

**? WHO  
SHOULD  
ATTEND**

Gastroenterologists | Gastroenterology trainees | Primary care physicians |  
Nurses | Physician assistants | Nurse practitioners | Clinical researchers &  
Scientists | Deans, Students & Technicians | Medical health care Organizations  
& Associations | Hepatologists | Public Health Professional | Pathologists |  
Doctors | Researchers & Scholars

# EUROPEAN GASTROENTEROLOGY CONGRESS

MARCH 23-24, 2020 | PARIS, FRANCE

## *Venue*

**Mercure Paris Charles De Gaulle  
Airport & Convention**

BP 20248 -Roissypôle Ouest -Route  
de la commune -95713  
Roissy CDG Cedex

**2**

**DAYS WITH MORE  
THAN 45 SESSIONS,  
KEYNOTES & TALKS**

**12+**

**INNOVATIVE  
FEATURED  
SPEAKERS**

**20+**

**HOURS OF  
NETWORKING  
EVENTS**

**60+**

**INTERNATIONAL  
SPEAKERS**

**125+**

**EDUCATIONAL  
SESSIONS**

# PRESENTATION FORUM

## KEYNOTE FORUM / MINI-PLenary SESSIONS

Presentations under Keynote Forum or Mini-Plenary Sessions includes abstracts with remarkable research value selected by the program committee. These significant speeches are delivered by globally recognized honorable speakers and it is open to all registrants.

## DISTINGUISHED SPEAKERS FORUM (ORAL ABSTRACT SESSIONS)

In this forum, speakers and experts of the research field gets an opportunity to showcase their noble research work that involves comprehensive research findings. These formal oral presentations include a wide range of talks covering basic research to advanced research findings in accordance to the theme and scientific sessions of the conference.

## STUDENT FORUM

### POSTER SESSION

This session is particularly introduced to encourage more number of student participation at international conferences, however it is not restricted only to students since it is also available for the participants with language barrier. There are specific guidelines to be followed to prepare the poster. Poster topic should be selected only from relevant scientific sessions with in-depth technical details.

### YOUNG INVESTIGATORS FORUM

An exclusive opportunity for students and young investigators to present their research work through a formal oral presentation. Young Investigators Forum provides a global platform for young researchers and scholars to showcase their valuable contribution to the scientific world and to get acknowledged by the global scientific community of experts. It is an excellent opportunity to recognize young scientific assets with promising research ideas. These oral presentations are of shorter time duration with 10-15 minutes of informative and precise presentations in relevant scientific sessions.

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TIME TO  
**CONNECT**  
WITH YOUR  
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Register & Participate

in

EURO GASTROENTEROLOGY

**2020**

TYPES OF  
ACADEMIC  
REGISTRATIONS

**SPEAKER  
REGISTRATION**

**COMBO A**  
(Registration + 2 night's accommodation)

**COMBO B**  
(Registration + 3 night's accommodation)

**DELEGATE REGISTRATION**



## EDUCATIONAL WORKSHOPS/ RESEARCH WORKSHOPS/CORPORATE WORKSHOPS/MINI- SYMPOSIA

With an aim of transferring knowledge among the participants, workshops are introduced as a part of international conferences. These interactive and occasionally practical sessions gives an opportunity for participants to engage in detail discussion. Workshops are mostly scheduled for 60 to 90-minutes. It may range from learning about a specific topic relevant to international education, products and research which sometimes involves practical demonstration. It helps in enhancing skills, knowledge and understanding of the research field in depth through interactive discussions.

## HIGHLIGHTS OF THE DAY SESSIONS

“Highlights of the Day Sessions” is introduced to discuss and focus a ray upon previous day ORAL ABSTRACT presentations by experts to summarise the key findings. It helps in getting better insights into the various dimensions of the topic.

## EDUCATIONAL SESSIONS/ TRAINING PROGRAMS

Educational Sessions or training programs are specifically designed for a better understanding of the latest findings and technologies. These are generally 45-minute sessions that gives an exposure to the multidisciplinary field, that provides in-depth learning experiences and address educational needs.

## MEET THE PROFESSOR @ NETWORKING SESSIONS

This session involves open discussion between the experts and session attendees, it gives enough time for getting answers to specific questions and doubts. It is an opportunity for attendees to increase their professional networking, sometimes also leads to an excellent collaboration opportunity.

