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POSTERS

LOWER RISK OF GASTRIC ATROPHY AND INTESTINAL METAPLASIA IN MALT LYMPHOMA PATIENT DESPITE OF *H.* *PYLORI* INFECTION

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Background/Aims: Atrophic gastritis and intestinal metaplasia are sequential consequences of chronic *H. pylori* infection. *H. pylori* infection is well known risk factor for gastric adenocarcinoma and malt lymphoma of stomach. Atrophic gastritis and intestinal metaplasia increases the risk of gastric adenocarcinoma development. The relationship between gastric malt lymphoma and atrophic gastritis-intestinal metaplasia is not on the spot of interest. We here investigated the clinical characteristics of gastric MALT lymphoma and co-presence of atrophic gastritis and intestinal metaplasia.

Materials and 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 Mar 2018. Clinical characteristics and pathologic backgrounds including *H. pylori* infection positivity, atrophic gastritis and intestinal metaplasia were investigated.

Results: A total of 47 subjects were enrolled consecutively during the study period and analyzed retrospectively. 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%) flat atrophic patch of discoloration, 16 (34.78%) erosive patches, 2 (4.35%) multiple polypoid lesions and 3 (6.52%) sub epithelial tumor like appearance. *H. pylori* infection was proved in 82.6% (38 / 46). On histologic examination, background atrophic gastritis-intestinal metaplasia was accompanied in 28.26% (13/46). Serum pepsinogen I and II, as serological marker for atrophy, was evaluated in 17 subjects. Only 5 of 17 (29.41%) showed compatible with atrophic gastritis (pepsinogen I / II ratio of less than 3).

Conclusion: The background mucosa of gastric malt lymphoma differs from that of gastric adenocarcinoma in terms of atrophic gastritis-intestinal metaplasia. Less than 30% of gastric malt lymphoma accompanied background atrophic gastritis. Age can be a confounding factor. We will precede the age matched comparison between patients with gastric adenocarcinoma and malt lymphoma.

BIOGRAPHY

Sang Min Lee is a graduate of Kyungpook national university medical school in Korea and has completed major training at the department of internal medicine, the Catholic university of Korea. Currently, he is in training for fellowship at the department of internal medicine of Yeouido St. Mary's hospital Sang Min Lee is majoring in gastroenterology and is working to become the best gastroenterologist & endoscopic specialist in South Korea.

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PARTIAL ADRENALECTOMY FOR FAMILIAL AND HEREDITARY PHEOCHROMOCYTOMA

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Traditionally total adrenalectomy has been advocated for the treatment of bilateral adrenal disorders especially in cases of hereditary syndromes like multiple endocrine neoplasia type 2, Von Hippel–Lindau disease and neurofibromatosis type I. However, currently it is well recognized that total adrenalectomy is associated with the morbidity of medical adrenal replacement therapy. Lifelong adrenal replacement therapy after bilateral adrenalectomy may predispose patients to osteoporosis, Addisonian crisis and decreased quality of life. In that context, partial adrenalectomy has been suggested for patients with functioning and non-functioning benign adrenal tumours especially in the case of hereditary adrenal-producing syndromes, bilateral or multifocal lesions or solitary adrenal glands. Advantages of partial adrenalectomy include preservation of adrenocortical function and catecholamine excretion while resultant avoidance of post-operative chronic steroid replacement.

Cortical sparing adrenalectomy has been described in both hereditary and sporadic pheochromocytoma. The use of cortical sparing adrenalectomy is highly debated in the case of unilateral pheochromocytoma due to the difficulty in excluding malignancy. The majority of literature data focus on hereditary pheochromocytoma patients with RET or VHL mutations. The low risk of malignancy and high risk of bilateral tumours are obvious in the above genetic syndromes especially in MEN2. Recurrence rate is estimated at about 10% for pheochromocytoma. Overall steroid dependence rate is estimated at 90%. Long term follow up of the patients has not been standardized. The surgical technique has not been standardized and open questions remain regarding the tumour margin, the adrenal vein preservation, the means of haemostasis. The lecture will focus on the indications of partial adrenalectomy in the case of familial and hereditary pheochromocytoma, surgical technique, on complications as well as on outcome.

