 months after the placement of RestoreSensor® at the level of the lesion, showing an evident improvement on his therapy of physical rehabilitation (legs movement) on crawling forward and backwards and standing on his feet for the first time and showing a progressively important functionality on both limbs.

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STEM CELL THERAPY IN END STAGE LIVER DISEASE AND LIVER FAILURE

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Liver cells have a tremendous capacity to multiply and regenerate the liver after any injury. However, this regenerative capacity of liver cells may be overwhelmed in acute liver failure and exhausted in cirrhosis with end stage liver disease. Currently liver transplantation is the only definitive treatment for these conditions of liver. However, due to the shortage of donor organs many patients are dying while on waitlist for liver transplantation. As a result, it has become important to find an alternative strategy to keep these patients alive until their own livers regenerate or donor organs become available. Regenerative medicine and stem cell transplantation can help these patients. Adult stem cells and induced pluripotent stem cells showed good results when transplanted in experimental animals. Stem cells engineered from patients' own tissue proved to be safe, as well as non-immunogenic in clinical trials. Present review will discuss the current state of stem cell therapy, available stem cells and their application in different liver diseases. Keywords: Liver Failure; Cirrhosis; End Stage Liver Disease; LDLT; DDLT; Stem Cell; Regenerative Medicine; Embryonic Stem Cell; Adult Stem Cell; Mesenchymal Stem Cell; Haematopoietic Stem Cells; iPSCs; HLCs; iHeps.

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HELICOBACTER PYLORI INFECTION IN CHILDREN WITH TYPE 1 DIABETES MELLITUS

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Background: *Helicobacter pylori* infection is one of the most common chronic bacterial infections. There is challenge on the real rate of prevalence of *H. pylori* in diabetic patients. This study was done to assess the prevalence of *H. pylori* infection in children suffering from type 1 insulin-dependent diabetes mellitus.

Methods: In this case-control study, 80 diabetic patients (as the target group) refer to the Endocrinology Clinic of Tabriz Educational and Treatment Center, Tabriz northwestern Iran and 80 non-diabetic patients (as the control group) from the group of children referring to the GI Clinic of the same center were enrolled in 2012 and 2013. Then *H. pylori* infection was assessed in two groups using measuring antibody (IgG) and stool antigen (HpSA).

Results: *H. pylori* infection tests were positive in 48 (60%) diabetic patients and in 32 (40%) in non-diabetic patients (P=0.030). There was a meaningful correlation between the frequency of *H. pylori* and the longer the duration of diabetes (P<0.001). No correlation was seen between *H. pylori* infection and other factors such as age of the patients (P=0.840), HbA1C level (P=0.312), age at which diabetes was diagnosed (P=0.800), average daily dosage of insulin (P=0.232), and presence of GI symptoms (P=0.430).

Conclusions: Type 1 diabetic children especially cases with the longer duration of diabetes, are at risk acquiring *H. pylori* infection. Therefore, screening of *H. pylori* infection is helpful on the follow up of these patients.

Keywords: Children; Diabetes Mellitus; *Helicobacter pyloris*.

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THE EFFICACY OF SUPPLEMENTATION OF VITAMIN D3 ON THE ERADICATION RATES OF CLARITHROMYCIN-BASED TRIPLE THERAPY FOR *HELICOBACTER PYLORI* INFECTION

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Background/Aim: Because of the emergence of antibiotic resistance and adverse drug reactions, the successful eradication rates with the clarithromycin-based triple therapy are falling. The aim of this study was to assess the effect of supplementation of 1,25-hydroxy vitamin D3 on the eradication rates of Clarithromycin-based triple therapy for *Helicobacter pylori* (*H.pylori*) infection.

Methods: This study included 150 patients diagnosed with *H.pylori* gastritis using magnifying narrow-band imaging endoscopy (ME-NBI) supported by stool antigen test as a diagnostic gold standard. Serum 25-OH vitamin D levels was measured via Enzyme Linked Immune Sorbent assay (ELISA) method before starting eradication therapy. Patients were divided into two groups: Patients in group A (n=75) received amoxicillin, clarithromycin, and esomeperazol for 2 weeks. Patients in group B (n=75) received 1,25-hydroxy vitamin D3 for 4 weeks, in addition to amoxicillin, clarithromycin, and esomeperazol for 2 weeks. Stool antigen test was performed 4 weeks after the end of therapy to check the eradication rates. The eradication rates were assessed using per-protocol (PP) and intention-to-treat (ITT) analysis.

Results: Our results revealed that, eradication was achieved in 46 of 62 patients (74.19%) by PP and 46 of 75 (61.33%) by ITT analysis in group A while in group B, eradication was achieved in 60 of 68 patients (88.23%) by PP and 60 of 75 (80 %) by ITT analysis. The eradication rates in Group B was significantly higher than that of Group A (p= 0.012 in ITT analysis and p=0.029 in PP analysis). However, there were no statistically significant differences regarding serum 25-OH vitamin D level between these 2 groups and the mean 25-OH vitamin D level was 28.9 ± 10.6 in group A and 28.3 ± 9.8 in group B (p=0.268).

Conclusions: Our results demonstrated that supplementing vitamin D3 to Clarithromycin-based Triple Therapy could provide an additional advantage for achieving significantly higher eradication rates for *H. pylori* infection.

Keywords: Vitamin D3, Magnifying narrow band, *Helicobacter pylori* eradication

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THE JOURNEY OF PROMETHEUS TO THE LAND OF PICTIS & THE CONTRIBUTION OF INTERVENTIONAL RADIOLOGY IN GASTROENTEROLOGY AND HEPATOLOGY

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Purpose: This is a pictorial review of the major Interventional Radiology procedures in relation with Gastroenterology and Hepatology. Novel techniques and new materials applied in clinical practice and future development in Hepatology with the use of anti-angiogenic factors.

Material and methods: IR procedures in relation with Gastroenterology and Hepatology will be described as part of distinguish clinical cases from Aberdeen Royal Infirmary Hospital.

Standard of Practice and pioneer procedures, like embolization, TACE, SIRT etc. will be discussed. Scientific Results.

Anti-angiogenic treatment options against tumorigenesis. Experimental and clinical paradox- increase of tumorigenesis following ablative techniques.

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INTRACORPOREAL VERSUS EXTRACORPOREAL ANASTOMOSIS IN LAPAROSCOPIC RIGHT COLECTOMY: OUR EXPERIENCE

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Background: Comparison between short and long-term outcomes of intracorporeal anastomosis (IA) versus extracorporeal anastomosis (EA) in laparoscopic right colectomy (LRC)

Patients and Methods: From January 2016 to February 2018, thirty-five patients who underwent LRC with IA matched with 33 patients who underwent LRC with EA. Intraoperative complication, short-terms outcomes, morbidity and mortality rates were analyzed.

Results: No differences were intraoperative outcomes (operative time, blood loss, length of incision, conversion rate, lymph nodes harvested and intraoperative complications). Postoperative short outcomes: anastomotic leak occurred in 4.7% of patients in the IA group versus 7.8% in the EA group ($P= 0.71$). The time to first flatus and defecation was similar. No differences were observed with respect to the length of stay and reoperative rate. The long-terms outcomes (incisional hernia, mortality, wound infection) were similar.

Conclusion: our study shows that there is no difference in the short and long outcomes in IA and EA group. The rate of anastomotic leak, although higher in the IA group than in the EA group, is not statistically significant.