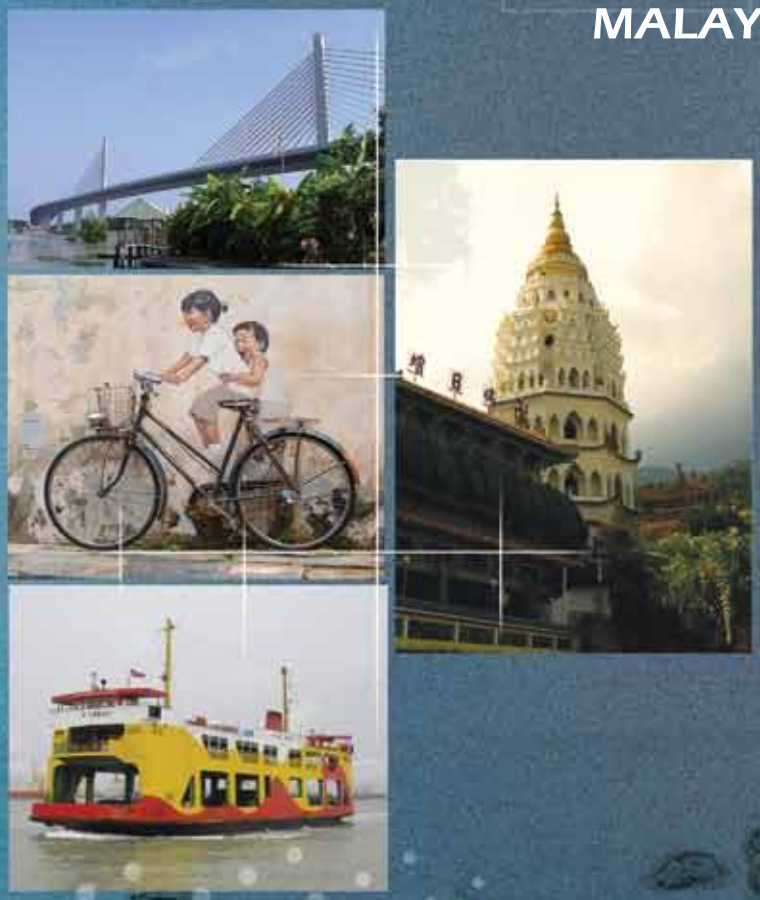
ANNUAL SCIENTIFIC MEETING OF THE
MALAYSIAN SOCIETY OF
GASTROENTEROLOGY AND HEPATOLOGY

GUT 2013

23rd TO 25th AUGUST 2013

G HOTEL, PENANG
MALAYSIA



souvenir programme & abstract book

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MSGH COMMITTEE 2011 – 2013

PRESIDENT	Dr Ramesh Gurunathan
PRESIDENT-ELECT	Prof Dr Sanjiv Mahadeva
IMMEDIATE PAST PRESIDENT	Dr L Sanker V
HON SECRETARY	Dr Ong Tze Zen
HON TREASURER	Dr Sheikh Anwar Abdullah
COMMITTEE MEMBERS	Dr Mohd Akhtar Qureshi Dato' Dr Mazlam Zawawi Dr Ooi Eng Keat Dr Soon Su Yang Dato' Dr Tan Huck Joo Prof Dato' Dr Goh Khean Lee Datuk Dr Jayaram Menon Prof Dato' Dr P Kandasami

GUT 2013 – ORGANISING COMMITTEE

ORGANISING CHAIRMAN	Dr Ramesh Gurunathan
SCIENTIFIC CHAIRMAN	Dato' Dr Tan Huck Joo
SCIENTIFIC CO-CHAIRMAN	Prof Dr Sanjiv Mahadeva
COMMITTEE MEMBERS	Prof Dato' Dr Goh Khean Lee Datuk Dr Jayaram Menon Prof Dato' Dr P Kandasami Dato' Dr Mazlam Zawawi Dr Mohd Akhtar Qureshi Dr Ong Tze Zen Dr Ooi Eng Keat Dr L Sanker V Dr Sheikh Anwar Abdullah Dr Soon Su Yang

MESSAGE FROM THE PRESIDENT, MSGH & ORGANISING CHAIRPERSON, GUT 2013

I would like to welcome the faculty and delegates to the Annual Scientific Congress (GUT 2013) of the Malaysian Society of Gastroenterology and Hepatology. This year's meeting takes us to the Pearl of the Orient, Penang, where we have lined up an interesting scientific programme. The present committee will finish their two-year term at this meeting. It has been a pleasure to be part of this Society and I would like to take this opportunity to thank all my committee members who have strived hard for the benefit of our members.

This year, we have assembled world class speakers with a wide range of topics to suit everyone. The 13th MSGH Oration will be given by none other than our very own Professor Dato' Dr K L Goh on his topic: "Asia at the crossroads: Changing patterns and emerging diseases". The 10th Panir Chelvam Memorial Lecture will be given by Professor Dr Michael A Kamm which will equally be interesting.

The Malaysia Night, as always, will promise to be an exciting event to unwind and enjoy. I do hope this year's meeting will continue to be as successful as our previous meetings and I will also like to wish the incoming committee all the very best.

Dr Ramesh Gurunathan

13TH MSGH DISTINGUISHED ORATOR – PROFESSOR DATO' DR GOH KHEAN LEE

CITATION BY DATO' DR TAN HUCK JOO

"Asia at the Crossroads: Changing Patterns and Emerging Diseases"

Professor Dato' Dr Goh Khean Lee, more affectionately referred to as K L Goh by his friends worldwide, or Prof Goh by his juniors and students, is a renowned figure in the world of gastroenterology both locally and internationally. He is widely considered a leading academician, professor and doctor in the country. His achievement in the field has been unmatched so far. He has been an inspiration for many of the junior doctors and for many who had the opportunity to work with him and trained under him, they will know that Professor Goh will put in 100% in everything that he does. He will give the very best of himself to achieve whatever he sets out to do to such high standards that he is globally recognised.

Professor Goh spent his early years in Penang before moving down to Ipoh and subsequently Kuala Lumpur. He managed to get into the top medical school in the country, University of Malaya Medical School and qualified as a doctor. He then decided to take up Gastroenterology as a subspecialty. He spent some time doing his advanced training at the Royal Infirmary Glasgow in 1987 and the Academic Medical Centre at the University of Amsterdam in 1991, under the tutelage of the legendary Prof Guido Tytgat, an inspiration and a mentor to him. Professor Goh is currently professor at the University of Malaya and Senior Consultant at the University of Malaya Medical Centre where he has worked for the past 33 years. Among some of the key leadership positions he had held are Head of Department of Medicine from 1998 to 2004, member of University Senate from 2003 to 2006, Head of the Health and Translational Medicine Cluster (equivalent to dean of a faculty), University of Malaya since 2009 and Head of the Division of Gastroenterology and Hepatology and Chief of the Gastrointestinal Endoscopy Unit since 1996 at the University of Malaya Medical Centre.

Professor Goh has been instrumental in stimulating and catalysing research in Gastroenterology and Hepatology in this country. He has supervised and examined several doctoral theses (MD and PhD) both within and outside the University of Malaya. He is widely considered as a mentor to many gastroenterologists in this country and in the region academically and professionally.

As the Head of the Division of Gastroenterology and Hepatology and the Gastrointestinal Endoscopy unit at the University of Malaya Medical Centre, Professor Dato' Goh established the division and unit as one of the best in the country with an excellent international reputation, offering cutting edge endoscopy. In 2008, the endoscopy unit at UMMC was awarded OMED Centre of Excellence by the World Organization of Digestive Endoscopy, in recognition of the highest standard the Unit is contributing to the nation. The UMMC Endoscopy Unit is the only one in Malaysia and one of only four centres in Asia accorded this prestigious honour. The GI Endoscopy Unit at UMMC is now a highly sought after training centre both locally and internationally.

Professor Goh has made major contributions to the gastroenterology and hepatology fraternity in the country. As Secretary General and then President he helped found the Malaysian Society of Gastroenterology and Hepatology (MSGH) in 1995 which replaced the old Society of Gastroenterology and Hepatology, Malaysia. As a senior and respected member of the GI fraternity he has been appointed from 2004 up to the present time, to serve as chairman of credentialing committee for gastroenterology and for hepatology of the National Specialist Register, Malaysia.

Through his dedication and patience as Organising Chairman/Scientific Chairman over the past 14 years, the Society has organised top class annual scientific meetings. These efforts resulted in the MSGH hosting the 9th Asian Pacific Digestive Week in Kuala Lumpur, with Professor Goh as President and Organising Chairman. This meeting was considered by many the best APDW meeting organised with a total of 2770 delegates with more than two thirds being overseas delegates.

In tandem with these meetings, from 1993, he has organised under the auspices of the MSGH and the University of Malaya, international therapeutic live endoscopy workshops at the Endoscopy unit of the UMMC which is now regarded as one of the best endoscopy workshops in the world.

Professor Goh is widely recognised as an international authority and leader in gastroenterology and gastrointestinal endoscopy. He is currently the President of the Asia Pacific Association of Gastroenterology and the Vice-President of the World Gastroenterology Organisation. He is the first Asian to hold such high position in WGO. In addition, he is also the Chairman of the Journal of Gastroenterology and Hepatology Foundation, the first Malaysian to be given such an honour. He is of course also the winner of the prestigious Merdeka Award in 2011, in recognition of his outstanding achievements and contribution in elevating the study and practice of gastroenterology and hepatology in Malaysia to global standards. Professor Goh is also editor emeritus of Journal of Gastroenterology and Hepatology and editorial board member of 7 international journals.

One of the most prolific writers and researchers in this region, Professor Goh has published 220 peer reviewed full papers in international journals, 7 book chapters and 260 published abstracts. One of the few academicians in the medical field who has obtained a doctoral degree, his thesis on "*Helicobacter pylori* in Malaysia" is considered seminal work and has been widely cited throughout the world. He continues to publish consistently and was awarded the prize of "highest impact paper in a journal in 2008" by the University of Malaya. He has the highest number of publications and citation index in the biomedical field in Malaysia with papers in high impact journals such as the American Journal of Gastroenterology (IF 6.744), Gastrointestinal Endoscopy (IF 7.367) and with a h-index of 26 (ISI) and 27 (Scopus).

He is a member of several important international Consensus panels - the Maastricht 2 and Maastricht 3 consensus panels on Helicobacter pylori in Maastricht, Netherlands and Florence, Italy in 2003 and 2005 respectively. He is a key member of the Asian Pacific Consensus panels on Helicobacter pylori in 1997 and 2008, Gastroesophageal reflux disease in 2002 and 2005, colorectal cancer screening in 2008 and 2013 and irritable bowel syndrome in 2009. He was a member of the governing council of the World Organisation of Digestive Endoscopy from 2001 to 2005 and is a long serving council member of the Asian Pacific Society of Digestive Endoscopy.

He currently sits in the important "Guidelines" and "Publication" subcommittee of the World Gastroenterology Organization and is a member of the review committee and co-author of the world practice guidelines on colorectal cancer screening (2006) and Helicobacter pylori (2006 and 2009). He has been invited as Visiting Professor at the University of Arizona, USA in May 2004 and at the University of Magdeburg, Germany in November 2005. He has been an invited speaker for numerous international meetings including the World Congresses of Gastroenterology in Bangkok, 2001 and in Montreal in 2005. He delivered the State of the Art lecture - "Changing Epidemiology of Gastrointestinal Diseases in Asia" at the Asian Pacific Digestive Week 2005 in Seoul, Korea and the plenary lecture at the Annual Scientific Meeting of the Chinese Society of Gastroenterology in September 2008. He delivered the key-note lecture at the Hong Kong Society of Gastroenterology Annual Scientific Meeting in March 2010 and was conferred Honorary Fellowship of the Society.

As a leading international expert and teacher, he has been an invited faculty member for several live endoscopy workshops including prestigious workshops such as the XIIIth Hong Kong International workshop on Therapeutic Endoscopy in 1998, the International Biliopancreatic Endoscopy workshop at the Cedars Sinai Medical Centre, University of California, Los Angeles, USA in 2005, Yokohama Live, Showa University, Yokohama, Japan in 2006 and 11th International Workshop on Therapeutic Endoscopy at the Theodor Bilharz Institute of Gastroenterology, in Cairo, Egypt in December 2009.

Prof Goh is happily married to Su Lin, a consultant ophthalmologist in private practice. They have three children, Li Yen, a medical student in the United Kingdom, Li Syuen and son, Li Han. Prof Goh enjoys reading history and playing tennis with his children.

10TH PANIR CHELVAM MEMORIAL LECTURER – PROFESSOR DR MICHAEL A KAMM

CITATION BY ASSOCIATE PROFESSOR DR IDA NORMIHA HILMI

"Achieving the Balance between Drug Therapy and Surgery in Inflammatory Bowel Disease"

Professor Michael Kamm graduated in Medicine from the University of Melbourne and St Vincent's Hospital in 1978. For 22 years, from 1986 till 2008, he worked at St Mark's Hospital, the London specialist hospital for intestinal diseases, where he was Professor of Gastroenterology (Imperial College), Chairman of Medicine, and Director of the Inflammatory Bowel Disease and Physiology Units. In 2008, he returned to his home town, Melbourne, to establish a clinical practice, and to take up a clinical, research and academic position at St Vincent's Hospital and University of Melbourne.

He is one of the world leaders in inflammatory bowel disease, as well as functional bowel diseases, and has published six books and 400 publications in these areas. He is on the Editorial Board of several journals and has won numerous awards for his academic achievements. As soon as he returned to Australia, he quickly developed a framework for inflammatory bowel disease research in Asia-Pacific in collaboration with Professor Ng Siew-Chien from Chinese University of Hong Kong. The recently published ACCESS study was the first to prospectively establish the epidemiology of inflammatory bowel disease throughout the Asia Pacific region.

Michael Kamm is on a number of industry, government and charitable body advisory boards. He is a Co-Founder of the Australasian Gastro Intestinal Research Foundation (AGIRF), a charity organisation which is aimed at promoting and funding research, education and training in gastrointestinal disorders. He is a teacher par excellence and has been invited as a speaker all over the world. Professor Kamm is well known for his unique ability to deliver lectures that are both highly educational as well as entertaining.