## SCIENTIFIC TRACKS/ SESSIONS

Clinical Gastroenterology | Gastroenterology Treatment | Advances in Gastroenterology | Gallbladder and Biliary Disease | Gastrointestinal Complications in Pregnancy | Gastrointestinal Disorders | Gastrointestinal Pathology | Gastrointestinal Pharmacotherapy | Gastrointestinal Cancer | Gastrointestinal Radiology | Gastrointestinal Surgery | Inflammatory Bowel Disease | Pediatric Gastroenterology & Nutrition | Palliative Gastroenterology | Pancreatic and Biliary Disease | Bariatric surgery | Colorectal Oncology | Endoscopy & Hepatology | Esophageal and Gastric Disease | Pancreatic Diseases | Gastroesophageal Reflux Malady | Gastrointestinal Immunology

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## TYPES OF BUSINESS REGISTRATIONS

### SPEAKER REGISTRATION

#### COMBO A

(Registration + 2 night's accommodation)

#### COMBO B

(Registration + 3 night's accommodation)

#### DELEGATE REGISTRATION

## TYPES OF STUDENT REGISTRATIONS

### REGISTRATION

#### YIF

#### COMBO A

(Registration + 2 night's accommodation)

#### COMBO B

(Registration + 3 night's accommodation)

#### POSTERS

## TYPES OF ADDITIONAL REGISTRATIONS

#### Accompanying Person

#### E-Poster

#### Virtual Presentation

#### Workshops

#### Start-Ups



# Concurrent Educational Sessions

## MONDAY, MARCH 23, 2020

### CLINICAL GASTROENTEROLOGY

- Gastritis
- Gastroenteritis
- Gastric Ulcers
- Gastroschisis
- Implantable Gastric Stimulation
- Imaging and Scanning

### GASTROENTEROLOGY TREATMENT

- Cytoscopy
- Capsule Endoscope
- Bronchoscopy
- Diverticulitis
- Endoscopy
- Anoscopy and Laparoscopy
- Double balloon Endoscopy

### ADVANCES IN GASTROENTEROLOGY

- Abdominal Imaging
- Ablation Therapies
- Gastrointestinal Transplantation
- Hepatic Lesions
- HELLP Syndrome

### GALLBLADDER AND BILIARY DISEASE

- Gallbladder Cancer
- Gall stones
- Fecal Incontinence
- Biliary tract Diseases
- Bovine viral Diarrhea.
- Fluminant Hepatitis

## GROUP PHOTO

## COFFEE BREAK

### GASTROINTESTINAL COMPLICATIONS IN PREGNANCY

- Gynoscropy
- Intra Hepatic Cholestasis of Pregnancy
- Multi visceral Transplant
- Ulcerative Colitis
- Hepatitis in Pregnancy
- Hyperemesis Gravidarum

### GASTROINTESTINAL DISORDERS

- Intestinal Diseases
- Intestinal Obstruction
- Intra gastric Ballon
- Adjustable Gastric band
- Obesity
- Inflammation

### GASTROINTESTINAL PATHOLOGY

- Biopsy Pathology
- Inflammatory Bowel Disease
- Histomorphologic Patterns
- Barrett's Esophagus
- Colorectal Cancer

### GASTROINTESTINAL PHARMACOTHERAPY

- Hepato biliary Diseases
- Therapy of Pancreatic Diseases
- Inflammatory Bowl Diseases
- Prokinetic Agents
- Gastro Duodenal Mucosal Protection

## LUNCH BREAK

### GASTROINTESTINAL CANCER

- Esophageal Cancer
- Gastric Cancer
- Pancreatic Cancer
- Hepatocellular Carcinoma
- Gastrointestinal Carcinoid Tumor
- Anal Cancer
- Gallbladder Cancer

### GASTROINTESTINAL RADIOLOGY

- Barium Enema with air Contrast
- Barium Enema
- Dynamic Pelvic MRI
- CT Colonography (Virtual Colonoscopy)
- Herniography
- Intravenous Pyelogram
- Evacuation Proctogram (Defecography)

### GASTROINTESTINAL SURGERY

- Appendicitis
- Colon Cancer
- Gastrointestinal Cancer
- Rectal Prolapse
- Bleeding and Blood clots
- Minimally Invasive Surgery