BIOGRAPHY

Yiannakopoulou E is an endocrine surgeon, Breast surgeon and pharmacologist. Current position: Faculty in the Department of Biomedical Sciences, Faculty of Health and Caring Professions, University of West Attica, Athens, Greece; Director of her own private medical practice at University of Strasbourg, France.

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Note:

OUTCOME OF MESH ENVELOPE BONE GRAFTING FOR TRAUMATIC SEGMENTAL BONE DEFECTS

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Long bone defects treatment is a technically demanding procedure in orthopedic surgery and may require bone graft pieces, which are loosely applied to the bone and few pieces can spill over in the surrounding area, resulting in failure in obtaining beneficial effects. The vicryl mesh envelope around the bone graft may be a solution.

Objective: To determine the role mesh regarding bone graft containment and union in long bone defects of > 4cm.

Methodology: This experimental study was conducted in orthopedic department of Lahore General Hospital, Lahore from 1st January 2012 to 31 December 2014. Total 28 cases were included in the study and randomized into two equal groups. Fourteen patients were managed with vicryl mesh (group while 14 patients were treated routinely without the use of vicryl mesh envelope (group B). Data was entered and analyzed by using SPSS version 18.0.

Results: The mean age of all the patients was 29.11±6.16 years. The mean age of patients in group A was 29.71±6.56 years and in group B was 28.50±5.92 years. There were 20 (71%) male patients and only 8 (29%) female patients presented with long bone defects. Most of the patients were managed with dynamic compression plating i.e. 20 (71.43%). In group A, 1 (7.1%) patient developed infection and re-operation was done while in group B 6 (42.9%) patients has infection and reoperation was executed to eradicate it. The difference was significant for post-operative infection between both groups (pvalue=0.029).

Conclusion: This study concluded that there was significant difference between both techniques in graft containment, consolidation and graft failure. Patients managed with vicryl mesh have better outcome than without vicryl mesh.

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ABSTRACTS**

SURGERY OF ACUTE SEVERE ULCERATIVE COLITIS, SUBTOTAL COLECTOMY: WHEN AND HOW TO DO IT?

Rosario Fornaro, Andrea Razzore

Marco Casaccia, Emanuela Stratta, Giuseppe Caristo and Marco Frascio

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To focus on the role of surgery in the management of acute ulcerative colitis (UC). UC is a chronic inflammatory disease of the mucosa of the large intestine.

Results: Acute severe colitis (ASC) occurs in 12–25% of patients affected by UC. Patients with ASC should be managed by a multidisciplinary team. Aggressive medical or surgical treatment is undertaken with the final aim of reducing mortality. Intravenous corticosteroids are the mainstay of therapy. Medical rescue therapy based on cyclosporine or infliximab should be considered if there is no response to corticosteroids after 3 days. In the event that there has been no response to medical rescue therapy after 4–7 days, the patient must undergo urgent colectomy surgery. Prolonged observation is counterproductive as over time it increases the risk of toxic mega colon and of perforation burdened with a very high mortality rate.

Conclusions: The best possible treatment is represented by subtotal colectomy with ileostomy and preservation of a long rectal stump. Emergency colectomy is characterized by high morbidity and low mortality rates.

THE EFFICACY OF TOCOTRIENOLS IN THE TREATMENT OF NON-ALCOHOLIC STEATOHEPATITIS: A SYSTEMATIC REVIEW

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is one of the most common forms of chronic liver disease which may progress to non-alcoholic steatohepatitis (NASH). Currently there are no therapeutic strategies for such disease. Only lifestyle modification through diet and exercise were proven to afford some benefit in patients with NAFLD. No pharmacologic agents have so far been approved for the treatment of NAFLD or NASH. Therefore, most clinical efforts have been directed at treating the components of metabolic syndrome, namely obesity, diabetes, hypertension and dyslipidemias. Other interventions are directed at specific pathways potentially involved in the pathogenesis of NAFLD, such as insulin resistance, oxidative stress, pro-inflammatory cytokines, apoptosis, bacterial overgrowth, and angiotensin pathway.

Objective: This lecture aims to show the potential of tocotrienols as a promising therapeutic option for NAFLD.

Method: This is a systematic review of randomized controlled trials on the effects of Tocotrienols on non-alcoholic fatty liver disease. (NAFLD)

Conclusion: Tocotrienols may yet prove to be an effective treatment for non-alcoholic fatty liver disease.