It is my pleasure and privilege to invite Professor Michael Kamm to deliver the 10th Panir Chelvam Memorial Lecture for GUT 2013, "Achieving the optimal balance between drug therapy and surgery in inflammatory bowel disease"

PROGRAMME AT A GLANCE

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Colonic Neoplasia</td><td>Case Discussion
Portal Hypertension</td></tr>
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10th Panir Chelvam Memorial Lecture</td><td>Symposium 5
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DAILY PROGRAMME

DAY 1 • 23RD AUGUST 2013, FRIDAY

0730 - 0820 Registration

0830 - 0950 **Symposium 1 - Inflammatory Bowel Disease** > Grand Ballroom

Chairpersons: Raja Affendi Raja Ali / Wan Khamizar

- Surgery for Crohn's disease in the era of biologicals *(pg 28)*
  Francis Seow-Choen
- Therapeutic endoscopy in inflammatory bowel disease *(pg 29)*
  Bjorn Rembacken
- Best use of anti-TNF therapy in Crohn's disease *(pg 30)*
  Michael Kamm

0950 - 1030 **Lecture 1 – 13th MSGH Oration** > Grand Ballroom

Chairperson: Ramesh Gurunathan

Asia at the crossroads: Changing patterns and emerging diseases *(pg 4 - 5)*
Goh Khean Lee

Citation by Tan Huck Joo

1030 - 1100 Tea

1100 - 1200 **Best Paper Award Presentations** > Grand Ballroom

Chairpersons: Tan Huck Joo / Mazlam Mohd Zawawi

1200 - 1240 **Lunch Satellite Symposium 1** (Takeda) > Grand Ballroom

Chairperson: Goh Khean Lee

What are the gaps in current PPI treatment for GERD?
David Peura

1240 - 1420 Lunch / Friday Prayers

1430 - 1550 **Symposium 2 – Dyspepsia** > Grand Ballroom

Chairpersons: Ooi Eng Keat / Ahmad Shukri Md Salleh

- Acid pocket - What is its clinical significance in dyspepsia? *(pg 30)*
  Kenneth McColl
- Asia Pacific consensus on functional dyspepsia:
  An evidence-based appraisal *(pg 31)*
  Justin Wu
- Refractory dyspepsia and bloating: Is there a hope? *(pg 32)*
  Justin Wu

1550 - 1630 **Lecture 2** > Grand Ballroom

Chairpersons: Robert Ding / Shanthi Palaniappan

Chemoprevention in GI cancers *(pg 32)*
David Peura

1630 - 1800 **Tea / Satellite Symposium 1** (Janssen) > Grand Ballroom

Chairperson: Tan Huck Joo

Chronic Constipation – A case based symposium - What would you do?
Michael Kamm

1930 - 2200 FACULTY DINNER (By invitation only) > Chin's Stylish Chinese Cuisine

DAILY PROGRAMME

DAY 2 • 24TH AUGUST 2013, SATURDAY

0730 - 0820 **Meet-the-Expert Breakfast Sessions**

1. Case base discussion on FD > Salon III
   Justin Wu
   Moderators: Chua Tee Joo / Rosaida Md Said
2. Managing colonic perforation > Salon IV
   Francis Seow-Choen
   Moderators: Law Chee Wei / Ooi Eng Keat
3. How to manage anaemia and osteoporosis in IBD? > Salon V
   Ng Siew-Chien
   Moderators: Teoh Kum Faut / Ida Normiha Hilmi

0830 - 0950 **Case Discussion – Colonic Neoplasia** > Grand Ballroom

Moderators: Tee Hoi Poh / Mohd Akhtar Qureshi

Panel: Bjorn Rembacken, Francis Seow-Choen, R Pathmanathan, Alan Barkun

0950 - 1030 **Lecture 3 – 10th Panir Chelvam Memorial Lecture** > Grand Ballroom

Chairperson: Sanjiv Mahadeva

Achieving the balance between drug therapy and surgery in IBD *(pg 33)*
Michael Kamm
Citation by Ida Normiha Hilmi

1030 - 1100 Tea

1100 - 1220 **Symposium 3 – Gastric Cancer** > Grand Ballroom

Chairpersons: Damian Wong / Nik Ritza Kosai

- Changing epidemiology of upper gastrointestinal disease *(pg 34)*
  Kenneth McColl
- Surveillance of precancerous gastric lesions - What is the evidence? *(pg 34)*
  Bjorn Rembacken
- Gastric cancer staging and treatment
  Takeshi Sano

1220 - 1400 **Lunch Satellite Symposium 2** (Novartis) > Grand Ballroom

Chairperson: Tan Huck Joo

Insights into new clinical results in the treatment of chronic hepatitis B: Opportunities for improved patient care
Chien Rong-Nan

1400 - 1440 **Lecture 4** > Grand Ballroom

Chairpersons: Ong Tze Zen / Sheikh Anwar Abdullah

Genetics of inflammatory bowel disease in Asia *(pg 35)*
Ng Siew-Chien

DAILY PROGRAMME

DAY 2 • 24TH AUGUST 2013, SATURDAY

1440 - 1610 **Symposium 4 – Hepatocellular Carcinoma** > Grand Ballroom

Chairpersons: Bong Jan Jin / Jayaram Menon

- Molecular targets of hepatocellular cancer therapies (pg 35)
  Vijay Shah
- The multidisciplinary management of hepatocellular carcinoma (pg 36)
  Pierce Chow
- Selection criteria for salvage liver transplantation after liver resection for hepatocellular carcinoma recurrence – Looking beyond size and number (pg 37)
  David Kwon

1610 - 1730 **Tea / Satellite Symposium 2** (Eisai) > Grand Ballroom

Chairperson: Goh Khean Lee

Gastric emptying in GERD and functional dyspepsia management
Yoshiaki Takeuchi

1730 - 1830 MSGH Annual General Meeting > Grand Ballroom

1930 - 2200 MALAYSIA NIGHT > Grand Ballroom

DAILY PROGRAMME

DAY 3 • 25TH AUGUST 2013, SUNDAY

0730 - 0820 **Meet-the-Expert Breakfast Sessions**

4. Cardio-esophageal junction tumor - Treat as esophageal or gastric malignancy > Salon III
   Takeshi Sano
   Moderators: Rosemi Salleh / Raman Muthukaruppan
5. Minimising UGIB in patients commencing anticoagulation > Salon IV
   Francis Chan
   Moderators: Ooi Boon Phoe / Andrew Chua
6. Optimising HBV therapy - Is there a role for combination therapy? > Salon V
   Chien Rong-Nan
   Moderators: Hamizah Razlan / Haniza Omar

0830 - 0950 **Case Discussion – Portal Hypertension** > Grand Ballroom
Moderators: Chen Harn Chin, Sanjiv Mahadeva
Panel: Vijay Shah, Alan Barkun, Pierce Chow, Ouzreiah Nawawi, David Kwon

0950 - 1030 **Symposium 5 – Antiplatelet/NSAID & GI Bleed** > Grand Ballroom
(This symposium is supported by an educational fund from AstraZeneca)
Chairpersons: Jayaram Menon / Soon Su Yang

- Strategies to reduce GI risk of COX2i/NSAID
  Francis Chan
- Balancing the risks and benefits of anti-platelet therapy in clinical practice *(pg 38)*
  Alan Barkun

1030 - 1100 Tea

1100 - 1220 **Symposium 6 – Chronic Liver Disease** > Grand Ballroom
Chairpersons: Tan Soek Siam / Yoong Boon Koon

- Stratifying risk for complications in HBV patients *(pg 39)*
  Chien Rong-Nan
- Variceal screening and primary prophylaxis - What is new? *(pg 40)*
  Vijay Shah
- Managing small liver nodule in cirrhotic patients - Resection, transplant or others? *(pg 40)*
  Pierce Chow

1220 - 1330 Lunch

MODERATORS / CHAIRPERSONS

Ahmad Shukri Md Salleh
Hospital Sultanah Nur Zahirah, Kuala Terengganu
Terengganu

Bong Jan Jin
Sunway Medical Centre, Petaling Jaya, Selangor

Chen Harn Chin
Hospital Selayang, Batu Caves, Selangor

Andrew Chua
Ipoh Gastro Centre, Ipoh, Perak

Chua Tee Joo
Hospital Sultanah Aminah, Johor Bahru, Johor

Robert Ding
Island Hospital, Penang

Hamizah Razlan
Universiti Kebangsaan Malaysia Medical Centre
Kuala Lumpur

Haniza Omar
Hospital Selayang, Batu Caves, Selangor

Ida Normiha Hilmi
Universiti Malaya Medical Centre, Kuala Lumpur

Jayaram Menon
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Mohd Akhtar Qureshi
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Nik Ritza Kosai
Universiti Kebangsaan Malaysia Medical Centre
Kuala Lumpur

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KPJ Kajang Specialist Centre, Kajang, Selangor

Ooi Boon Phoe
Hospital Pulau Pinang, Penang

Ooi Eng Keat
Gleneagles Medical Centre, Penang

Raja Affendi Raja Ali
Universiti Kebangsaan Malaysia Medical Centre
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Ramesh Gurunathan
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Rosaida Md Said
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Tee Hoi Poh
Hospital Tengku Ampuan Afzan, Kuantan, Pahang

Teoh Kum Faut
Penang Adventist Hospital, Penang

Wan Khamizar Wan Khazim
Hospital Sultanah Bahiyah, Alor Setar, Kedah

Damian Wong
Island Hospital, Penang

Yoong Boon Koon
Universiti Malaya Medical Centre, Kuala Lumpur

FACULTY BIO-DATA

Alan Barkun

Alan Barkun is Director of Digestive Endoscopy, and Chief Quality Officer of the Division of Gastroenterology at McGill University and McGill University Health Centre, Montréal, Canada. He is the first and current recipient of the DG Kinnear Chair in Gastroenterology at McGill University, holding a medical degree and an MSc in epidemiology and biostatistics from McGill University. Recipient of many national and international awards, Dr Barkun has published over 400 peer-reviewed articles and abstracts, and has given over 400 international presentations on emerging digestive endoscopic technologies, with an emphasis on methodological, clinical and cost-effectiveness trials of treatments for upper gastrointestinal bleeding (UGIB), bilio-pancreatic diseases and colorectal cancer screening.

Francis Chan

Professor Francis K L Chan is Director of the Institute of Digestive Disease and Associate Dean (Clinical) of CUHK, and the Specialty Board Chairman of Gastroenterology & Hepatology in Hong Kong. Professor Chan is a world-renowned researcher in peptic ulcer disease. A prolific writer, he has published over 300 full scientific articles (h-index 41), including seven first-authored original articles in the New England Journal of Medicine and The Lancet. His research work has revolutionised management guidelines worldwide, including those issued by the American College of Gastroenterology, the American College of Cardiology Foundation, the American Heart Association, and many European countries (Maastricht IV Consensus 2012). In 2009, Professor Chan led a group of multidisciplinary experts from nine Asia-Pacific countries to lay down guidelines of NSAID and aspirin use for the region. His contributions to medical research has been recognised with many national and international awards. In recognition of his outstanding academic achievement, he received the prestigious degree of Doctor of Science from the Chinese University of Hong Kong in December 2011.

Chien Rong-Nan

Rong-Nan Chien, MD, Professor of Medicine at the Chang Gung University College of Medicine, is now the Deputy Superintendent of the Keelung Chang Gung Memorial Hospital. Professor Chien has received more than 20 awards and honors before. Professor Chien is an Executive Council Member and President-Elect of the Taiwan Association for the Study of Liver Disease. He is the Vice Editor-In-Chief of the Gastroenterological Journal of Taiwan and the Editor of Hepatology International and Chang Gung Medical Journal.

Pierce Chow

Pierce Chow is Professor at Duke-NUS Graduate Medical School, Senior Consultant Surgeon at Sing-Health and Senior Clinician Investigator with National Medical Research Council, Singapore. He has published extensively on hepato-biliary cancers and surgery, with more than 170 scientific papers, books and book chapters. He advises both government and industry on biomedical research. He co-founded the Asia-Pacific Hepatocellular Carcinoma Trials Group in 1997. In 2012, he was conferred the National Outstanding Clinician-Scientist Award for his research on HCC.

Goh Khean-Lee

Khean-Lee Goh is Professor of Medicine and Head of the Gastroenterology Unit, Department of Medicine at the University of Malaya, Kuala Lumpur, Malaysia. A leading figure in academic Gastroenterology in Malaysia, he has published over 200 peer-reviewed publications, has held Editorial Board positions in numerous journals, including Editor Emeritus of Journal of Gastroenterology and Hepatology. He has been a leading expert in numerous Asia-Pacific Consensus and Guideline publications. Passionate about endoscopy, Prof Goh has been instrumental in internationally-acclaimed live Endoscopy Workshops in Malaysia, with his Unit earning the OMED World Organization of Digestive Endoscopy Centre of Excellence award in 2008. He is currently the President of the Asia Pacific Association of Gastroenterology and Vice-President of the World Gastroenterology Organisation. He was awarded the Merdeka Award in 2011, a national recognition of his outstanding academic achievements in the field of medicine in Malaysia.

Michael A Kamm

Michael Kamm is Professor of Gastroenterology at St Vincent's Hospital Melbourne, University of Melbourne and Imperial College London. From 1986 till 2008, he was Professor of Gastroenterology (Imperial College), Chairman of Medicine, and Director of the Inflammatory Bowel Disease and Physiology Units at St Mark's Hospital, the London specialist hospital for intestinal diseases. His special interests are in inflammatory bowel diseases and functional gut and pelvic floor disorders. He spends half his time in clinical practice and half in research and teaching. Michael Kamm publishes and lectures widely.

David Kwon

Choon Hyuck David Kwon is an Associate Professor at the Samsung Medical Center, Seoul, Korea. He is an expert in living donor liver transplantation with more than 1,000 cases, and in laparoscopic hepatectomy with over 300 cases. He recently started a totally laparoscopic living donor hepatectomy programme, including both left lateral and right sided livers. He is a Board Member of The Korean Association of HBP Surgery, the Korea Society for Transplantation, and the Korean Liver Transplantation Study Group.

Kenneth EL McColl

Kenneth McColl is Professor of Gastroenterology in the University of Glasgow and a Consultant Gastroenterologist in the Western Infirmary, Glasgow. He is a Member of many distinguished scientific organisations, serves on the Editorial Boards of a number of international journals and has published more than 400 clinical and scientific papers. He has undertaken extensive research relating to *Helicobacter pylori* infection and dyspeptic disease. Current research interests include the pathophysiology of gastro-esophageal reflux disease, Barrett's esophagus, and cancer of the gastro-esophageal junction. He is a Member of a number of national and international committees and is Chairman of a National Working Party for producing guidelines on the management of *Helicobacter pylori* infection in Scotland. McColl's contribution to medicine and science has been recognised by being elected as Fellow of the Academy of Medical Sciences and a Fellow of the Royal Society of Edinburgh.

Ouzreiah Nawawi

Dr Nawawi is an Associate Professor in the Department of Biomedical Imaging, Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia. She is a Consultant Radiologist sub-specialising in Interventional Radiology with a special interest in vascular intervention. She underwent interventional radiology training at Westmead Hospital, Sydney, and is currently heading the Interventional Unit of Biomedical Imaging Department. Dr Nawawi serves as a Council Member of the Malaysian Society of Interventional Radiology. She has published research work and been invited to speak on topics related to vascular intervention.

Ng Siew-Chien

Ng Siew Chen is an Assistant Professor at the Department of Medicine and Therapeutics, Chinese University of Hong Kong, and an Honorary Senior Lecturer at St Vincent's Hospital, University of Melbourne. Her research interests focus on the epidemiology, genetics and pathogenesis of IBD. She has published > 65 papers, four book chapters and is the Editor of an "Evidence-based Practical Guide for Inflammatory Bowel Disease", one of the top-selling IBD books. She is in the Management Committee of the International IBD Genetics Consortium and leads the first large scale population-based IBD Epidemiology Study in Asia-Pacific.

R Pathmanathan

Dr Pathmanathan is Senior Consultant Pathologist and Laboratory Director in the Ramsay-Sime Darby Health Care, Selangor, Malaysia. In addition, he is also currently Professor of Anatomical Pathology in the Tan Sri Jeffrey Cheah School of Medicine, Monash University (Sunway Campus, Kuala Lumpur, and Clayton Campus, Australia), Adjunct Professor of Pathology in Manipal University (Manipal Campus) and is Honorary Consultant in Pathology in the Universiti Malaya Medical Centre, Faculty of Medicine. He is an established researcher with more than 220 scientific publications in international and peer-reviewed journals and serves on the Editorial Board of "Pathology", the official publication of the Royal College of Pathologists of Australasia. His current research areas are in the molecular pathology of cancers, telepathology and digital imaging.

David Peura

David Peura is Emeritus Professor of Medicine at the University of Virginia Health Sciences Center, Charlottesville, Virginia, USA. He retired from the Army in 1990 as a Colonel, joined the faculty at the University of Virginia and continues to be actively involved in clinical investigation and teaching. He has authored or co-authored more than 150 original articles on a wide range of digestive disease topics. During 2005-2006, Professor Peura served as the 100th President of the American Gastroenterological Association and in 2002, received AGA's Distinguished Educator Award, and in 2011, AGA's highest honor, the Julius Friedenwald Medal.