### INFLAMMATORY BOWEL DISEASE

- Ulcerative Colitis
- Crohn's Disease
- Abdominal Pain and Cramping
- Race or Ethnicity
- Primary Sclerosing Cholangitis
- Fistulas

## COFFEE BREAK

### PEDIATRIC GASTROENTEROLOGY & NUTRITION

- Pediatric Diabetes
- Peptic Ulcers
- Peristaltic Reflex
- Portal Hypertension
- Portal Vein Embolization

### PALLIATIVE GASTROENTEROLOGY

- Endoscopic Imaging
- Intestinal Obstruction
- Celiac Plexus Neurolysis
- Opioid Analgesics
- Analgesic Drug

### PANCREATIC AND BILIARY DISEASE

- Pancreas Divisum
- Pancreas Transplant
- Pancreatic Cancer
- Pancreatitis
- Biliar tract Diseases
- Bilio Pancreatic Diversion

### BARIATRIC SURGERY

- Laparoscopic Adjustable Gastric Banding (LAGB)
- Gastric Balloon
- Gastric bypass–Roux-en-Y Gastric bypass
- Gastric sleeve– Vertical Sleeve Gastrectomy
- High Cholesterol Levels

# Concurrent Educational Sessions

TUESDAY, MARCH 24, 2020

## COLORECTAL ONCOLOGY

- Diarrhea or Constipation
- Fatigue or Tiredness
- Chemotherapy
- Radiation Therapy
- Stool DNA Test
- Flexible Sigmoidoscopy

## ENDOSCOPY & HEPATOLOGY

- Laparoscopy
- Amnioscopy
- Endoscopic Spinal surgery
- Viral Hepatitis
- Gastrointestinal Bleeding

## ESOPHAGEAL AND GASTRIC DISEASE

- Gardner's Syndrome
- Dentigerous Cysts
- Sideropenic Dysphagia
- Hamartoma
- Echocardiography

## PANCREATIC DISEASES

- Pancreatitis
- Diabetes mellitus
- Cystic Fibrosis
- Exocrine Pancreatic Insufficiency
- Pseudocysts
- Neoplasms

## GROUP PHOTO

## COFFEE BREAK

## GASTROESOPHAGEAL REFLUX MALADY

- Esophageal Manometry
- Esophageal Adenocarcinoma
- Heart Palpitations
- Dumping Syndrome
- Hiatal Hernia

## GASTROINTESTINAL IMMUNOLOGY

- Proctology
- Transplant Rejection
- Phagocytosis
- Receptor-Mediated Endocytosis
- Peripheral Tolerance





## Title: Malignant Colorectal Polyp, Prognostic Parameters and Diagnostic Pitfalls

**Prof Najib Haboubi | Spire Healthcare, UK**

### Abstract:

Colon cancer remains one of the leading causes of cancer related morbidity and mortality worldwide and it is generally accepted that most colorectal cancers arise from precursor adenomatous polyps. Malignant colorectal polyps (MCRP) have become a major challenge in the field of coloproctology from diagnosis to full treatment. One important facet of the challenge is the histopathological staging of the lesion and identifying various prognostic parameters when assessing important parameters a. The aim of the paper is to discuss: 1/ the important prognostic parameters of MCRP ,2/ degree of inter-observer variation and 3/ outline the diagnostic pitfalls in the pathological assessment of these polyps.

**Keywords:** Malignant Colorectal Polyp; Inter observer variation, Prognostic Parameters

### ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK

## Title: Expression of melatonin receptors in gastroesophageal reflux disease

**Alesia Karpovich | Grodno State Medical University, Belarus**

### Abstract:

Recent studies clearly show the important role of melatonin in maintaining the integrity of the gastrointestinal tract and protecting the esophagus from the damaging effects of reflux in gastroesophageal reflux disease (GERD).

The protective effect of melatonin in the gastrointestinal tract is realized through its interaction with specific receptors – MTNR1B. The aim of the study was to study MTNR1B expression in the esophageal mucosa in GERD.

Materials and methods. The studies were performed in the group of 66 people aged 30-60, including healthy individuals (n = 18), patients with non-erosive reflux disease (NERD, n = 37), and patients with erosive reflux disease (GERD, n = 11).