COMBINED MANAGEMENT APPROACH FOR GASTRIC & EXTRA-GASTRIC DIEULAFOY'S LESIONS

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Dieulafoy's lesions are under diagnosed and with considerable rate of re-bleeding. They are common causes of obscure gastrointestinal bleeding. These are 3 cases of Dieulafoy's lesion, one gastric & two are extra-gastric. The first case was an 11-year-old girl presented by recurrent hematemesis & melena. She was secured by endoscopic banding after adrenaline injection. The second case was a 19-year-old male who had multiple recurrent attacks of melena. Initial upper endoscopy was normal but angiography showed contrast extravasation at the first part of duodenum secured by coil embolization but another bleeding episode occurred 3 weeks later from an aberrant nearby vessel that was secured by endoscopic hemocclipping. The third patient was a 47-year-old man presented by hematochezia. Colonoscopy showed oozing from an aberrant vessel in the descending colon secured by endoscopic argon plasma coagulation and hemocclipping. Two days later, all three patients underwent endoscopic ultrasonography (EUS) which confirmed complete hemostasis.

Conclusions: GI endoscopy plus angiography followed by EUS is an effective approach for a better management (diagnosis, treatment & follow up) of bleeding Dieulafoy's lesions with a markedly lower rate of recurrence & mortality.

ISOLATION AND IDENTIFICATION OF POTENTIAL HIGH RISK PATHOGENS FROM BLENDERS USED IN GRINDING SOME FOOD STUFFS IN A LOCAL COMMUNITY MARKET IN RIVERS STATE: A PUBLIC HEALTH CONCERN

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Azuonwu and Testimonies Chikanka

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Blenders used in cutting and grinding food substances are often times not cleaned up after use. This leads to the proliferation of microorganisms, as these food substances contain nutrients that encourage microbial growth. Samples were obtained randomly in the market by scrapping blenders that had been used to blend Okazi (*Gnetum africanum*), Ogbono (*Iringia gabonensis*), Egusi (*Citrullus lanatus*) and Crayfish (*Procambrous clarkia*) in a major local market in Elele Community in Ikwerre Local Government Area of Rivers State. The samples collected were subjected to standard bacteriological analysis for the isolation and identification of pathogens in food substances. It is strongly believed that these food substances are highly nutritious and as such, can permit the growth of different microorganisms, thus providing environments conducive enough for their growth and replication in a fast and sporadic manner. However, results from this study shows that samples from the blender used in blending Ogbono had the highest bacterial colony forming units (1.67×10^6) and the least bacterial colony forming units was from that of the crayfish (2.72×10^4). However, out of the ten bacterial isolates identified, *Staphylococcus aureus* had the highest frequency of 24% while *Xanthomonas spp* and *Pseudomonas spp* had the least frequency of 4% each respectively. The presence of these pathogenic bacteria poses a huge threat of toxins(s) production and associated diseases, and thus should provoke a massive public health concern among stakeholders. Nonetheless, cleaning of blenders before and after use should therefore be encouraged among the market local food stuff traders, even as the importance of health education and awareness on personal hygiene and food safety should be strongly underpinned in our local communities, so as to reduce the increasing trend of possible outbreak of gastro-enteritis epidemic outcome of unimaginable proportion among the weak and most vulnerable subjects in the hinter lands.

TRANS ABDOMINAL SONOGRAPHY OF THE SMALL & LARGE INTESTINES

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Trans Abdominal Sonography of the Small & Large Intestines can reveal following diseases. Bacterial & Viral Entero-Colitis. An Ulcer, whether it is superficial, deep with risk of impending perforation, Perforated, Sealed perforation, Chronic Ulcer & Post-Healing fibrosis & stricture. Polyps Diverticulum. Benign intra-mural tumour, Intra-mural haematoma, Intestinal Ascariasis. Foreign Body, Necrotizing Entero-Colitis, Tuberculosis, Intussusception, Inflammatory Bowel Disease, Ulcerative Colitis, Cronhs Disease. Complications of an Inflammatory Bowel Disease – Perforation, Stricture. Neoplastic lesion is usually a segment involvement, & shows irregularly thickened, hypoechoic & aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture & has eccentric irregular luminal narrowing. It shows loss of normal Gut Signature. Enlargement of the involved segment seen. Shouldering effect at the ends of stricture is most common feature. Primary arising from wall itself & secondary are invasion from adjacent malignancy or distant metastasis. All these cases are compared & proved with gold standards like surgery & endoscopy.

Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign & malignant Gastro-Intestinal Tract lesions, so should be the investigation of choice.

VIRTUAL REALITY DURING UPPER GASTROINTESTINAL ENDOSCOPY

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Medical procedures, outpatient surgery, physical therapy, and rehabilitation and more areas in medicine and in Psychology and Psychiatry have benefited from the effectiveness of technologies like VR as a supplemental tool to pharmacological pain management strategies, such as Anesthesia. The present project elaborates on previously reported findings (Mosso et al., 2016) of virtual reality assisted Anesthesia during ambulatory surgeries and more than 300 patients to reduce pain and anxiety.

Methodology: 115 patients were administered an upper GI Endoscopy with local (oral) Anesthesia. Prior to endoscopies, they were divided into two groups, one supplemented with VR (n = 56) and the other without VR (n = 59). The VR group was presented with one of four relaxation environments (forest, cliff, castle, or beach) through head mounted displays. Vital signs including heart rate (HR), respiration rate (RR), and oral secretion were measured before, during, and after endoscopies.

Results: Single factor ANOVAs indicate a reduction in visceral response (heart rate, respiratory rate, and oral secretion) in subsets of patients during upper GI in the VR group compared to the non-VR group. Subjective ratings of pain were also significantly lower. Differences and effect sizes for gender, age, and procedure type are discussed.

Conclusion: VR is an effective supplemental tool to pharmacological agents during diagnostic upper GI. Findings suggest that VR distraction may considerably reduce the need for medication during surgical procedures.

THE RESULT OF CLINICAL TRIAL FOR THE NEW LONAL DRUG FOR HEPATO-PROTECTIVE EFFECT IN PATIENT WITH FATTY LIVER DISEASE WITH CHRONIC HEPATITIS C

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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 hepato-protective effect for Ionicera Altaica Pall fruit, an established clinical studies and producing new drugs.

Results: Lonal drug decreases activation of syndrome hepatic cell cytolysis ALT ($p=0.023$), AST ($p=0.037$). Also decreases criteria of cholestasis 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.

SURGICAL (OPEN AND LAPAROSCOPIC) MANAGEMENT OF LARGE DIFFICULT CBD STONES AFTER DIFFERENT SESSIONS OF ENDOSCOPIC FAILURE

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For complicated large difficult CBD stones that cannot be extracted by ERCP, patients can be managed safely by open or laparoscopic CBD exploration. The aim of this study was to assess these surgical procedures of CBDE after endoscopic failure.

Methods: We retrospectively reviewed and analyzed 85 patients underwent surgical management of large difficult CBD stones after ERCP failure, in the period from beginning of 2013 to beginning of 2018. The overall male/female ratio was 27/58.

Results: Sixty seven (78.8%) and 18(21.2%) of our patients underwent single and multiple ERCP sessions respectively with significant correlation between number of ERCP sessions and post ERCP complications ($P=0.009$). Impacted large stone was the most frequent cause of ERCP failure (60%). LCBDE, OCBDE and the converted cases were 24.7% ($n=21$), 70.6% ($n=60$), and 4.7% ($n=4$) respectively. Stone clearance rate post LCBDE and OCBDE reached 95.2% and 95% respectively ($P<0.05$), Eleven (12.9%) of our patients had post operative complications (14.3% post LCBDE and 11.7% post OCBDE, $P<0.05$) without mortality. By comparing LCBDE and OCBDE groups; there was significant association between the former and younger age, shorter referral time, more frequent choledochoscopy, and longer operative time with independent correlation regarding age and operative time. On comparing, T-tube and 1ry CBD closure in LCBDE group, there was significant longer operative time, and hospital stay in the former. However, on comparing them in OCBDE group, there was significant correlation between 1ry CBD closure and smaller diameter of CBD, single stone, choledochoscopy, shorter operative times and hospital stays. Furthermore, in OCBDE group, choledochoscopy had independent direction to 1ry CBD repair and significant association with shorter operative time, hospital stay, and higher stone clearance rate.