Bjorn Rembacken

Bjorn Rembacken is Consultant Gastroenterologist and Specialist Endoscopist at the Leeds General Infirmary, Leeds, UK. A leading endoscopist in the UK, he is part of the NHS Bowel Cancer Screening Committee and a member of several ESGE working groups. He has published more than 40 peer-reviewed international publications and book chapters, and has a keen interest in quality-related issues in endoscopy.

Takeshi Sano

Takeshi Sano is the Department Director of Gastroenterological Surgery in the Cancer Institute Hospital, Tokyo, Japan. He specialises in surgery for gastric cancer, and has visited many countries for live demonstration of surgery and lectures. He is a Council Member of the Japanese Gastric Cancer Association and the International Gastric Cancer Association, and has played a central role in clinical trials on gastric cancer surgery. He serves as editor and reviewer for several international journals.

Francis Seow-Choen

Professor Francis Seow-Choen is currently the Medical Director and Senior Consultant at Fortis Colorectal Hospital in Singapore. Professor Seow-Choen is also very actively involved in lecturing and demonstrating the finer act of surgery around the world. He had chaired many medical courses, published extensively and had been instrumental in the training of many world renown colorectal surgeons from around the world. Professor Seow-Choen's international achievements was recognised by Singapore in the conferment upon him of The Excellence for Singapore Award in 2000.

Vijay Shah

Vijay Shah is Professor and Chair of the Division of Gastroenterology and Hepatology at the Mayo Clinic, USA. He has maintained an NIH-funded programme at the Mayo Clinic for 15 years which focuses broadly on alcohol related cirrhosis, portal hypertension and its complications. He has published over 100 peer-reviewed publications in prestigious journals such as Journal of Clinical Investigation, Nature, Proceedings of National Academy of Science, New England Journal of Medicine and others. Dr Shah is a Member of the prestigious American Society of Clinical Investigation.

Justin Wu Che-yuen

Prof Justin Wu is the Associate Dean (Clinical) of the Faculty of Medicine and Director of the S H Ho Centre for Digestive Health at the Chinese University of Hong Kong. Dr Wu's research interests include GERD and functional GI disorders with over 120 peer-reviewed publications, including first-authored publications in top-ranked journals such as Gastroenterology and Gut. Dr Wu was awarded "Emerging Leader in Gastroenterology" by JGH Foundation in 2008. He is currently the International Associate Editor of American Journal of Gastroenterology, and Managing Editor of Journal of Gastroenterology and Hepatology. He is also a full-time Member of International Working Group for the Classification of Oesophagitis and the Scientific Chairman of Asian Neurogastroenterology and Motility Association (ANMA).

MSGH ANNUAL SCIENTIFIC MEETINGS AND ENDOSCOPY WORKSHOPS

The proud tradition of the

MALAYSIAN SOCIETY OF

GASTROENTEROLOGY AND HEPATOLOGY

ANNUAL THERAPEUTIC ENDOSCOPY WORKSHOPS – "ENDOSCOPY"

(Organised by the Malaysian Society of Gastroenterology and Hepatology in collaboration with the University of Malaya)

EVENT	FACULTY	DATE
Difficult ERCP- "The Master's Approach"	Kees Huibregtse (Amsterdam, The Netherlands)	19th August 1993
Endoscopic Ultrasonography	TL Tio (Washington, USA)	26th July 1994
ERCP- "Basic Skills, Finer Points and New Techniques"	Kees Huibregtse (Amsterdam, The Netherlands)	25th August 1994
Practical Points in Therapeutic Endoscopy	Nib Soehendra (Hamburg, Germany)	6th December 1994
Therapeutic Endoscopy Workshop (In conjunction with Island Hospital Penang, Malaysia)	Nib Soehendra (Hamburg, Germany) Kees Huibregtse (Amsterdam, Netherlands)	22nd July 1997
Lasers in Gastroenterology	R Leicester (London, United Kingdom)	13th August 1997
GI Endoscopy Nurses Workshop- "Setting the Standards for Practice"	Staff Members - Endoscopy Unit, University Hospital, Kuala Lumpur, Malaysia	30th April - 2nd May 1999
Endoscopy 2000	Sydney C S Chung (Hong Kong, China) Kenji Yasuda (Kyoto, Japan) Wang Yong-Guang (Beijing, China) Nageshwar Reddy (Hyderabad, India) *GIA Faculty:* Dorothy Wong (Hong Kong, China)	13th - 15th April 2000
Endoscopy 2001 "A Master Class in Therapeutic Endoscopy"	Nib Soehendra (Hamburg, Germany) *GIA Faculty:* Adriana Cargin (Melbourne, Australia)	14th - 15th April 2001
Endoscopy 2002 "Enhancing Basic Skills and Developing Expertise"	Christopher Williams (London, United Kingdom) Naotaka Fujita (Sendai, Japan) Joseph Leung (Sacramento, USA) Kees Huibregtse (Amsterdam, Netherlands) *GIA Faculty:* Diana Jones (Sydney, Australia)	5th - 7th April 2002
Endoscopy 2003 "The Cutting Edge of GI Endoscopy"	Douglas Howell (Portland, USA) Haruhiro Inoue (Tokyo, Japan) Simon K Lo (Los Angeles, USA) Nageshwar Reddy (Hyderabad, India)	28th February - 2nd March 2003
Endoscopy 2004: "Appreciating the Art of GI Endoscopy"	Firas Al Kawas (Washington, USA) Yoshihiro Sakai (Tokyo, Japan) Stefan Seewald (Hamburg, Germany) Joseph Sung (Hong Kong, China)	5th - 7th March 2005
Endoscopy 2005- "Defining the Scope of Excellence"	Guido Costamagna (Rome, Italy) Shim Chan-Sup (Seoul, South Korea) K Yasuda (Kyoto, Japan) B Rembacken (Leeds, United Kingdom)	1st - 3rd April 2005
Endoscopy 2006- "Frontiers of Therapeutic Endoscopy"	A T R Axon (Leeds, United Kingdom), James Lau (Hong Kong, China), Seo Dong-Wan (Seoul, Korea), Irving Waxman (Chicago, USA), Naohisa Yahagi (Tokyo, Japan)	14th - 16th April 2006
Endoscopy 2007- "The Best Endoscopic Practices	Nageshwar Reddy (Hyderabad, India), Reza Shaker (Milwaukee, USA), Yusuke Saitoh (Sapporo, Japan), Stefan Seewald (Hamburg, Germany), Song Si-Young (Seoul, Korea), Mary Bong (Sydney, Australia)	13th - 15th April 2007

ANNUAL THERAPEUTIC ENDOSCOPY WORKSHOPS – "ENDOSCOPY" (cont'd)

EVENT	FACULTY	DATE
Endoscopy 2008- "Seeing Better, Doing Better"	Peter B Cotton (Charleston, USA), G Ginsberg (Philadelphia, USA), H Isayama (Tokyo, Japan), S Ryozawa, (Yamaguchi, Japan), J S Byeon (Seoul, Korea), Syed Shah, (West Yorkshire, United Kingdom)	29th February, 1st - 2nd March 2008
Endoscopy 2009- "Exploring the Limits of Endoscopy"	Jerome D Waye (New York, USA), Kulwinder Dua (Milwaukee, USA), Amit Maydeo (Mumbai, India), H Kawamoto (Okayama,Japan), I Yasuda (Gifu, Japan), Lee Yong-Chan (Seoul, Korea), Y Sano (Kobe, Japan)	20th - 22nd March 2009
Endoscopy 2010 (organised with the APDW 2010) (In conjunction with Selayang Hospital, Kuala Lumpur, Malaysia)	Michael Bourke (Sydney, Australia), David Carr-Locke (New York, USA), Mitsuhiro Fujishiro (Tokyo, Japan), Marc Giovannini (Marseilles-France), Takuji Gotoda (Tokyo, Japan), James Lau (Hong Kong, China), Amit Maydeo (Mumbai, India), Ibrahim Mostafa (Cairo, Egypt), Horst Neuhaus (Düsseldorf, Germany), Nageshwar Reddy (Hyderabad, India), Rungsun Reknimitr (Bangkok, Thailand), Seo Dong-Wan (Seoul, Korea), Naohisa Yahagi (Tokyo, Japan), Hironori Yamamoto (Tokyo, Japan), Kenjiro Yasuda (Kyoto, Japan)	20th and 21st September 2010
Endoscopy 2011 "What's New and What's Good for Our Patients"	Hisao Tajiri (Tokyo, Japan), Chiu Han-Mo (Taipei, Taiwan), Arthur Kaffes (Sydney, Australia), Ho Khek-Yu (Singapore), Hiroo Imazu (Tokyo, Japan), Takao Itoi (Tokyo, Japan), Lee Dong-Ki (Seoul, Korea), Takahisa Matsuda (Tokyo, Japan), Moon Jong-Ho (Seoul, Korea)	14th - 17th April 2011
Endoscopy 2012 "Therapeutic Endoscopy in the Global World"	Robert Hawes (Miami, USA), Hiroshi Kashida (Kinki, Japan), Lee Sang-Hyup (Seoul, Korea), Claudio Navarette (Santiago, Chile), Paulo Sakai (Sao Paulo, Brazil), Rajvinder Singh (Adelaide,Australia), Wang Hsiu-Po (Taipei, Taiwan), Kenshi Yao (Fukuoka, Japan)	30th - 31st March, 1st April 2012
Endoscopy 2013 "Advancing the Practice of Endoscopy"	Phillip Chiu (Hong Kong, China), Lawrence Khek-Yu Ho (Singapore), Horst Neuhaus (Dusseldorf, Germany), Krish Ragunath (Nottingham, United Kingdom), Dong-Wan Seo (Seoul, Korea), Yun-Sheng Yang (Beijing, China), Ian Yusoff (Perth, Australia) *Special GIA Faculty:* Wang Ping (Shanghai, China)	12th - 14th April 2013

DISTINGUISHED ENDOSCOPY LECTURERS

NO	YEAR	ORATOR	TOPIC
1st	1999	Kees Huibregtse Amsterdam, The Netherlands	The Development and Use of Biliary Endoprosthesis in ERCPs
2nd	2001	Nib Soehendra Hamburg, Germany	A Master's Approach to Therapeutic Endoscopy
3rd	2002	Christopher Williams London, United Kingdom	Practical Tips and Pitfalls in Colonoscopy
4th	2003	Guido N J Tytgat Amsterdam, The Netherlands	The Unlimited Horizons of Therapeutic Endoscopy
5th	2004	Yoshio Sakai Tokyo, Japan	Development and Application of Colonoscopy
6th	2005	Guido Costamagna Rome, Italy	Endoscopic Management of Pancreatobiliary Diseases – State-of-the-art in 2005
7th	2006	Anthony T R Axon Leeds, United Kingdom	The Impact of New Technology in GI Endoscopy
8th	2007	D Nageshwar Reddy Hyderabad, India	Chronic Pancreatitis – Genes to Bedside
9th	2008	Peter Cotton Charleston, USA	Therapeutic Endoscopy – Then, Now and Maybe
10th	2009	Jerome Waye New York, USA	Exploring the Limits of Endoscopy
11th	2010	David L Carr-Locke New York, USA	Enhancing the Eye – The Future of Endoscopy
12th	2011	Hisao Tajiri Tokyo, Japan	Enhanced Imaging of the Gastrointestinal Tract
13th	2012	Robert Hawes Orlando, USA	The Current and Future Role of Endoscopic Ultrasonography in GI Practice
14th	2013	Horst Neuhaus Dusseldorf, Germany	Viewing the Bile Duct – Recent Developments of Cholangioscopy

ANNUAL SCIENTIFIC MEETINGS – GUT (OVERSEAS INVITED FACULTY)

The Stomach '96 (Co-organised with the College of Surgeons)

3rd – 6th July 1996, Kuala Lumpur

Stephen G Bown	United Kingdom	Kang Jin-Yong	United Kingdom	Henry M Sue-Ling	United Kingdom
Sydney C S Chung	Hong Kong	Lam Shiu-Kum	Hong Kong	Nicholas J Talley	Australia
Teruyuki Hirota	Japan	Adrian Lee	Australia	Guido N J Tytgat	Netherlands
Richard H Hunt	Canada	Roy E Pounder	United Kingdom	Cornelis J H Van De Velde	Netherlands
David Johnston	United Kingdom	Robert H Riddell	Canada		

Penang International Teaching Course in Gastroenterology

(Co-organised with Penang Medical Practitioners' Society with the participation of the British Society of Gastroenterology)

23rd – 26th July 1997, Penang

Anthony Axon	United Kingdom	Dermot Kelleher	Ireland	J J Misiewicz	United Kingdom
John Dent	Australia	Fumio Konishi	Japan	James Neuberger	United Kingdom
R Hermon Dowling	United Kingdom	John Lambert	Australia	Thierry Poynard	France
Greg Holdstock	United Kingdom	Michael Larvin	United Kingdom	Jonathan Rhodes	United Kingdom
Kees Huibregtse	Netherlands	Christopher Liddle	Australia	Nib Soehendra	Germany
P W N Keeling	Ireland	Lim Seng-Gee	Singapore		

Second Western Pacific Helicobacter Congress

25th – 27th July 1998, Kota Kinabalu, Sabah

Masahiro Asaka	Japan	Richard Hunt	Canada	Pentti Sipponen	Finland
Douglas E Berg	USA	Lam Shiu-Kum	Hong Kong, China	Joseph J Y Sung	Hong Kong, China
Fock Kwong-Ming	Singapore	Adrian Lee	Australia	Rakesh Tandon	India
David Forman	United Kingdom	Peter Malfertheiner	Germany	Guido N J Tytgat	Netherlands
David Y Graham	USA	Kenneth E L McColl	Scotland	Xiao Shu-Dong	China
Stuart L Hazell	Australia	Hazel M Mitchell	Australia		

Gastroenterology 1999

23rd – 25th July 1999, Kuala Terengganu, Terengganu

Francis K L Chan	Hong Kong, China	Mohammed Al Karawi	Saudi Arabia	Quak Seng-Hock	Singapore
Sydney S C Chung	Hong Kong, China	Mohammad Sultan Khuroo	Saudi Arabia	Nicholas J Talley	Australia
John Dent	Australia	Peter Malfertheiner	Germany	Neville D Yeomans	Australia
Rikiya Fujita	Japan	Colm O'Morain	Ireland		

GUT 2000

24th – 26th August 2000, Melaka

Anthony Axon	United Kingdom	Lim Seng-Gee	Singapore	Francis Seow-Choen	Singapore
Geoffrey C Farrell	Australia	Anthony I Morris	United Kingdom	Jose D Sollano	Philippines
Vay Liang W Go	USA	David Mutimer	United Kingdom	Guido N J Tytgat	Netherlands
Humphrey J F Hodgson	United Kingdom	Ng Han-Seong	Singapore	Michael Wolfe	USA
Peter Katelaris	Australia	Thierry Poynard	France		

Gastro 2001 (With the participation of the American Gastroenterological Association)

5th – 8th April 2001, Kota Kinabalu, Sabah

Aziz Rani	Indonesia	Y K Joshi	India	Mahesh P Sharma	India
Chung Owyang	USA	Joseph Kolars	USA	Gurkirpal Singh	USA
Sydney S C Chung	Hong Kong, China	Koo Wen-Hsin	Singapore	Jose D Sollano	Philippines
Andrew Clouston	Australia	Edward Krawitt	USA	J L Sweeney	Australia
John Dent	Australia	Pinit Kullavanijaya	Thailand	Rakesh Tandon	India
Fock Kwong-Ming	Singapore	Lam Shiu-Kum	Hong Kong, China	Benjamin C Y Wong	Hong Kong, China
Robert N Gibson	Australia	Peter Malfertheiner	Germany	Xiao Shu-Dong	PR China
Richard Hunt	Canada	James M Scheiman	USA		