Diagnoses were made based on endoscopic imaging and histological examination. An immunohistochemical study was performed on paraffin sections of esophageal mucosal biopsy using Melatonin receptor 1B antibody. The expression of melatonin receptors was quantified using the computer program Aperio ImageScope.

Statistical analysis was performed using the Statistica 10.0 software package.

**Keywords:** Erosive reflux disease; non-erosive reflux disease; melatonin receptors; MTNR1B.

## ORGANIZING COMMITTEE MEMBERS

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Spire Healthcare Trust, UK

**Title: Biliary phytobezoar development causing repeated small bowel obstructions following laparoscopic cholecystectomy in a sickler patient: a case report.**

**Hatim Al-Abadi | King Abdulaziz University, Saudi Arabia**

**Abstract:**

Although phytobezoars are the most common form of bezoars, biliary phytobezoars are extremely rare. The nidus of phytobezoars formation mainly composed of indigestible vegetable material. Phytobezoars usually found in the stomach for patients who had previous gastric surgery. There are few reports about biliary phytobezoars causing intestinal obstruction. Most of these reported cases, there is fistula formation between biliary tract and the intestine. Here we present a case with sickle cell disease that developed small bowel obstruction resulting from biliary phytobezoars developed after laparoscopic cholecystectomy. Although preoperative diagnosis is very difficult, CT scan stays the main diagnostic measure showing the features of gallstones inside the lumen of small bowel.

**ORGANIZING COMMITTEE MEMBERS**

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## Title: No need to discontinue hepatitis C virus therapy at the time of liver transplantation

Jenny Catarina Skoglund | University of Gothenburg, Sweden

### Abstract:

**Background and Aims-** Interferon-free treatment with direct antiviral agents (DAA) has dramatically improved the outcome of hepatitis C virus (HCV) infection, both on the waiting-list, perioperative and post liver transplantation (LT). DAAs are generally well-tolerated in patients with mild to moderate liver- and kidney failure, but some combinations are contraindicated in patients with severe dysfunction. The use of DAA combinations in the immediate perioperative period may have safety issues secondary to operative trauma adding to frequent preexisting liver and kidney impairment. In this study we evaluated DAA therapy in the immediate perioperative liver transplantation period, in a real-life setting in Sweden.

**Method** - In total 10 patients with HCV-associated liver cirrhosis were treated with DAA therapy on the waiting-list for LT mean age of 60 years (range 52-65), and continued in the peri- and post-operative period without interruption. Sofosbuvir and a NS5A inhibitor with or without ribavirin, or sofosbuvir and ribavirin only, were given for a total of 17.1 weeks (w) (range, 12-30w). The distribution of HCV genotypes was 40% (4 of 10) genotype 1, and 60% (6 of 10) genotype 3, respectively. Six of the 10 patients had previously been treated with interferon-based therapy.

**Results** - All 10 recipients achieved sustained viral response 12 weeks after end-of-treatment (SVR 12). There were no premature DAA discontinuation due to adverse events. At LT median MELD- score (Model For End-Stage Liver Disease) was 15.5 (range, 7-21), creatinine 92  $\mu\text{mol/L}$  (range 56-135, reference 60-105), PK-INR 1.5 (range 1.1-1.8, reference <0.9) and bilirubin 38.9  $\mu\text{mol/L}$  (range 16-79, reference 5-25). The DAA-therapy was in median continued for 54 days post-LT (range 8-111 days).

**Conclusion-** It is concluded that Interferon-free treatment with DAAs in the immediate perioperative liver transplant setting was safe, highly effective and yielded high SVR rates in liver recipients.

**Keywords** - Chronic HCV; Liver transplantation; Direct antiviral agents (DAA); Antiviral therapy; Sustained viral response (SVR)

## ORGANIZING COMMITTEE MEMBERS

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# Title: Factors Affecting HCC Recurrence post Liver Resection versus Living Donor Liver Transplantation