GUT 2002

27th – 30th June 2002, Penang

Chow Wan-Cheng	Singapore	Peter Katelaris	Australia	Ng Han-Seong	Singapore
Anuchit Chutaputti	Thailand	James Y W Lau	Hong Kong, China	C S Pitchumoni	USA
David Forman	United Kingdom	Tore Lind	Sweden	Herbert J Tilg	Austria
Lawrence Ho Khek-Yu	Singapore	Barry James Marshall	Australia	John Wong	Hong Kong, China

GUT 2003

28th – 31st August 2003, Kuching, Sarawak

Francis K L Chan	Hong Kong, China	Humphrey J O'Connor	Ireland	Eamonn M M Quigley	Ireland
Chang Mei-Hwei	Taiwan	Colm O'Morain	Ireland	Jose D Sollano Jr	Philippines
W G E Cooksley	Australia	Teerha Piratvisuth	Thailand	Joseph Sung	Hong Kong, China
Gwee Kok-Ann	Singapore	Roy Pounder	United Kingdom	Yeoh Khay-Guan	Singapore

GUT 2004

24th – 27th June 2004, Penang

Sydney C S Chung	Hong Kong, China	Huang Jia-Qing	China	Mario Rizzetto	Italy
Geoffrey C Farrell	Australia	Lam Shiu-Kum	Hong Kong, China	Russell W Strong	Australia
Ronnie Fass	USA	Peter W R Lee	United Kingdom	Benjamin C Y Wong	Hong Kong, China
David Fleischer	USA	Masao Omata	Japan		
Fock Kwong-Ming	Singapore	Teerha Piratvisuth	Thailand		

GUT 2005

23rd – 25th June 2005, Pulau Langkawi, Kedah

Raymond Chan Tsz-Tong	Hong Kong, China	Gerald Johannes Holtmann	Australia	Graeme Young	Australia
Meinhard Classen	Germany	Peter Malfertheiner	Germany	Yuen Man-Fung	Hong Kong, China
Anthony Goh	Singapore	Kenneth McColl	Ireland		

GUT 2006

20th – 23rd June 2006, Kuala Lumpur

Peter Gibson	Australia	Anthony Morris	United Kingdom	Francis Seow-Choen	Singapore
Lawrence Ho Khek-Yu	Singapore	Nageshwar Reddy	India	Nimish Vakil	USA
Gerald Johannes Holtmann	Germany	Ng Han-Seong	Singapore	John Wong	Hong Kong, China
Lim Seng-Gee	Singapore	Ooi Choon-Jin	Singapore		
Irvin Modlin	USA	Fred Poordad	USA		

GUT 2007

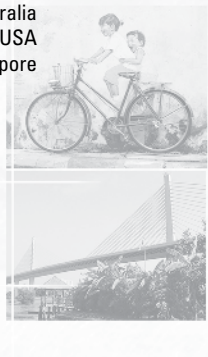
29th August – 1st September 2007, Kota Kinabalu, Sabah

Ronnie Fass	USA	Norman Marcon	USA	Nib Soehendra	Germany
Marc Giovannini	France	Amit Maydeo	India	Daniel Wong	Singapore
Robert Hawes	USA	Charlie Millson	England	Hironori Yamamoto	Japan
Richard Hunt	Canada	G V Rao	India	Yeoh Khay-Guan	Singapore
Finlay Macrae	Australia	Marcelo Silva	Argentina		

GUT 2008

21st – 24th August 2008, Kuala Lumpur

Anuchit Chutaputti	Thailand	Lawrence Ho Khek-Yu	Singapore	Govind K Makharia	India
Peter Bytzer	Sweden	Pali Hungin	United Kingdom	Prateek Sharma	USA
Henry Chan Lik-Yuen	Hong Kong, China	Rupert Leong	Australia	Rajvinder Singh	Australia
Sydney C S Chung	Hong Kong, China	Davide Lomanto	Singapore	Mitchell Shiffman	USA
David Y Graham	USA	Lui Hock-Foong	Singapore	Sundeep Punamiya	Singapore



GUT 2009

14th to 16th August 2009, Pulau Langkawi, Kedah

Geoffrey Farrell	Australia	Lim Seng-Gee	Singapore	Joseph Sung Jao-Yiu	Hong Kong, China
Fock Kwong-Ming	Singapore	Lo Chung-Mau	Hong Kong, China	Daniel Wong Wai-Yan	United Kingdom
Peter R Galle	Germany	Irvin Modlin	USA	Yeoh Khay-Guan	Singapore
Christopher Khor	Singapore	Fabio Pace	Italy		
George K K Lau	Hong Kong, China	Rungsun Rerknimitr	Thailand		

APDW 2010 (Incorporating GUT 2010 & Endoscopy 2010)

19th to 22nd September 2010, Kuala Lumpur Convention Centre, Kuala Lumpur

Subrat Kumar Acharya	India	Hiroyuki Isayama	Japan	Eamonn Quigley	Ireland
Deepak Amarapurkar	India	Takao Itoi	Japan	Shanmugarajah Rajendra	Australia
Ang Tiing-Leong	Singapore	Derek Jewell	United Kingdom	Gurudu Venkat Rao	India
John Atherton	United Kingdom	Jia Ji-Dong	China	Nageshwar Reddy	India
Anthony Axon	United Kingdom	Utom Kachintorn	Thailand	Rungsun Rerknimitr	Thailand
Deepak Bhasin	India	Hiroshi Kashida	Japan	Jean Francois Rey	France
Henry J Binder	USA	Peter Katelaris	Australia	Shomei Ryozawa	Japan
Mary Bong	Australia	Takashi Kawai	Japan	Yutaka Saito	Japan
Michael Bourke	Australia	Christopher Khor Jen-Lock	Singapore	Shiv Sarin	India
Marco Bruno	The Netherlands	Nayoung Kim	Korea	Wolff Schmiegel	Germany
David Carr-Locke	USA	Seigo Kitano	Japan	Juergen Schoelmerich	Germany
Ashok Chacko	India	Sriram Krishnan	USA	See Teik-Choon	United Kingdom
Henry Chan Lik-Yuen	Hong Kong, China	Shin-ei Kudo	Japan	Seo Dong-Wan	Korea
Francis Chan Ka-Leung	Hong Kong, China	Ashish Kumar	India	Francis Seow-Choen	Singapore
Adarsh Chaudhary	India	George Lau	Hong Kong, China	Prateek Sharma	USA
Yogesh Chawla	India	James Lau Yun-Wong	Hong Kong, China	Shim Chan-Sup	Korea
Yang Chen	USA	Rupert Leong	Australia	Hiroshi Shimada	Japan
Chen Min-Hu	China	Leung Wai-Keung	Hong Kong, China	Jose Sollano	Philippines
Philip Chiu	Hong Kong, China	Lim Seng-Gee	Singapore	Eduard Stange	Germany
Pierce Chow	Singapore	Lin Jaw-Town	Taiwan	Russell W Strong	Australia
Chow Wan-Cheng	Singapore	Liu Chen-Hua	Taiwan	Kentaro Sugano	Japan
Sylvia Crutchet	Chile	Lo Chung-Mau	Hong Kong, China	Kazuki Sumiyama	Japan
J Enrique Dominguez-Muñoz	Spain	Lo Gin-Ho	Taiwan	Joseph Sung	Hong Kong, China
Greg Dore	Australia	Anna Lok Suk-Fong	USA	Hisao Tajiri	Japan
Christophe DuPont	France	Kaushal Madan	India	Nicholas Joseph Talley	Australia
Anders Ekbom	Sweden	Varocha Mahachai	Thailand	Narci Teoh	Australia
Geoffrey Charles Farrell	Australia	Govind Makharia	India	Judith Tighe-Foster	Australia
Ronnie Fass	USA	Peter Malfertheiner	Germany	Guido Tytgat	The Netherlands
Fock Kwong-Ming	Singapore	Takahisa Matsuda	Japan	Noriya Uedo	Japan
Ruggiero Francavilla	Italy	Amit Maydeo	India	James Versalovic	USA
Mitsuhiro Fujishiro	Japan	Kenneth E L McColl	United Kingdom	Wang Hsiu-Po	Taiwan
Peter Galle	Germany	Paul Moayyedi	Canada	William E Whitehead	USA
Edward Gane	New Zealand	Irvin Modlin	USA	Simon Wong Kin-Hung	Hong Kong, China
Uday Ghoshal	India	Moon Jong-Ho	Korea	Benjamin Wong Chun-Yu	Hong Kong, China
Peter Gibson	Australia	Ibrahim Mostafa	Egypt	Justin Wu	Hong Kong, China
Marc Giovannini	France	Horst Neuhaus	Germany	Naohisa Yahagi	Japan
Takuji Gotoda	Japan	Masao Omata	Japan	Hironori Yamamoto	Japan
Gwee Kok-Ann	Singapore	Evan Ong	Philippines	Ichiro Yasuda	Japan
Robert Heading	United Kingdom	Ooi Choon-Jin	Singapore	Kenjiro Yasuda	Japan
Janaki Hewavisenthi	Sri Lanka	Park Hyo-Jin	Korea	Neville Yeomans	Australia
Lawrence Ho Khek-Yu	Singapore	Teerha Piratvisuth	Thailand	Graeme Young	Australia
Bing Hu	China	Ronnie Poon	Hong Kong, China	Yu Ming-Lung	Taiwan
Pali Hungin	United Kingdom	Sundeep Punnamiya	Singapore	Yuen Man-Fung	Hong Kong, China
Richard Hunt	Canada	Qian Jia-Ming	China	Qi Zhu	China

GUT 2011

27th to 29th May 2011, Kuala Lumpur

Ling Khoon-Lin	Singapore	Chan See-Ching	Hong Kong, China	See Teik-Choon	United Kingdom
Luigi Bolondi	Italy	Colm O'Morain	Ireland	Kao Jia-Horng	Taiwan
Lui Hock-Foong	Singapore	Philip Chiu Wai-Yan	Hong Kong, China	Yeoh Khay-Guan	Singapore
Hiroto Miwa	Japan	Ooi Choon-Jin	Singapore	George K K Lau	Hong Kong, China
Sybille Mazurek	Germany	Kang Jin-Yong	United Kingdom		

GUT 2012

29th June to 1st July 2012, Melaka

Henry Chan Lik-Yuen	Hong Kong, China	James Y W Lau	Hong Kong, China	Morris Sherman	Canada
Emad El-Omar	USA	Francesco Marotta	Italy	Shaw Somers	United Kingdom
Han Kwang-Hyub	Korea	Ravi Mohanka	India	Jose Decena Sollano	Philippines
Lawrence Ho Khek-Yu	Singapore	D Nageshwar Reddy	India	Jan Tack	Belgium
Richard Kozarek	USA	Jinsil Seong	Japan	Wong Ka-Tak	Hong Kong, China

MSGH ORATION LECTURERS

NO	YEAR	ORATOR	TOPIC
1st	2001	P Kandasami Kuala Lumpur, Malaysia	Gastroenterology in Malaysia
2nd	2002	Barry J Marshall Perth, Australia	*Helicobacter pylori*: How it all came about and where do we go from here?
3rd	2003	Guido J Tytgat Amsterdam, The Netherlands	Future Developments in Gastroenterology
4th	2004	Lam Shiu-Kum Hong Kong, China	Pathogenesis of Gastric Cancer – A Unifying Concept
5th	2005	Meinhard Classen Munich, Germany	GI Cancer – The Global Burden in the New Millennium
6th	2006	John Wong Hong Kong, China	Multi-Disciplinary Treatment in Esophageal Cancer: The Price of Failure
7th	2007	Norman Marcon Toronto, Canada	New Optical Technologies for Early Detection of Dysplasia
8th	2008	Sydney Chung Hong Kong, China	Ulcer Bleeding: What you really want to know
9th	2009	Geoffrey Farrell Canberra, Australia	Battling the Bulge in Asia – Implications for Gastroenterologists
10th	2010	Nicholas Joseph Talley Newcastle, Australia	New Insights into the Aetiopathogenesis of Functional Dyspepsia
11th	2011	Colm O'Morain Dublin, Ireland	Colorectal Cancer – The Emerging Cancer in the 21st Century
12th	2012	Richard Kozarek Seattle, USA	Minimally Invasive/Interventional Gastroenterology: Where Have We Been? Where Are We Going?

PANIR CHELVAM MEMORIAL LECTURERS

NO	YEAR	ORATOR	TOPIC
1st	2004	Mohd Ismail Merican Kuala Lumpur, Malaysia	Treatment of Chronic Viral Hepatitis in the Asia-Pacific Region: Realities and Practical Solutions
2nd	2005	Peter Malfertheiner Magdeburg, Germany	Diagnosis and Management of Pancreatic Cancer
3rd	2006	Nageshwar Reddy Hyderabad, India	GI Endoscopy in India – Developement and Lessons for the Future
4th	2007	Richard Hunt Hamilton, Canada	Evidence-based Medicine in the Real World
5th	2008	Pali Hungin Durham, United Kingdom	Plausible Solutions for Impossible Problems
6th	2009	Fock Kwong-Ming Singapore	Lower GI Bleeding – Epidemiology and Management
7th	2010	Joseph J Y Sung Hong Kong, China	The Future Role of the Gastroenterologist in Digestive Oncology
8th	2011	Kang Jin-Yong London, United Kingdom	East-West Differences in Upper GI Diseases
9th	2012	Emad El-Omar Aberdeen, United Kingdom	Role of Chronic Inflammation in GI Cancer

CONFERENCE INFORMATION

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GUT 2013

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Website www.msgh.org.my

Identity badges

Delegates are kindly requested to wear identity badges during all sessions and functions.

Entitlements

Full registrants will be entitled to:

- Malaysia Night
- All Scientific Sessions
- All Satellite Symposia
- Conference bag and materials
- Coffee / Tea
- Lunches
- Admission to the Trade Exhibition area

Meet-The-Expert Breakfast Sessions

Please obtain the vouchers to attend these sessions from the Congress Secretariat. The charge is RM 30 per person per session.

Malaysia Night – 24th August 2013, Saturday

The Malaysia Night will be held at Ballroom, G Hotel, Penang. Delegates can bring their families and guests at RM100 per person. Trade personnel are welcomed to join the function at RM100 per person.

Dress: Smart Casual

Entrance strictly by invitation card only.