**Morsi Mohamed** | Zagazig university, Egypt

## Abstract:

Liver resection, liver transplantation and loco-regional ablation (radiofrequency ablation (RFA), microwave ablation (MWA) and trans-arterial chemo-embolization (TACE)) are the optimal ways of HCC management. The optimal treatment for HCC has long been debated according to patient condition. Patients and Methods: A retrospective study from January 2012 till March 2019 on 118 patients with HCC (59 patients underwent hepatic resection (HR) and 59 patients underwent LDLT). Results: There was no significant difference between the HR group and LDLT group regarding the overall survival and disease-free survival. Overall survival at 1, 3 and 5yrs. was 94.9%, 78% and 74.5% in LDLT group while was 89.83%, 71.19% and 62.71% in HR group respectively. Disease free survival at 1, 3 and 5yrs. was 88.1%, 62.7% and 61.01% in LDLT group while was 83.05%, 57.63% and 50.85% in HR respectively. Conclusion: In management of early stage HCC, HR should be considered an alternative to LDLT. The most important factors affecting HCC recurrence were tumor behavior and preoperative AFP.

Key words: Hepatic resection, living donor liver transplant, Hepatocellular carcinoma, recurrence.

## ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
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Spire Healthcare Trust, UK

# Title: Hepatocellular carcinoma: epidemiological, pathological and immunohistochemical study across

**S.Tebibel | Brothers Mentouri university, Algeria**

## Abstract:

This retrospective and analytical study shed light on the relationship between cirrhosis and hepatocellular carcinoma. Indeed, the data studied confirm that cirrhosis of post-C viral etiology is the most common cause in the development hepatocellular carcinoma of during this analysis. Hepatocellular carcinoma (HCC) is the most common malignant tumor of the liver and occurs commonly in patients with cirrhosis. In this series of 50 patients (35 men and 15 women), CHC affects more men with a rate of 70% against 30% in women with a sex ratio 2.33.

The results show that the average age group most representatives are between 60 and 70 years old, sex confused. The majority of patients have liver tests with values above the physiological range, suggesting liver impairment. The diagnosis of HCC can only be significant if the concentration of alpha fetoproteins is at least 300-400 ng / ml. In this study, the data show that 21 subjects, or 51%, have an alpha fetoprotein level above 200ng / ml, so these subjects are suspected to be developing HCC. Hypoalbuminemia was observed in 34 subjects, in 68% and a low prothrombin (TP) in 13 of the cells, in 26%.

The immunohistochemical biomarker used in this study is cyto-keratin 7 (CK7) to detect and confirm HCC. Hepatocellular carcinoma is a serious condition, its prognosis remains one of the worst cancers because it is most often detected too late; it is usually found during diagnostic or surveillance tests for chronic liver disease.

**Keys words:** Hepatocellular- Carcinoma-Cirrhosis- Immunohistochemistry

## ORGANIZING COMMITTEE MEMBERS

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Spire Healthcare Trust, UK



# Title: Ischemic colitis is the most frequent form of intestinal ischemia

**Wadha Alsubaiee | National Guard Hospital, Saudi Arabia**

## Abstract:

Ischemic colitis is the most frequent form of intestinal ischemia. Many risk factors can precipitate colitis. Post colonoscopy ischemic colitis is very rare entity with few cases reported in the literature. In this presentation we will focus on this subject and with it we report a case of a gentleman who developed post colonoscopy ischemic colitis. We report a 59 year old man with controlled hypertension, diabetes mellitus and mild symptoms of irritable bowel syndrome (IBS) who was visiting surgical clinic for per-rectal (PR) bleeding secondary to piles. He was referred for colonoscopy to rule out any other colonic pathology before surgical intervention. A colonoscopy was done on March 27th, 2016 that revealed 2 small colonic polyps with no other mucosal pathology, polypectomy was performed and one hemoclip applied. Histology of one polyp showed tubular adenoma. He started to have an abdominal pain the 1st day post-colonoscopy. This pain was dull aching moderate to severe associated with intermittent PR bleeding. The pain was attributed to IBS (although this pain was different from the pain he used to have before) and the PR bleeding was attributed to piles. He was operated for piles after 3 weeks of colonoscopy but he continued to complain of abdominal pain and intermittent PR bleeding with recurrent visits to emergency room and out-patients clinics. A repeat colonoscopy was done 3 weeks post operation to assess the cause for the persistent abdominal pain and the PR bleeding. The colonoscopy showed severe colitis involving upper sigmoid, descending and distal transverse colon with sloughed mucosa and black spots. The histology was consistent with ischemic colitis. He had chronic course with pain required recurrent admissions with conservative treatment, he refused surgical intervention. He improved very slowly.