Speakers And Presenters

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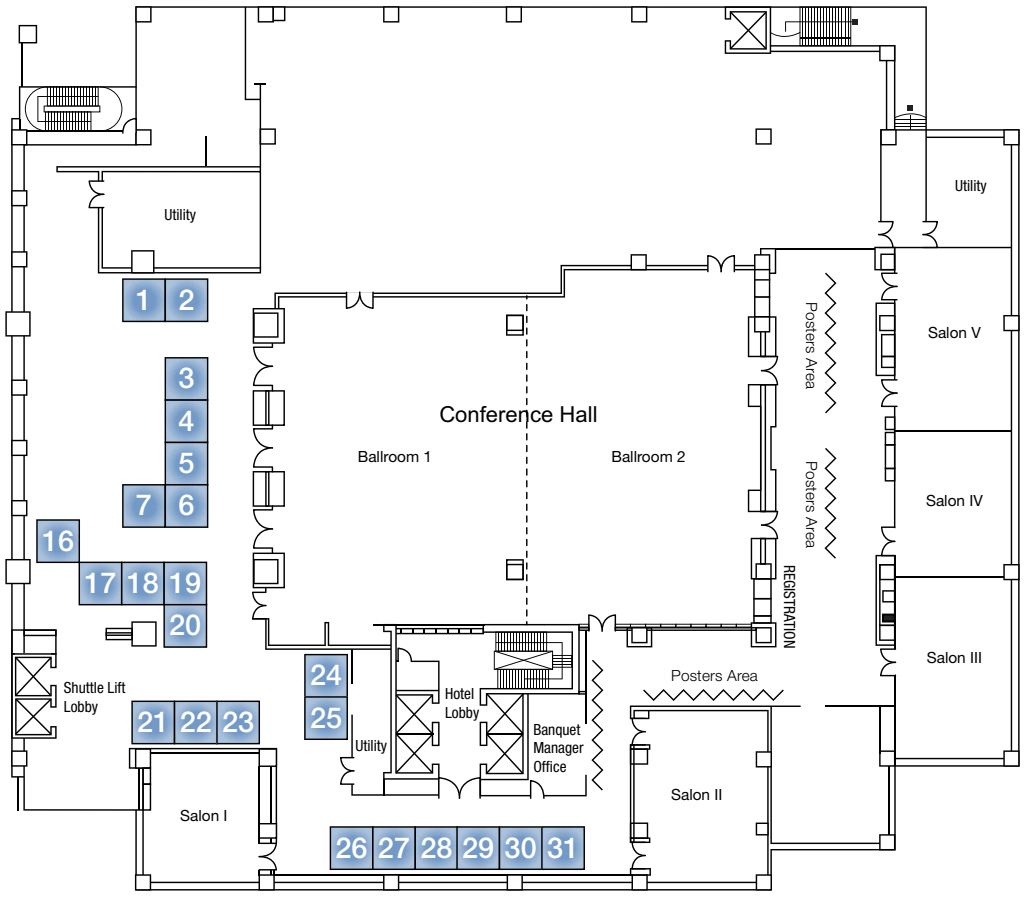

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SURGERY FOR CROHN'S DISEASE IN THE ERA OF BIOLOGICALS

Francis Seow-Choen

Fortis Colorectal Hospital, Singapore

Crohn's Disease is a chronic relapsing inflammatory disease of the intestines with the possibilities of extra gastro-intestinal manifestations with its causative factors being largely unknown. Up to 80 percent of patients with Crohns disease will require surgery and in these fifty percent will require further surgery as post operative recurrence is very common.

Surgery therefore treats the complications of Crohn's but does not cure Crohn's Disease. Surgery therefore is usually performed when medication fails. Due to the possibility of repeat surgery, most surgeons prefer a minimally invasive approach with maximal bowel preservation if possible. But is surgery outdated in this era of biological treatment.

- Prophylactic aminosalicylates only modest effect on recurrence rates
- Nitromidazole/ornidazole have serious side effects
- Budenoside has no long term efficacy
- Immuno-modulators like azathioprine and methotrexate have not decreased the need for surgery nor rates of hospitalization
- Anti-TNF induces rapid clinical remission in 60% and maintain steroid free remission with 50% of responders having mucosal healing. Subgroup analyses showed a reduction in surgery at 1-3 yrs

However population survey did not observe any decline in need for surgery. And only 60% of patients respond to anti-TNF. Resistance to anti-TNF causes 10% drop out per year. Furthermore stenosing lesions are not amenable to anti-TNF. Immunogenicity of infliximab also leads to substantial loss of response with time.

Furthermore perineal Crohn's Disease occurs in 40% of patients and these often need surgical intervention. Recto vaginal fistula is a particular difficult problem to deal with. Cyclosporine has 80% healing with high dose but is very toxic. 1/3 relapse when changed to oral treatment. Tacrolimus shows 64% healing combined with azathioprine. Infliximab is effective for short term but only 14% healing at 4-6 weeks.

As far as intestinal disease surgery is usually needed in stenosing and fistulating disease and whilst medication including biological may decrease the need for surgery its does not do away with it completely.

THERAPEUTIC ENDOSCOPY IN INFLAMMATORY BOWEL DISEASE

Bjorn Rembacken

Centre for Digestive Diseases, Leeds General Infirmary, Leeds, England, United Kingdom

Some three decades ago, a high risk of developing colorectal cancer (CRC) was described in patients with inflammatory bowel disease. For this reason, patients are now offered regular colonoscopic surveillance with the objective of detecting dysplastic lesions or cancer in the early stages. The original rationale was to offer those patients who develop neoplasia, early panproctocolectomy before cancer develops. Colitis-associated cancers are more likely to arise from fast-growing, flat precursor lesions, often arising in the right hemi-colon, than sporadic cancers. Furthermore, patients who develop cancer are less likely to comply with medical advice and adhere with surveillance protocols.

However, with time it has become clear that the risk of cancer may have been exaggerated. Furthermore, there is no widely accepted definition of a "DALM". Increasingly, patients are therefore offered local resection of neoplastic lesions. Unfortunately, the basis for this change of policy may not be sound. Most studies have limited their analysis to the removal of small polyps, outside the field of colitis and have excluded flat lesions. As a consequence, large, flat lesions are now increasingly referred for endoscopic resection rather than recommending surgery.

Endoscopic resection of lesions in patients with colitis is more difficult than normal. This is because the mucosal inflammation induce a degree of submucosal scarring, making elevation of lesions suboptimal. Furthermore, it can be difficult to discern the edges of lesions, making local recurrence a common problem.

In my presentation, I am providing an outline of the problems associated with the current trend to refer patients with "colitis-associated lesions" for endoscopic resection.

BEST USE OF ANTI-TNF THERAPY IN CROHN'S DISEASE

Michael A Kamm

St Vincent's Hospital and University of Melbourne, Melbourne, Australia
Imperial College, London, United Kingdom

Many patients with inflammatory bowel disease continue to experience frequent disease relapses or chronic active disease. Sustained remission, with minimal risks from drug therapy, and minimised risk of disease complications, remains an elusive goal for many patients.

Crohn's disease is characterised by the progressive accumulation of complications, such as stricturing and penetrating or fistulising disease. The focus of therapy is therefore not just symptom relief, but healing the mucosa. Such healing is associated with decreased complications, hospitalisations, and need for surgery. Early recognition of adverse prognostic factors, such as perianal disease, deep ulceration at endoscopy, and past history of severe disease, should guide the physician to more intense early therapy.

For many patients standard therapy, such as with steroids and thiopurines, is sufficient to control disease. In others anti-TNF therapy has helped control disease. However maximum benefit from these drugs can only be obtained with standardised use according to existing evidence. For example, for most patients combination therapy with a thiopurine offers better long term outcomes. Learning how to dose adjust in the event of loss of response, change between drugs, and learning when and how to stop therapy will all provide maximum possible benefit.

Only anti-TNF therapy has been proven to heal perineal fistulising disease in the long term. Optimal use involves concurrent use withy a thiopurine, and initial antibiotics. MRI is the optimal tool for monitoring deep healing.

In the patient who requires intestinal resection anti-TNF therapy is the most effective in preventing recurrence. It can be reserved for patients high risk of recurrence, and should be combined with long term colonoscopic surveillance.

Lastly, increasing attention is being given to the pharmacokinetics and pharmacodynamics of all drugs used to treat inflammation. This includes thiopurines and anti-TNF therapy. Such drug monitoring will allow optimisation of the response and more therapeutic, cost effective, and safe use of these medications.

ACID POCKET – WHAT IS ITS CLINICAL SIGNIFICANCE IN DYSPEPSIA?

Kenneth E L McColl

Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, United Kingdom

It is widely recognized that symptoms of heartburn and gastroesophageal reflux are most common and prominent after meals. This has always represented a paradox because it is recognized that the consumption of food buffers gastric acid and that the acidity of the gastric contents are least following meals. We recently described the phenomenon of the proximal acid pocket which provided an explanation for the paradox. The contents immediately distal to the gastro-oesophageal junction escape the buffering effects of the meal and remain highly acidic throughout the postprandial period. Indeed, this region of the stomach actually becomes more acidic following a meal while the rest of the stomach becomes less acidic. In the lecture, the mechanism of this phenomenon and its implications for therapy will be discussed One important therapeutic implication is that it may be possible to regulate the acidity near the gastro-oesophageal junction without suppressing acid secretion throughout the entire stomach and thus avoid potential side effects of the latter. Potential ways of doing this include motility agents which produce gastric mixing and allow buffering within the acid pocket. Another approach which has proven effective is the administration of Gaviscon which directly targets the region of the acid pocket.

ASIA PACIFIC CONSENSUS ON FUNCTIONAL DYSPEPSIA: AN EVIDENCE-BASED APPRAISAL

Wu Che-yuen, Justin

Associate Dean (Clinical), Faculty of Medicine
Director, S H Ho Centre for Digestive Health
Professor, Institute of Digestive Disease, The Chinese University of Hong Kong, Hong Kong

The recently published Asian consensus report on functional dyspepsia has made a critical appraisal on the current clinical practice of functional dyspepsia in Asian population. The report highlights major differences in many aspects of functional dyspepsia between East and West. These include higher proportion of postprandial distress syndrome and the importance of parasitic infestation and hepatocellular carcinoma as differential diagnoses in Asian patients. The report also casts doubt on the validity of the Rome diagnostic criteria for functional dyspepsia in Asian patients owing to the marked ethnic difference in cultural and linguistic origin of Asian languages. Moreover, significant morbidity occurs as early as 4 weeks after the onset of dyspepsia in many Asian patients although most of these patients may not fulfill the minimum period of 6 months for a diagnosis of functional dyspepsia according to Rome III criteria. This report also underscores the possible inferior therapeutic benefit of proton pump inhibitor, presumably due to the lower prevalence of gastroesophageal reflux disease in Asian patients with functional dyspepsia.

Another highlight of this consensus is the role of H. pylori infection and eradication therapy in the management. The prevalence of H. pylori and its related diseases are much higher in Asian population and they are the major differential diagnoses of functional dyspepsia, even in the absence of alarm symptom. It has been proposed that H. pylori has less benign course and may be directly related to dyspepsia in Asian patients and therefore H. pylori infection should be excluded to make a diagnosis of functional dyspepsia. This notion is supported by superior symptom response to H. pylori eradication observed in Asian studies and the additional benefit of peptic ulcer and gastric cancer prevention.

On the other hand, this report has exposed the weakness of evidence in many aspects of functional dyspepsia in Asia. We are looking forward to more high quality scientific evidence from this region, which allows the establishment of robust and evidence-based recommendations that are specific to Asian populations in the future.

Symposium 2

REFRACTORY DYSPEPSIA AND BLOATING: IS THERE HOPE?

Wu Che-yuen, Justin

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Director, S H Ho Centre for Digestive Health
Professor, Institute of Digestive Disease, The Chinese University of Hong Kong, Hong Kong

Owing to the heterogeneity and multifactorial nature of pathogenesis, treatment of functional dyspepsia has been a major challenge. Although H. pylori eradication and proton pump inhibitor have been recommended as the first line treatment for functional dyspepsia, their therapeutic benefits are marginal. Furthermore, injudicious use of proton pump inhibitor may lead to paradoxical emergence of reflux symptoms due to rebound acid secretion.

Prokinetic agents have been commonly used for treatment of functional dyspepsia that is refractory to H. pylori eradication and proton pump inhibitor. However, there is a lack of high quality evidence that supports the therapeutic efficacy of prokinetic. Most positive trials of prokinetic are of low quality with flawed methodology. There is also an interesting trend of lower efficacy being reported in trials that were done in recent years. Recent high quality trials suggest that prokinetic only improves reflux rather than dyspepsia.

The strong association between functional dyspepsia and anxiety and depressive disorders suggests that antidepressant may have a potential role in the treatment of refractory functional dyspepsia. We have recently reported that low dose tricyclic antidepressant achieves a 20% therapeutic gain over placebo in patients with refractory functional dyspepsia. This finding is similar to the observations in irritable bowel syndrome. The recent finding of decreased postprandial serotonin response in functional dyspepsia supports the potential therapeutic role of serotonin receptor modulation. However, the use of serotonin and noradrenaline reuptake inhibitor (SNRI) is associated with exacerbation of gastrointestinal upset and intolerance. It has been observed that patients with concomitant mood disorders, multiple bodily symptoms and history of abuse respond better with antidepressant treatment.

Complementary and alternative medicine has been reported to be effective in treatment of refractory dyspepsia. High quality data is still needed to justify the use in the management algorithm.

Lecture 2

CHEMOPREVENTION IN GI CANCERS

David A Peura

University of Virginia Health Systems Charlottesville, Virginia, USA

Chemoprevention involves using natural or manufactured substances to lower the risk of cancer of keep cancer from recurring. GI cancers for which chemoprevention may be beneficial include: esophageal and gastric adenocarcinomas, hepatocellular carcinomas and colorectal cancers. PPIs alone or in combination with aspirin or NSAIDs appear to alter the neoplastic progression of Barrett's esophagus, as do statins. The primary chemopreventive strategy aimed at gastric cancer is eradication of Helicobacter pylori infection although administration of aspirin, NSAIDs and a high fiber diet may also be beneficial. Hepatocellular cancer is strongly associated with hepatitis B and C so effective chemoprevention involves hepatitis B vaccination and early treatment of hepatitis. Various vitamins, nutraceuticals and oral hypoglycemic agents also appear to protect from HCC and could prove useful in cirrhotic patients without hepatitis. The key to preventing colorectal cancer is intervention aimed at eliminating precursor precancerous polyps. Aspirin and NSAIDs have been shown to reduce rectal polyp load in patients with FAP syndromes and reduce recurrence of sporadic colon polyps. In addition, aspirin and NSAIDs reduce the incidence of CRC, primarily in the proximal colon, and colon cancer related mortality. Recently discovered tumor biomarker mutations may distinguish aspirin sensitive from insensitive cancers. Remaining questions do remain. For example, how does chemoprevention work? What drugs and what doses are most effective? Could the risks of long term chemoprevention outweigh the benefits? Further research is required before universal chemoprevention can be recommended. But for now, chemoprevention is reasonable to offer to selected high risk individuals.

ACHIEVING THE BALANCE BETWEEN DRUG THERAPY AND SURGERY IN IBD

Michael A Kamm

St Vincent's Hospital and University of Melbourne, Melbourne, Australia
Imperial College, London, United Kingdom

The inflammatory bowel diseases require expert cooperation and interaction between gastroenterologists and surgeons. Three areas of IBD management will be discussed that requires optimal harmonisation between specialists.

Post Operative Crohn's Disease

Eighty percent of patients will require surgery for their disease at some time in their life. Of these 70 percent will require a further operation. Every effort should therefore be made to recognise patients at increased risk of recurrence (smoking, previous surgery, and penetrating disease), optimising post operative drug therapy, and monitoring for recurrence and adjusting therapy accordingly. Most patients should receive 3 months of metronidazole. Those at higher risk should receive a thiopurine, and those at greatest risk anti-TNF therapy. Patients should have early colonoscopic assessment, therapy adjustment, and longer term colonoscopic surveillance. Gastroenterologists and surgeons should plan jointly patient care before and after surgery.

Perineal Fistulising Disease

Perineal fistulising Crohn's disease causes great morbidity. Examination under anaesthetic and MRI are needed to characterise fistula tracks, and drainage using setons provided when necessary. Only anti-TNF therapy has been proven to heal perineal fistulising disease in the long term. Optimal anti-TNF use involves concurrent use with a thiopurine, and initial antibiotics. MRI is the optimal tool for monitoring deep healing.

Severe Acute Ulcerative Colitis

Severe acute ulcerative colitis occurs most commonly during the first year of the disease, although it can occur at any time. While many patients respond to traditional therapy with intravenous steroids, further treatment with either intravenous cyclosporine or infliximab is often needed to suppress inflammation and avoid colectomy. These therapies are roughly equivalent in efficacy; the best one to use is the one which the physician is most familiar and comfortable with. Physician and surgeon seeing the patient on a daily basis is needed.

CHANGING EPIDEMIOLOGY OF UPPER GASTROINTESTINAL DISEASE

Kenneth E L McColl

Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, United Kingdom

The incidence of each of the major upper gastrointestinal diseases has changed dramatically and in different ways over recent decades in the developed world. Gastric cancer, which used to be the commonest cancer, has shown a dramatic and continuous fall in incidence over the past 100 years. Duodenal ulcer disease increased in incidence, peaking in the middle of the 20th century and then has shown a dramatic recent decline. Finally, gastro-oesophageal reflux disease and its major complication of oesophageal adenocarcinoma have shown a marked increase over the past forty years. All of these changes in incidence may be explained by the changes in the structure and function of the gastric mucosa over this period. One hundred years ago, most subjects were infected with Helicobacter pylori and this was usually associated with atrophic gastritis. This was accompanied by a high incidence of gastric cancer. Over subsequent years, the prevalence of H. pylori infection remained unchanged but the prevalence of atrophic gastritis decreased, probably as a consequence of changing diet. This change from H. pylori atrophic gastritis to H. pylori non-atrophic gastritis was accompanied by a fall in gastric cancer and simultaneous rise in duodenal ulcer disease. More recently, the prevalence of H. pylori infection itself has fallen and this has been accompanied by continuing fall in gastric cancer, fall in duodenal ulcer disease and simultaneous rise in gastroesophageal reflux disease and oesophageal adenocarcinoma. The rise in reflux disease and its complications may be explained by H. pylori negative subjects maintaining acid secretion into middle and old age. There is interest in seeing whether this sequence and pattern of change in upper gastrointestinal disease will also be seen in other regions of the world.

SURVEILLANCE OF PRECANCEROUS GASTRIC LESIONS – WHAT IS THE EVIDENCE?

Bjorn Rembacken

Centre for Digestive Diseases, Leeds General Infirmary, Leeds, England, United Kingdom

Gastric atrophy, intestinal metaplasia and dysplasia are common findings at endoscopy. Patients harbouring these changes are at increased risk of developing gastric adenocarcinoma. With conventional, standard-resolution, white light endoscopy it may be difficult to detect pre-neoplastic gastric conditions or lesions. For this reason, it has been proposed that at least 8 biopsies should be obtained from the proximal and distal stomach, including both the lesser and greater curvature.

A low serum level of pepsinogens may also predict the "premalignant phenotype". In these patients, Helicobacter pylori serology may also be useful for further stratification of high-risk subjects. Naturally, patients found to harbour Helicobacters, should be offered eradication. Apart from a family history of gastric cancer, neither age, gender nor Helicobacter pylori status appears to affect the risk of developing cancer. In populations with a high background prevalence of gastric cancer, individuals found to have extensive atrophy and intestinal metaplasia may be offered endoscopic surveillance (the ESGE recommend every 3-year). Unfortunately, the evidence base for this advice is weak. Furthermore, there is no evidence that the use of COX-2 inhibitors or the use of dietary supplementation with antioxidants such as ascorbic acid or β-carotene, is worthwhile.

Naturally, dysplastic lesions should be resected whilst patients with dysplasia, without a visible endoscopic lesion, should be offered more frequent surveillance.

In my presentation is examine the evidence base for surveillance.

Lecture 4

GENETICS OF INFLAMMATORY BOWEL DISEASE IN ASIA

Siew C Ng

Department of Medicine and Therapeutics, Chinese University of Hong Kong, Hong Kong

Crohn's disease(CD) and ulcerative colitis (UC), the two common forms of inflammatory bowel disease (IBD), is increasing globally including in countries with previously low incidence such as Asia. IBD result from a complex interaction between genetic and environmental factors. Genome-wide association studies complemented by new genomic technologies have revolutionized our understanding of the pathogenesis of IBD with 163 risk loci identified. Studies from the West showed that CD and UC share common pathways such as Th17 and distinct pathways which are disease-specific such as NOD2 and autophagy for CD and the MHC and epithelial barrier genes for UC.

IBD genetic mutations differ in Asia and the West. Major NOD-2 variants were not associated with CD in Han Chinese, Japanese, South Korean, Indian and Malaysian populations and ATG16L1 was not associated with CD in East Asians. In contrast, TNF-SF15 polymorphisms were associated with CD while TNF-308 polymorphisms, CTLA-4 and MICA allele were associated with UC in Asians. These findings highlight the importance of the immune system and its interactions with the intestinal microflora in the pathogenesis of IBD. New mutations and susceptibility genes identified in Asian IBD patients provide an opportunity to explore new disease-associated mechanisms in this population of rising incidence. Translating new knowledge regarding pathways important in IBD pathogenesis can lead to improved therapies and preventative strategies.

References

1. SC Ng, et al. Incidence and Phenotype of Inflammatory Bowel Disease, Based on Results from the Asia-Pacific Crohn's and Colitis Epidemiologic Study. Gastroenterology 2013 (online)
2. SC Ng, et al. Genetics of Inflammatory Bowel Disease in Asia: Systematic Review and Meta-Analysis. Inflammatory bowel disease 2012;18(6):1164-1176.
3. SC Ng, et al.Geographic Variability of Environmental Risk Factors in Inflammatory Bowel Disease. Gut 2013; Apr;62(4):630-49.
4. L Jostins et al. Host-microbe interactions have shaped the genetic architecture of inflammatory bowel disease. Nature 2012;491(7422):119-24.

Symposium 4

MOLECULAR TARGETS OF HEPATOCELLULAR CANCER THERAPIES

Vijay Shah

Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota, USA

Over the past several years we have seen dramatic advances in our ability to treat patients with hepatocellular cancer. These have included improvements in outcome from liver transplantation, better criteria for predicting response to surgical resection, effective locoregional treatments; some focused on attenuating angiogenesis, and new drugs which target specific molecular pathways. While sorafenib is the prototype of such targeted therapies, a number of other compounds are also undergoing evaluation for treatment of hepatocellular cancer. Ironically, while many of these compounds were viewed as maintaining selectivity for a molecular target, their benefit is likely achieved through effects on multiple targets in multiple cell types that reside within the tumor. This talk will focus on the molecular pathways that contribute to hepatocellular cancer with a focus on which targets and cells are amenable to therapy from current and future approaches.

THE MULTIDISCIPLINARY MANAGEMENT OF HEPATOCELLULAR CARCINOMA

Pierce Chow

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Hepatocellular Carcinoma (HCC) is especially prevalent in the Asia-Pacific which shoulders up to 80% of the world's burden. HCC is a very heterogeneous disease and the treatment of HCC is particularly complex. A number of different treatment options are currently available and the choice of the best treatment depends on the stage of the cancer, the general health of the patient and the availability of cutting edge expertise and therapeutics. While surgical resection and transplantation are potentially curative in HCC, less than 20% of patients are amendable to these treatments at diagnosis. The last decade has fortunately seen the development of new therapeutics that has given rise to improvement in clinical outcomes

The choice of the most appropriate established or emerging therapy for an individual patient requires the input of multiple disciplines working collaboratively and coherently. The therapeutic need of a patient with HCC also progresses with time along a therapeutic spectrum from initial resection with potential cure to management of recurrent disease and in many cases, finally to palliative care. As with many other complex cancers, the best outcome with liver cancer occurs when the patient is managed by a multi-disciplinary team of specialists[1].

With the rapid evolution of new therapeutic modalities it becomes increasingly challenging to deliver optimal care with the patient being managed sequentially by individual specialists. A multi-disciplinary team allows a comprehensive assessment of a patient's condition and can jointly recommend what the best treatment for a particular patient is at that point in time. This approach individualizes care and capitalizes on the availability of newer therapeutics.

Multi-disciplinary management of HCC is actualized at the National Cancer Center Singapore with clinicians come from the disciplines of Hepato-Pancreato-Biliary (HPB) and Transplant Surgery, Medical Oncology, Radiation Oncology, Nuclear Medicine, Interventional Radiology and Oncologic Radiology. This experience is discussed.

[1]Lamb, Green, Benn et al. American Journal of Surgery 2013

SELECTION CRITERIA FOR SALVAGE LIVER TRANSPLANTATION AFTER LIVER RESECTION FOR HEPATOCELLULAR CARCINOMA RECURRENCE – LOOKING BEYOND SIZE AND NUMBER

Choon Hyuck David Kwon

Samsung Medical Center, Sungkyunkwan University, Seoul, Korea

For patients presenting with early stage hepatocellular carcinoma (HCC) and preserved liver function, the optimal initial treatment is still a matter of debate. Some advocate primary liver transplantation (LT) for these patients since it yields the best recurrence-free survival and patients survival rate. However, organ shortage is undoubtedly a major obstacle and therefore many centers, especially from regions of high HCC prevalence, choose liver resection as primary treatment option and save salvage LT for those patients who recur or develop decompensated cirrhosis. Salvage LT in experienced hands, can be done with non-inferior operative morbidity and mortality as primary LT. However, it has been shown that the pathologic characteristics of the HCC, such as the presence of microvascular invasion is quite different in salvage LT from primary LT and its presence profoundly affects the outcome. Nevertheless most transplant centers apply the same selection criteria in salvage as in primary LT and there is still no selection criteria for best selection of salvage LT known despite the difference of pathologic characteristics.

To get an answer to this problem we have analyzed the salvage LT date of from 3 high-volume transplant centers in Korea which include 82 patients. We were able to deduce 3 other factors associated with recurrence after salvage LT other than the status of the tumor at time of salvage LT (HCC beyond the Milan criteria at LT, HR 3.553, P = 0.002). Advanced T stage at LR (HR 2.968, P = 0.014), HCC recurrence within 8 months of initial LR (HR 2.513, P = 0.033), and alpha-fetoprotein (AFP) > 60 ng/ml at LT (HR 3.178, P = 0.006) proved to be as equally important as the Milan and patients with two or more risk factors had significantly poor overall and recurrence-free survival after salvage LT compared to patients with one or no risk factors (P < 0.001). Therefore in salvage LT, the Milan criteria at time LT alone is not sufficient for selection guideline and other biological factors of the HCC such as stage at initial LR, AFP level at LT and the interval time to recurrence after primary resection should be considered as equally important and should be taken into consideration when selecting patients for salvage LT.

BALANCING THE RISKS AND BENEFITS OF ANTI-PLATELET THERAPY IN CLINICAL PRACTICE

Barkun A N

Division of Gastroenterology, McGill University, Montréal, Canada

Bleeding in the upper gastrointestinal (GI) tract is a common medical problem, with an incidence of 48 to 160 cases per 1000 adults per year and a mortality rate of 5% to 14%. The risk of GI bleeding is increased with the use of antiplatelet medications including Aspirin and Clopidogrel, as well as Warfarin or a combination thereof. The recurrence rate for bleeding in patients who continue to take aspirin after an episode of peptic ulcer disease–related bleeding can reach up to 300 cases per 1000 person-years and varies by age, sex, and the use of nonsteroidal anti-inflammatory medications, or other medications that further potentiate the upper GI bleeding risk. Similar risk factors exist for patients taking Clopidogrel, while the use of dual anti-platelet therapy is an independent risk factor, in its own right. The acute management of patients with peptic ulcer bleeding on ASA requires consideration of cardio/cerebrovascular risks if ASA is indicated for secondary prophylaxis. For patients at long-term increased risk of GI bleeding, prophylactic gastroprotection is indicated with a PPI for as long as the risk remains; this approach has been found to be superior to H2 receptor antagonists in preventing subsequent GI complications. More recently, acute prophylactic co-administration of a PPI in patients with an acute coronary event receiving both dual antiplatelet therapy and Exoxiparin or thrombolytics was shown to significantly decrease GI bleeding, perforation, or obstruction. The best published evidence suggests that the co-administration of a PPI with Clopidogrel results in a very modest increase in cardiovascular outcomes, if any, with the benefits in decreased upper GI bleeding in at-risk patients far outweighing any theoretical negative outcomes attributable to any possible drug interaction.

STRATIFYING RISK FOR COMPLICATIONS IN HBV PATIENTS

Rong-Nan Chien

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Chronic hepatitis B virus (HBV) infection is a serious clinical problem because of its worldwide distribution and potential adverse sequelae. Despite the implementation of effective universal vaccination programs in over 160 countries, there are still >350 million people with chronic HBV infection worldwide. Of these, 75% reside in the Asia Pacific region, where the infection is usually acquired perinatally or in early childhood. These people are at risk of developing hepatic decompensation, liver cirrhosis or hepatocellular carcinoma (HCC).

Cirrhosis or HCC, or both, can develop during the natural course of chronic hepatitis B infection. Results of large population based studies with mostly (85%) HBeAg-negative, HBsAg-positive people older than 30 years at recruitment have shown that the risk of cirrhosis, HCC, and mortality increases

proportionally with increasing viral DNA concentrations, starting with at least 2000 IU/mL. The study findings suggest HBV replication, with subsequent immune mediated liver injuries, is the main driver of disease progression. Further risk factors for the development of cirrhosis include: male sex; increasing age; HBeAg-positivity; virus genotype C (vs B), HBeAg reversion or virus reactivation; persistent seropositivity for HBeAg or viral DNA, persistent raised ALT; viral superinfection as well as the severity (hepatic decompensaton), extent (bridging hepatic necrosis), and frequency of hepatitis flare, and the duration of hepatic lobular alterations.

At least a third of patients with cirrhosis are seropositive for HBeAg or hepatitis B virus DNA (HBV DNA) at presentation, and disease progression can continue after cirrhosis development. The 5-year probability of hepatic decompensation is 15-20% and is four-fold higher in patients with active viral replication than in patients without. The yearly rate of HCC occurrence is 3-6%. The estimated 5- year survival rate of patients with compensated cirrhosis is 80-85% and 30-50% in patients with decompensated cirrhosis.

HCC mostly develops in patients with cirrhosis. Therefore, HCC and cirrhosis share the same risk factors with a raised risk in patients with a family history of HCC. Viral factors also contribute to HCC development, including HBV DNA level, genotypes, and naturally occurring mutations such as hepatitis B virus pre-S and basal core promoter A1762T/G1764A double mutations. Other contributing factors are habitual alcohol consumption, cigarette smoking, and aflatoxin exposure.

The approval of potent oral antiviral agents has revolutionized hepatitis B treatment since 1998. Conventional and pegylated interferon alfa and nucleos(t)ide analogues are widely authorized treatments, and monotherapy with these drugs greatly suppressed virus replication, reduces hepatitis activity, and halts disease progression. However, HBV is rarely eliminated, and drug resistance is a major drawback during long-term therapy. The development of new drugs and strategies is needed to improved treatment outcomes.

VARICEAL SCREENING AND PRIMARY PROPHYLAXIS-WHAT IS NEW?

Vijay Shah

Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota, USA

Mortality from variceal bleeding in patients with cirrhosis continues to decline. This is due, in part to improved diagnostics, prophylaxis, and treatment options for management of varices. In terms of diagnostics, major efforts are focused on less invasive approaches to detect the presence of large varices including laboratory test based algorithms, non invasive radiographic approaches, and less costly endoscopic approaches. In terms of prophylaxis, a major advance is the evaluation of carvedilol which may have advantages over traditional nonselective beta blocker therapy for prevention of bleeding. In terms of therapies, the major advances have occurred in our ability to provide supportive care for ICU/hospital based patients with variceal bleeding. Additionally, more aggressive utilization of transjugular intrahepatic shunts (TIPS) has also been proposed to reduce mortality. Finally, endoscopic therapy for varices, especially gastric varices has improved the treatment options. This talk will focus on these new advances in the diagnosis, prophylaxis, and management of varices.

MANAGING SMALL LIVER NODULE IN CIRRHOTIC PATIENTS - RESECTION, TRANSPLANT OR OTHERS?

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The management of hepatocellular carcinoma (HCC) is predicated on tumor burden (size, number, vascular invasion, distant metastases), the underlying function of the liver (Child-Pugh class, ICG retention) and the general health of the patient. Whereas previously surgery or transplantation were the only therapeutic options with the hope for disease control and cure, the evolution of newer approaches the past decade has increased the therapeutic armamentarium but has also equally created uncertainty as to which the optimal approach to a specific patient may be.