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# Title: Pathophysiology and management of “Esophageal Varices” in current practice

**Balwant singh gill | Swami Ji Gastroenterology Center, India**

## Abstract:

Pathophysiology and management of “Esophageal Varices” in current practice

Esophageal Varices : Esophageal varices are dilated submucosal distal esophageal veins connecting the portal and systemic circulations. This happens due to portal hypertension (most commonly a result of cirrhosis), resistance to portal blood flow, and increased portal venous blood inflow. The most common fatal complication of cirrhosis is variceal rupture; the severity of liver disease correlates with the presence of varices and risk of bleeding.

\* Bleeding esophageal varices : No single treatment for bleeding esophageal varices is appropriate for all patients and situations. An algorithm for management of the patient with acute bleeding is presented in this article. The options for long-term, definitive therapy and the criteria for selection of each are discussed.

\* Pathophysiology and management of esophageal varices : Esophageal varices are one of the most common and severe complications of chronic liver disease. New aspects in epidemiology, pathogenesis, and treatment of varices are reviewed. Sclerotherapy is the first-line treatment for acute hemorrhage. Prevention of first or recurrent bleeding is still unsatisfactory.  $\beta$ -Blockers are slightly superior to sclerotherapy with regard to prophylaxis of first bleeding.  $\beta$ -Blockers or sclerotherapy may be used for prophylaxis of recurrent bleeding. However, prophylactic treatment regimens do not have a major impact on survival. Combination treatment, new drugs, or new devices may help to improve the efficacy of prophylactic measures.

## ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK



# Title: Intrahepatic cholestasis of pregnancy: Dose bile acid levels really matter

**Bergman M** | Shaare Zedek Medical Center, Israel

## Abstract:

Diagnosis of Intrahepatic cholestasis of pregnancy (IHCP) is based on the presence of pruritus with elevated liver enzymes (LE) and/or bile acid (BA) levels. BA > 40 mmol/L is associated with increased risk for intra uterine fetal death (IUFD). BA levels are obtained after 12 hours fasting and the results are less accessible for an immediate evaluation. Thus, a pregnant woman, otherwise healthy, that presents with pruritus and no rash (PNR), the initial laboratory exam performed is LE.

In our previous retrospective study we aimed to assess the impact of BA analyses in the decision making process; we studied the prevalence of women whom BA test results was followed by a clinical decision. We reviewed in our center between 2006 and 2015, all medical charts of pregnant women that presented with PNR and had records of both liver enzymes and BA levels measured. During the study period 351 met the inclusion criteria; 124 (35%) both LE and BA were normal, and 227 (65%) had elevated levels of either LE/BA or both [and were diagnosed with IHCP (1.7/1000 pregnancies). elevated BA levels and normal LE were found in 49 / 173 (28.3%); normal levels of BA and elevated LE were found in 57 / 178 (32%). Overall, the clinical decision making process 106 (30%) of study population could have been influenced by the BA level. We concluded that assessment of the BA level in the setting of pruritus and suspected IHCP is of importance.

## ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK

# Title: TransAbdominal Sonography of the Stomach & Duodenum

**Vikas Leelavati Balasaheb Jadhav | Dr.D.Y.Patil University, India**

## Abstract:

TransAbdominal Sonography of the Stomach & Duodenum can reveal following diseases. Gastritis & Duodenitis. Acid Gastritis. 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 tumours. Intra-mural haematoma. Duodenal outlet obstruction due to Annular Pancreas. Gastro-Duodenal Ascariasis. Pancreatic or Biliary Stents. Foreign Body. Necrotizing Gastro-Duodenitis. Tuberculosis. Lesions of Ampulla of Vater like prolapsed, benign & infiltrating mass lesions. 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. Enlarged lymphnodes around may be seen. Primary arising from wall itself & secondary are invasion from peri-Ampullary 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

## ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK

# Title: Intrahepatic cholestasis of pregnancy: Dose bile acid levels really matter

**Grisaru-Granovsky S, Sela H.Y. | Hebrew University School of Medicine, Israel**

## Abstract:

Diagnosis of Intrahepatic cholestasis of pregnancy (IHCP) is based on the presence of pruritus with elevated liver enzymes (LE) and/or bile acid (BA) levels. BA > 40 mmol/L is associated with increased risk for intra uterine fetal death (IUFD). BA levels are obtained after 12 hours fasting and the results are less accessible for an immediate evaluation. Thus, a pregnant woman, otherwise healthy, that presents with pruritus and no rash (PNR), the initial laboratory exam performed is LE.

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## ORGANIZING COMMITTEE MEMBERS

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Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK

# Workshop: TransAbdominal Sonography of the Small & Large Intestines

**Vikas Leelavati Balasaheb Jadhav | Dr.D.Y.Patil University,India**

## Abstract:

TransAbdominal 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 tumours. 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.

## ORGANIZING COMMITTEE MEMBERS

**Stefan Bittmann**  
Ped Mind Institute, Germany

**Najib Haboubi**  
Spire Healthcare Trust, UK



**Title: First experience POEM in the treatment achalasia on the South-Eastern region of the Ukraine.**

**Aleksandr Kiosov | Zaporozhzhye State Medical University, Ukraine**

**Abstract:**

**Aims:** Peroral endoscopic myotomy (POEM) is a novel approach for the treatment of achalasia at the Ukrainian patients. This abstract aim to assess, safety and efficacy endoscopic approach for the treatment achalasia. Surgical myotomy is considered the gold standard treatment achalasia, however, peroral endoscopic myotomy (POEM) seems to be a safe and effective alternative option.

**Method:** we performed 10 POEMs for the patients with different types of the achalasia from May until October during the 2019 year. At the all cases we used Eckhart's score, X-ray and endoscopic Ling classification evaluated for type achalasia. According Ling endoscopic classification 7 patients had Ling IIa type and 3 patients had Ling III<sub>L</sub> type. Patients were undergoing general anesthesia, supine position. Submucosal injections were made at the 30 sm from incisors to the posterior wall of esophagus. Then we formed a submucosal tunnel, an average length of 12-14 sm. Myotomy was started on 2 sm below the entrance to the tunnel and continued below 2 sm from LES. After myotomy, esophageal mucosal incision was clipped.

**Results:** All patients after underwent POEM noted reduction clinical dysphagia, regurgitation and vomiting. The median postoperative Eckardt score was 0 (range 0-6) follow up period was 60 days. The postoperative period of staying in the clinic was averaged 5-6 days. Postoperative antibiotic prophylaxis was required for 3 patients with clinical symptoms of intense carboxiperitoneum and increase body temperature.

**Conclusion:** We received the excellent results after POEM without seriously complications, so we can recommend POEM as method of choice endoscopic treatment achalasia. But this method requires further research and improvement.

**ORGANIZING COMMITTEE MEMBERS**

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**Najib Haboubi**  
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## Title: Gain of Function p53 mutants in Colorectal Cancer

Hui LI | The University of Hong Kong-Shenzhen Hospital, Hong Kong

### Abstract:

Colorectal cancer (CRC) is the third most common cancer and the second leading cause of cancer deaths worldwide. While, in Hong Kong, it ranks the first, which reached a historical peak of 5437 new cases in 2016, rising by 8%. CRC is a heterogeneous disease that characterized by a range of genomic and epigenomic alterations. Our study was focusing on the identification of cancer-related genes' mutations of CRC in Hong Kong, and particularly we investigated the oncogenic function of p53 mutations.

Based on 208 CRC clinical samples, a total of 855 pathogenic mutations were found using the next-generation sequencing for a panel of 107 cancer-related genes. The top 3 frequent mutated genes were APC (75%), p53 (62%), KRAS (50%). The recurrently pathogenic mutated genes mainly involved in WNT, p53, TGF- $\beta$ , MAPK and PI3K pathways, all of them were critical pathways in CRC tumorigenesis. In our cohort, there were totally 143 pathogenic mutations of p53, with 54 types, which were validated by IHC staining. The p53 pathogenic mutations mainly occurred in male patients ( $p=0.01$ ), rectum tumor ( $p<0.001$ ), and late stage ( $p=0.03$ ). Moreover, patients with p53 pathogenic mutations showed poor survival ( $HR=0.96$ ,  $p=0.04$ ). Currently, we found that 8 types (R175H, R273H, R248Q, G245S, S127F, A161T, R179H, and M237I) lost anti-tumor ability. Indicating by the cellular functional assays, 5 types (R175H, R273H, R248Q, S127F, A161T) promoted cancer cell proliferation ( $p<0.001$ ), while 4 types (R175H, R273H, R248Q, G245S) enhanced invasive ability ( $p<0.001$ ).