The first challenge to a small nodule in a cirrhotic liver is diagnosis which can be difficult. Once a diagnosis of HCC is established the clinician and the patient is faced with a spectrum of therapeutic options including resection, transplantation, radio-frequency ablation, microwave ablation, TACE, DC-Beads, SIRT with yttrium-90 and sorafenib among others.

The scientific data underpinning the different modalities of treatment is discussed with reference to the major practice guidelines including that of the AASLD and APASL. In an era of evolving treatment modalities it becomes increasingly important that the management of individual patients be guided by the evolving scientific data.

BEST PAPER AWARD PRESENTATIONS

PROGRESSION OF NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) – A PROSPECTIVE CLINICOPATHOLOGICAL FOLLOW-UP STUDY

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Objective

To elucidate the natural history of NAFLD patients and to determine factors associated with disease progression utilizing paired liver biopsy.

Methodology

Seventy-five NAFLD patients with liver biopsy in an earlier study were contacted. Patients who agreed for repeat liver biopsy were included. Factors associated with worsened NAFLD activity score (NAS) and overall histology were determined.

Results

Data for 35 patients were analyzed (mean age 47.5 years old, male 40.0 %). At baseline, 2.9 %, 31.4 % and 65.7 % had simple steatosis, probable NASH and NASH, respectively. Mean interval between biopsies was 6.4 ± 0.8 years. NAS worsened in 13, remained unchanged in 9 and improved in 13. Fibrosis worsened in 18 and remained unchanged in 17. Two developed cirrhosis. None had improvement in fibrosis. Overall histology worsened in 23, remained unchanged in 6 and improved in 6. Elevated serum ALT (OR = 7.39, 95 % CI = 1.44 – 37.88, p = 0.016), AST (OR = 14.25, 95 % CI = 2.62 – 77.54, p = 0.002) and GGT (OR = 25.71, 95 % CI = 2.7 – 238.79, p = 0.004) during follow-up were significantly associated with worsened NAS. Elevated serum GGT (OR = 6.86, 95 % CI = 1.41 – 33.29, p = 0.017) during follow-up was significantly associated with worsened overall histology. Two of six patients diagnosed with cirrhosis in the earlier study decompensated. Three patients from the earlier study died of myocardial infarction, colorectal carcinoma and hepatocellular carcinoma, respectively.

Conclusions

A substantial proportion of NASH patients undergo significant progression over short period of time. Fibrosis is irreversible without specific interventions. NAFLD patients with persistently elevated serum liver enzymes should be suspected of having progressive disease.

EFFECTS OF *HELICOBACTER PYLORI* ERADICATION IN PATIENTS WITH PARKINSON'S DISEASE

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Background

Previous studies and unpublished data from our center have reported a higher prevalence of *Helicobacter pylori (H. pylori)* infection in patients with Parkinson's disease (PD) compared to normal population. *H. pylori* infection has been shown to affect the bioavailability of levodopa in PD patients, and eradication of *H. pylori* led to significant improvement in motor disability and clinical status in these patients, by modifying the pharmacokinetics of levodopa.

Objectives

To determine the effects of *H. pylori* eradication on motor, non-motor symptoms and quality of life parameters based on UPDRS, PDQ39, PD NMSQ and NMSS questionnaires.

Design and methods

This was a prospective study involving 76 consecutive PD patients, attending an outpatient's clinic. The ^{13}C-urea breath test was used for the detection *H. pylori* infection. Patients who were positive on UBT were given eradication therapy using an open label, single arm design. Patients were assessed at baseline and at 6 and 12 weeks post eradication, using the UPDRS, PD NMSQ, NMSS and PDQ39 questionnaires. The 'onset' time and 'ON' duration following oral levodopa were also recorded.

Results

Of 82 patients recruited, 27 (32.9%) had positive UBT. *H. pylori* positive patients had significantly poorer total UPDRS ($p=0.005$) and PDQ39 ($p<0.0001$) scores compared to *H. pylori* negative patients. At 12 weeks post-eradication, there was a significant reduction in levodopa 'onset' time ($p=0.023$), and improvement in 'ON' duration ($p=0.023$). The total UPDRS scores ($p<0.0001$), scores for parts II ($p<0.0001$), III ($p=0.001$) and IV ($p<0.009$) were significantly better. The total PDQ39 scores ($p<0.0001$) and subdomains mobility ($p=0.001$), ADL ($p<0.0001$), stigma ($p=0.047$) and cognition ($p=0.01$) significantly improved. The PD NMSQ did not show significant improvement.

Conclusions

H. pylori eradication in PD patients significantly improves levodopa onset time, ON duration, motor and quality of life parameters. Screening and eradication of *H. pylori* should be recommended in all PD patients, particular those with erratic response to levodopa.

MULTIPLEX PCR FOR DETECTION OF *HELICOBACTER PYLORI* INFECTION IN GASTRIC BIOPSIES WITH LOWER INFLAMMATORY SCORE

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Introduction

H. pylori are well known as a major cause of chronic gastritis and peptic ulcer disease in association with developing gastric adenocarcinoma. There is no established gold standard for the diagnosis of *H. pylori* infection at present.

Method

Antral biopsy specimens were obtained from 230 consecutive patients with dyspepsia who underwent oesophagogastroduodenoscopy (OGDS). *H. pylori* infection was diagnosed by in-house rapid urease test (iRUT), culture, histology and PCR. Multiplex PCR assay was developed for detection of *hpa*A (179 bp), 16S rDNA (422 bp) and *ure*A (627 bp) genes of *H. pylori*. A positive result was determined by culture, histological examination, PCR and/ or iRUT being positive.

Results

Of these 230 patients, a total of 140 (60.9%) were positive for *H. pylori* infection. *H. pylori* were detected in 22 (15.7%) antral biopsies by culture, 39 (27.9%) by iRUT and 29 (20.7%) by histology examination. In this study, PCR identified *H. pylori* infection in 100% of patients who had positive histopathology examination and culture. All patients who were positive by iRUT showed positive PCR results except for two. Overall, PCR detected *H. pylori* in additional 111, 118, and 99 cases that were negative by histopathology examination, culture and iRUT, respectively. Positive samples detected only by multiplex PCR showed lower average active and chronic inflammation score.

Discussion & Conclusion

The majority of these patients had low average inflammation scores and might not be suspected to have *H. pylori* gastritis. However, it can be detected by using PCR method. PCR was able to detect the highest numbers of positive cases although the lowest average scored recorded in the activity, inflammatory and *H. pylori* density, compared to the other test methods.

THE COST-EFFECTIVENESS OF BOCEPREVIR BASED TRIPLE THERAPY FOR GENOTYPE 1 CHRONIC HEPATITIS C (CHC) IN THE SETTINGS OF MALAYSIA'S PUBLIC SECTOR HEALTHCARE

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Background / Aims

Chronic hepatitis C (CHC) infection may result in liver cirrhosis and its complications like hepatic decompensation and hepatocellular carcinoma. Anti-hepatitis C virus (HCV) therapy has been shown to decrease these risks and more efficacious novel triple therapy is available now. This study aims to evaluate the cost-effectiveness of adopting triple therapy with Boceprevir (BOC) added to Peginterferon and Ribavirin (PR) compared to PR alone in Genotype 1 CHC in Malaysia's public health systems.

Method

Life-time treatment and monitoring cost as well as quality-adjusted life year (QALY) were estimated using a Markov model which simulates disease progression. Treatment strategies were adopted from phase III clinical trials (SPRINT-2 and RESPOND-2), which are aligned with the BOC label in Malaysia. Transition probabilities between health states and QALYs were obtained from published studies, whereas patient characteristics, health status and pharmaceutical cost were based on the liver services at two public hospitals. Incremental cost-effectiveness ratio (ICER) was calculated and the threshold for Malaysia was Ringgit Malaysia (RM) 93,193/QALY, based on WHO recommendation on cost-effectiveness criteria (three times GDP/capita).

Results

For both treatment-experienced and treatment naïve patients, BOC-based regimen was cost-effective compared to PR alone, with ICER of RM12,347/QALY and RM51,670/QALY respectively. In subgroup analysis, BOC plus PR was also cost-effective for non-cirrhotic treatment naïve (RM16,233/QALY), non-cirrhotic treatment experienced (RM19,391/QALY), and cirrhotic treatment experienced (RM8,786/QALY) patients. Even when using blood transfusion to treat anemia, the BOC-based regimen was still cost-effective for both treatment experienced (RM12,620/QALY) and treatment naïve (RM52,624/QALY) patients. The probabilistic sensitivity analysis showed that 78% and 100% of simulation was cost-effective for treatment naïve and treatment-experienced patients.

Conclusion

In Malaysian public health care settings, boceprevir-based triple was projected to reduce the burden of liver complication, and be cost-effective against PR alone among Genotype 1 CHC patients regardless of the treatment history.

ROLE OF INTERLEUKIN 28B GENE POLYMORPHISM IN CHRONIC HEPATITIS C TREATMENT OUTCOME IN MALAYSIANS

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Objectives

A single nucleotide polymorphism (SNP) near the interleukin 28B gene (rs 12979860) has been reported to correlate with treatment response in chronic hepatitis C (CHC) patient. There are variations of allele frequencies among different ethnic groups. We aim to investigate the IL 28B gene polymorphism in 3 major ethnic in our CHC population and its effects on treatment outcome in hepatitis C virus (HCV) infection.

Methods

This is a cross sectional study of CHC patients under follow up. A total of 96 patients were consecutively enrolled and analyzed. The patient's blood was collected and their IL28B SNP (rs12979860) was characterized by allele-specific real time polymerase chain reaction.

Results

A total of 96 patients (66 males and 30 females) were recruited. There were 57 Malays (59.4%), 31 Chinese (32.3 %) and 8 Indian (8.3%). 30 patients (31.3%) were genotype 1 and 66 patients (68.7%) were genotype 3. The frequencies of major homozygous (CC), heterozygous (CT) and minor homozygous (TT) were 0.75, 0.23 and 0.02 respectively. The C allele frequencies for Malay, Chinese and Indian population were 86.0%, 93.5% and Indian 62.5% respectively. For HCV genotype 1 patients, the sustained virological response (SVR) rate for CC genotype was higher (65%) as compared to CT / TT genotype (30%). The relapse rate for CC genotype was 35% as compared to 40% in CT/TT genotype. For patients with HCV genotype 3, the SVR rate was 73.1% for CC genotype as compared to 50% for CT/TT genotype. The relapse rate was 23.1% for CC genotype as compared to 50% for CT/TT genotype.

Conclusions

Most of the Malaysian populations have a favorable IL 28B genotype. IL 28B CC genotype is associated with better treatment response with a trend to lower relapse rates especially in patients with genotype 1 HCV infection.

DISTAL CBD STRICTURE: AETIOLOGY AND PATIENTS' OUTCOME

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Objectives

The purpose of this study was to determine the causes of distal common bile duct (CBD) stricture and to monitor the patients' outcome.

Methodology

Fifty two consecutive patients with distal CBD stricture based on their ERCP from August 2010 until October 2012 were recruited and followed-up prospectively. Distal CBD stricture is defined as any stricture of less than 2 cm from the distal CBD.

Results

The mean age was 68.3 ± 15.7 and 59.4% of the patients were females. 15 patients (28.8%) are of unknown aetiology followed by pancreatic cancer, 26.9%. Other causes include cholangiocarcinoma, chronic pancreatitis, CBD stones, ampullary cancer and metastases from other primary. The majority of cases (51.9%) had endoscopic ultrasound and fine needle aspiration (EUS FNA) biopsy and about a third (28.8%) did not have any tissue diagnosis. 41 patients (78.8%) are still alive. They either have completed or still undergoing treatment.

Discussions

Data specifically looking at causes for distal CBD stricture is very scarce. Our study showed, despite the advancement of endoscopy equipment and its accessories for tissue diagnosis, up to 30% of the cases remained unknown. Unsurprisingly, pancreatic cancer is the main diagnosis for our cohort. It has been known that pancreatic cancer is the commonest cause of malignant CBD stricture. Intriguingly, metastatic disease comprised up to 10% of the causes of distal CBD stricture. It was heartening to note that the majority of patients still alive and responding to treatment.

Conclusions

Unknown aetiology is still the commonest cause of distal CBD stricture. Tissue diagnosis is essential to correctly diagnosed patients with this condition.

POSTER PRESENTATIONS

THE IDEAL SITES FOR GASTRIC BIOPSY FROM COLONIZATION PATTERN STUDY OF *HELICOBACTER PYLORI* BY COMPARISON OF DIFFERENT GASTRIC BIOPSY SITES

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H. pylori infection is very common throughout the world especially the developing countries including Malaysia and Sabah has a very high prevalance in the country. The objectives are to study the colonization pattern of *H. pylori* in the stomach of patients treated with proton pump inhibitors and those who are not and also to determine the best sites of gastric biopsy for the detection of *H. pylori* during endoscopy. A total of 156 patient *H. pylori* positive were recruited in Queen Elizabeth Hospital, Sabah whereby 5 gastric biopsies were taken form 5 different sites of the stomach to analyse the presence of *H. pylori* histologically. Consumption of proton pump inhibitors does cause the migration to the body evidenced by the fact that 99% of the patients who are not on PPI will have *H. pylori* infection at the antrum and only 36.5% at the body but only 60% of the patients with PPI consumption were found to have *H. pylori* at the antrum for most of them (80%) the bacteria was detected at the body. The difference of *H. pylori* detection at the antrum and body was significantly different (χ^2 = 41.642, p = 0.000) and (χ^2 = 28.116, p = 0.000) when compared to patients with and without PPI consumption. A combination biopsy of 2 at the antrum (lesser curvature and greater curvature) and 2 at the body (lesser curvature and greater curvature will give the best result for *H. pylori* detection compare to a single antral biopsy alone (χ^2 = 60.016, p = 0.000). Nowadays many patients get their gastric medications from pharmacists or general practitioners where by PPI are prescribed before testing for *H. pylori,* hence a single antral biopsy will lead to false negative results and hence combination gastric biopsies from antrum and body are recommended.

PREVALENCE OF *HELICOBACTER PYLORI* INFECTION AMONG PATIENTS REFERRED FOR ENDOSCOPY AT SERDANG HOSPITAL

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Objective

To study the prevalence of *Helicobacter Pylori* infection, according to ethnicity, gender and endoscopic findings among the patients that referred for oesophago-gastro-duodenoscopes (OGDS) at gastroenterology endoscopy unit, Hospital Serdang, Selangor, Malaysia.

Method

We assessed the database of all the patients that underwent OGDS at the gastroenterology endoscopy unit, Hospital Serdang from 1st August 2010 to 31st July 2012, retrospectively.

Results

A total of 924 patients who underwent OGDS were analyzed for the *H.pylori* infection by using *Campylobacter*-like organism (CLO) test. 130 (14.07%) tested positive, and their data were subsequently analyzed according to gender, ethnicity, age group and endoscopic finding. The prevalence rate among males was 15.15% (70/462), while it was 12.99% (60/462) among the females. In terms of ethnics, the overall prevalence showed *H.pylori* infection was commonly found among Indian and Chinese with prevalence rate of 25.13% (50/199) and 17.41% (51/293) respectively. These figures are significantly higher than the 6.01% (25/416) for Malays. Erosions were the commonest finding in *H.pylori* positive group with rate 51.54% (67/130). However, erosions were not uncommon in *H.pylori* negative group with rate 48.61% (386/794).

Conclusion

H.pylori infection rate among Malaysians is low, with the highest rate in Indians, then Chinese and unusually low in Malays. No significant difference between the prevalence rate of *H.pylori* infection in male and that in female. Erosions are equally common in either *H.pylori* positive or *H.pylori* negative group. This could be due to the limitations of this study that no path histological result were reported, and several endoscopists were involved in reporting the endoscopic findings.