In conclusion, the target capture sequence data presented here provide a useful resource for understanding this deadly disease and identifying possibilities for treating it in a targeted way. Moreover, GOF of p53 mutants play an important role in promoting CRC progression.

### ORGANIZING COMMITTEE MEMBERS

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Ped Mind Institute, Germany

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**Title: Outcome and complications of laparoscopic appendectomy in Almak Nimir University Hospital Shendi University (Sudan) single centre experience**

**Elssayed Osman Elssayed | Shendi university, Sudan**

**Abstract:**

**Introduction:** Appendicitis is the most common cause of abdominal pain and a prevalent reason for emergency surgery. Laparoscopic appendectomy is the method of choice, owing to its many advantages, less invasiveness, faster recovery and adequate exploration of the entire abdominal cavity than to observation in unequivocal cases. Laparoscopic surgery can serve as a diagnostic tool for patients with suspected acute appendicitis (AA), specially for female because of its low associated morbidity and mortality and it affords a direct diagnosis of the problem, allowing determination of the appropriate treatment. It is concluded that laparoscopic appendectomy should be offered as the method of choice in any patient population with suspicion of acute appendicitis. This study aim to evaluate the outcome and complications of laparoscopic appendectomies in Almak Nimir University Hospital Shendi University single centre experience.

**Material and Methods:** This is a prospective observational hospital base study on patients who underwent laparoscopic appendectomy for acute appendicitis from January to June 2019 in Almak Nimir University Hospital Shendi University, Sudan. 143 patients underwent laparoscopic appendectomies for acute appendicitis or suspected acute appendicitis. Results: Out of the 143 patients analyzed, female predominant 124(86.7%) and male were 19 (13.3%). 5 cases (3.5%) were converted to open surgery, intraabdominal abscess encountered in 2 patients 1.4%. Surgical-site infection was observed in 6 patients (4.2%). The study showed statistically significant negative-positive appendectomy (normal appendix but another pathology found).

**Conclusions:** Laparoscopic surgery can serve as a diagnostic tool for patients with suspected (AA) specially for female because of its low associated morbidity and mortality and it affords a direct diagnosis of the problem, allowing determination of the appropriate treatment. It is concluded that laparoscopic appendectomy should be offered as the method of choice in any patient population with suspicion of acute appendicitis.

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**Title: Detection of HER2 expression status and assessment of prognostic histomorphological features in colorectal cancer**

**Haroon Firooz | Herat University, Afghanistan**

**Abstract:**

**Background:**

Colorectal carcinoma (CRC) is one of the most common cancers worldwide. In Afghanistan colorectal cancer is increased compared with few years ago.

One of the emerging prognostic factors in CRC is Epidermal Growth Factor 2 (HER-2) expression by tumour. Additionally two other factors, which have been shown to be independent prognostic factors are “Tumour Budding” (TB) and “Poorly Differentiated Cluster” (PDC). These parameters are not widely adopted by pathologists in their reporting. International Tumor Budding Consensus Conference (ITBCC) paves the way for reporting of tumor budding in routine practice and strongly recommends including them as adjunct to TNM reporting system.

**Main objectives:**

- Detection of HER2 expression status, assessment of TB and PDC in CRC.

**Methods:** This study involved 100 specimens of malignant colorectal cancer lesions and HER-2/neu expression, tumor budding and poorly differentiated cluster were evaluated by the Hercep-Test Kit and H&E staining. A convenient sampling was adopted where all cases of surgically resected adenocarcinoma of CRC for the years 2013 to and 2019 in Firooz medical laboratory included.

**Results:** Out of 100 cases, most of them (86%) were HER2/neu negative and in(24%) cases, HER2/neu positive immunostaining were detected. 26%, 36%, 30%, and 10% were scored as 3+, 2+, 1+, and 0 respectively. No significant association was noted between HER-2/neu expression and patients’ age, tumor size, grade, gender and location( $P > 0.05$ ) but significant association was seen between tumor budding, PDC and tumour grades and stages ( $P < 0.05$ ). Table 1.

**Discussion:** Most of this study findings consistent with other studies done in developed countries specially regarding HER2 and TB findings frequency in CRC.

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