ULTRASONOGRAPHY-DIAGNOSED NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) IS NOT ASSOCIATED WITH PREVALENT ISCHEMIC HEART DISEASE (IHD) AMONG LONG-STANDING POORLY CONTROLLED DIABETICS

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Objective

To determine if ultrasonography-diagnosed NAFLD is associated with prevalent ischemic heart disease (IHD) among diabetics in a hospital clinic setting.

Methodology

This is a cross-sectional study on consecutive patients seen at the Diabetic Clinic of University of Malaya Medical Centre. Diagnosis of NAFLD was by ultrasonography following exclusion of significant alcohol intake and other causes of chronic liver disease. The medical record for each patient was reviewed for documented IHD. Patients without documented IHD but had symptoms and/or electrocardiographic changes suggestive of IHD were referred for cardiac evaluation.

Results

Data for 399 patients were analyzed. Mean age was 62.8 ± 10.5 years with 43.1 % male. Mean duration of diabetes mellitus was 16.2 ± 9.7 years and mean serum HbA1c level was 8.1 ± 1.8 %. NAFLD and IHD were present in 49.6 % and 26.6 %, respectively. NAFLD was not associated with IHD. The prevalence of IHD was highest among the Indians (34.1 %) followed by the Malays (29.2 %) and the Chinese (20.1 %). No association was found between NAFLD and IHD when analyzed according to ethnicity. On multivariate analysis, independent factors associated with IHD were older age, lower levels of physical activity, greater waist circumference and higher serum glycated hemoglobin level.

Conclusions

Ultrasonography-diagnosed NAFLD was not associated with IHD among long-standing poorly-controlled diabetics. Better characterization of NALFD using non-invasive methods may allow more accurate risk stratification for cardiovascular disease.

NON-ALCOHOLIC FATTY LIVER DISEASE IN YOUNG ADULTS – WORRYING ETHNIC DIFFERENCES IN A MULTI-RACIAL ASIAN POPULATION IN MALAYSIA

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Objective

To study the prevalence of NAFLD among young adults in Malaysia and to determine whether the prevalence of NAFLD is different among young adults of different ethnic origin.

Methodology

This was a cross-sectional study on a young Malaysian population. Demographic and anthropometric data and relevant clinical and laboratory data were obtained using a standard protocol. Diagnosis of NAFLD was by trans-abdominal ultrasonography and following exclusion of significant alcohol intake and other causes of chronic liver disease.

Results

Data for 472 subjects were analyzed (mean age 23.2 ± 2.4 years old, 40.5 % men). The racial distribution was: Chinese 53.6 %, Malay 30.3 %, Indian 15.5 % and others 0.6 %. The prevalence of NAFLD was 8.1 % (38/472). Subjects with NAFLD were older, had greater BMI and WC, and recorded higher SBP and DBP. They had higher FBS, serum TG and LDL levels and lower serum HDL level. Serum ALP, ALT, AST and GGT levels were higher in subjects with NAFLD. All subjects who had NAFLD had insulin resistance. The prevalence of NAFLD was significantly higher among males compared to females (17.9 % vs. 3.3 %, $p < 0.001$). Highest prevalence of NAFLD was seen among Indian and Malay males at 33.3 % and 25.5 %, respectively. The prevalence of NAFLD among Chinese males was 6.8 %. Independent factors associated with NAFLD were: age, male gender, obesity and elevated serum ALT level.

Conclusion

High prevalence of NAFLD among Indian and Malay males is observed as early as young adulthood and is consistent with the higher prevalence of obesity in these groups.

LOW PHYSICAL ACTIVITY AND HIGH PERCENTAGE CALORIE INTAKE FROM FAT, HIGH CHOLESTEROL FOOD AND HIGH SATURATED FATTY ACID FOOD IS ASSOCIATED WITH NAFLD IN CENTRALLY OBESE DIABETICS

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Objective

To study the role of diet and physical activity (PA) in non-alcoholic fatty liver disease (NAFLD) in diabetics.

Methods

Consecutive patients seen in our hospital diabetic clinic were enrolled. The Global Physical Activity Questionnaire and a semi-quantitative food-frequency questionnaire were used to assess dietary intake and PA, respectively. Diagnosis of NAFLD was ultrasound-based and following exclusion of significant alcohol intake and other causes of chronic liver disease.

Results

Data for 299 patients were analyzed (mean age 63.3 ± 10.5 years old, 41.1 % male). Prevalence of NAFLD was 49.2 %. Patients with low PA were more likely to have NAFLD (OR = 1.75, 95 % CI = 1.03 – 2.99, p = 0.029). There was no significant difference in calorie intake, intake of macronutrients and percentage calorie intake from each macronutrient, high sugar food, high cholesterol food and high SFA food between patients with and without NAFLD. Among centrally obese patients, patients with low PA and in the highest quartile of percentage calorie intake from fat (OR = 4.03, 95% CI = 1.12 – 14.99, p = 0.015), high cholesterol food (OR = 3.61, 95% CI = 1.37 – 9.72, p = 0.004) and high SFA food (OR = 2.67, 95% CI = 1.08 – 6.67, p = 0.019) were most likely to have NAFLD. Among those who were not centrally obese, PA and percentage calorie intake from fat, high cholesterol food and high SFA food was not associated with NAFLD.

Conclusions

Low PA and high percentage calorie intake from fat, high cholesterol food and high SFA food is associated with NAFLD in centrally obese but not in lean diabetics.

CASE REPORT : A PATIENT WHO ATTEMPT SUICIDE WHILE RECEIVING INTERFERON ALPHA AND RIBAVIRIN TREATMENT

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Introduction

HCV infection is an important worldwide public health issue. It is estimated that 2-3% of the world's population are suffered from Hepatitis C. Currently Chronic hepatitis C treatment specifically interferon-α and ribavirin is limited by concerns about psychiatric side effects including risks of suicide.

Case Report

We presented a morbid obesity female patient noted her husband want to divorce with her during HCV treatment. She suffered from major depression disorder with psychosis might be aggravated by IFN-α and ribavirin, leading to attempted suicide. Psychiatrist was referred, antidepressant were given together with psychotherapy. This patient under psychiatrist regular counseling and follow up with significant improvement. The HCV treatment was successfully. All RVR, EVR and SVR were achieved.

Discussion

Interferon alpha and Ribavirin are the treatment medication for hepatitis C. It carries a risk of neuropsychiatric adverse effects like insomnia, mood changes, depression and suicide attempts. In this patient, the adverse effects of the Interferon Alpha and Ribavirin as well as her marital disharmony could be the precipitating factors of suicide. Management of Major Depressive disorder in this patient was challenging because the Hepatitis C treatment was on going and her marital issue was dragged on for long duration because her husband was not co-operative in settling the matter. These two factors could be the perpetuating factors that caused her to be in depressive status. Interferon dosage might be need to reduced if the symptoms unable to resolve but it might take risk of treatment failure.

Conclusion

Major depression and somatic complaints are a common consequence of interferon alpha/ribavirin treatment for chronic hepatitis C. All patients receiving hepatitis C treatment should be periodically assessed for the detection of these side effects .

CASE REPORT : PRIMARY GASTRIC MANTLE CELL LYMPHOMA

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Introduction

Primary non-Hodgkin's lymphoma of Gastrointestinal tract is the most common extranodal non Hodgkin's lymphoma. It account for 20% of the non-Hodgkin's lymphoma. Mantle cell lymphoma is one type of non-Hodgkin's lymphoma, it comprises 2.5%-7% of all non-Hodgkin's lymphoma. Gastrointestinal tract involvement account for 20 % of mantle cell lymphoma.

Case Report

We present a 74 year old male patient presented with epigastric pain, body weight loss, anorexia for 2 months. OGDS was done with multiple ulcers and linitis plastica appearance over the low body greater curvature side, antrum and pylorus. Biopsies were taken, HPE with immunohistochemistry results cyclin D1, CD5 positive and CD 23 negative gastric mantle cell lymphoma. CT scan was done with bilateral cervical and supraclavicular lymphadenopathies, para-aortic, paracaval and bilateral inguinal nodes with thickened wall of stomach at the antrum and body area, Ann Arbor stage IV. This patient received 6 cycles of cyclophosphamide 750mg/m3, Doxorubicin 50mg/m3, Vincristine 1.4mg/m2, Prednisolone 100mg /day, patient responded to Chemotherapy. OGDS and CT were repeated with improvement. Patient presented with body weight loss and diarrhea 4 months later. All lab data and investigations revealed that patient mantle cell lymphoma relapsed. Owing to old age and poor nutrition status of this patient, palliative care was offered for this patient and not for further chemotherapy. Patient passed away at home after discharged.

Discussion

Our patient presented with Mantle cell lymphoma stage IV initially responded to chemotherapy however 4 months later relapse after completed Chemotherapy treatment.

Conclusion

Prognosis of mantle cell lymphoma in stage IV is poor responded to Chemotherapy and poor overall survival rate.

DIFFERENTIAL RATES OF DISAPPEARANCE OF *H.PYLORI* BETWEEN RACES IN A YOUNG MULTIETHNIC ASIAN POPULATION IN MALAYSIA

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Background

H. pylori infection rate is on the decline worldwide. This is particularly so amongst children and young adults where *H. pylori* has virtually disappeared in some populations. Although an endoscopy based time trend study from our institution has shown a marked decline in *H. pylori* infection, there has been no recent studies on the prevalence of *H. pylori* in a young Malaysian population.

Objectives

To determine the frequency of *H. pylori* infection and their ethnic distribution in young healthy volunteers in Malaysia.

Methods

Consecutive young healthy students of the University of Malaya, Kuala Lumpur were recruited for the study. The diagnosis of *H. pylori* infection was determined by a validated ^{13}C Urea Breath Test.

Results

As part of an on-going study on young healthy Malaysian adults, 447 subjects were recruited. Mean age was 22.31 ± 2.26. ^{13}C urea breath tests were positive in 40 out of 447 volunteers giving rise a prevalence rate of 8.9%. Eight (3.8%) of 209 Malay, Fourteen (8.5%) of 164 Chinese and eighteen (24.3%) of 74 Indian had *H. pylori* infection. The difference between three ethnic groups were statistically significant. (p values<0.001). Twenty eight (9.7%) of 290 female and twelve (7.6%) of 157 male were ^{13}C urea breath test positive (p values= 0.477).

Conclusions

Low prevalence of *H. pylori* infection observed in all volunteers. The high *H. pylori* prevalence amongst Indians and Chinese compared to Malays have been well shown in previous studies. However, over time, the prevalence rates in Chinese appeared to have declined dramatically nevertheless prevalence rates in Indians remains highest among the three ethnic groups. We await analysis on a larger sample population to confirm our preliminary findings described here.

EMERGENCE OF *H.PYLORI* RESISTANCE TO LEVOFLOXACIN AND CLARITHROMYCIN IN LOCAL MALAYSIAN STRAINS

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Background

Antibiotic resistance decreases success of *H. pylori* eradication and therefore the primary resistance to various commonly used antibiotics is crucially important in our choice of treatment regimens. In a previous study in our local Malaysian population, resistance to clarithromycin and levofloxacin was shown to be zero.

Objectives

To monitor the prevalence of *H. pylori* resistance to clarithromycin, amoxicillin, metronidazole, tetracycline, levofloxacin and rifampicin in our local bacterial strains in 2011-2012.

Methods

Gastric biopsies from consecutive rapid urease test positive patients that presented to endoscopy unit, University Malaya Medical Centre, Kuala Lumpur from July 2011 to Aug 2012 were obtained for culture and sensitivity testing. Resistance to individual antibiotics were tested using the Etest. Results from treatment naive patients were analysed in this study

Results

Total of 119 samples were obtained. The median age of patients was 56.0 (Range: 14-77). The male:female ratio was 65:54. Prevalence of resistance to metronidazole was 39/119 (32.8%). No female (24/65) (36.9%) versus male (15/54) (27.8%) difference in frequency of metronidazole resistance was noted (p = 0.290). Resistance rate for clarithromycin and levofloxacin was 9/119 (7.6%) and 7/119 (5.9%) respectively. There was zero resistance to amoxicillin, nitrofurantoin, tetracycline and rifampicin. 4 strains had dual resistance to clarithromycin and metronidazole. 2 strains had dual resistance to clarithromycin and levofloxacin and 2 were resistant to metronidazole and levofloxacin.

Conclusions

The emergence of resistance to levofloxacin and clarithromycin are worrying and needs to be closely monitored. The high resistance to metronidazole is in keeping with our previous observations.

ONE-WEEK PPI TRIPLE THERAPY AS FIRST-LINE *H.PYLORI* ERADICATION REGIME IN MALAYSIA – STILL AN EFFECTIVE REGIMEN?

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Background

One-week triple therapy for *H. pylori* eradication comprising a proton-pump inhibitor (PPI), amoxicillin and clarithromycin have continued to show high eradication rates in our experience even in recent times (1).

Objective

To re-examine the efficacy and tolerability of 1-week proton pump inhibitor triple therapy as a first-line *Helicobacter pylori (H. pylori)* eradication therapy.

Methods

Consecutive treatment naïve participants with a positive rapid urease test during an outpatient upper endoscopy were included. All participants were given rabeprazole (Pariet) 20 mg b.i.d., amoxicillin (Ospamox) 1 g b.i.d. and clarithromycin (Klacid) 500 mg b.i.d. for 1 week. Successful eradication was defined by negative 13C-urea breath test or rapid urease test through upper endoscopy at least 4 weeks after the completion of therapy.

Results

As part of an on-going study, a total of 50 patients have been recruited thus far. 5 patients defaulted follow up and all patients were compliant to treatment. Per-protocol and intention-to-treat eradication rates were and 93.3% (42/45) (95% *CI*: 82.1–97.7%) and 84.0% (42/50) (95% *CI*: 71.5–91.7%) respectively. Overall 32 participants (64.0%) reported no side effects, followed by 9 (18.0%) with nausea and bitter taste, 8 (16.0%) with diarrhoea during treatment, 4 (8%) with dizziness, vomiting, epigastric pain and headache, 6 (12%) had loss of appetite and two (4%) with rashes and diarrhoea after treatment. All side effects were considered mild.

Conclusion

The 1-week *H.pylori* eradication regime using rabeprazole, amoxicillin and clarithromycin is still an effective 1st line *H.pylori* eradication therapy. This is due to the relatively low background resistance to clarithromycin (<10%) in our local population. We await analysis on a larger sample population to confirm our preliminary findings described here.

1. QUA CS, MANIKAM J, GOH KL. Efficacy of 1-week proton pump inhibitor triple therapy as first-line *Helicobacter pylori* eradication regime in Asian patients: is it still effective 10 years on? J Dig Dis. 2010 Aug;11(4):244-8.

A CASE REPORT : A RARE ENDOSCOPIC FINDING THE DOUBLE PYLORUS

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Introduction

Double pylorus is an uncommon condition consisting of a gastroduodenal fistula extending from gastric antrum to the duodenal bulbs through an accessory canal. The majority of double pylorus are acquired as a complication of peptic ulcer disease with *Helicobacter Pylori* infection, We described a male patient of double pylorus secondary to peptic ulcer disease without Helicobacter pylori infection.

Case Report

We presented a 48 year old male patient with past history of asthma, hypertension and gout was admitted to our clinics due to epigastric pain and anemia. OGDS was done showing a fistula into the antral superior wall between the prepyloric antrum and the duodenal bulb with shallow forrest III gastric ulcer. CLO test result negative and Gastric HPE result no malignancy changes. OGDS was repeated 1 month later for follow up. The gastroduodenal fistula still persist despite of proton pump inhibitors treatment. Clinically patient epigastric pain improving post medication therapy.

Discussion

Double pylorus is an uncommon acquired or congenital condition with prevalence rate varies 0.06 to 0.4 %. Men are affected more than twice as often compared to woman and the median age of patient with double pylorus is 60 years. The size of these gastroduodenal fistulas varies from several mm to several cm. Majority of double pylorus are acquired and attributed to complications of peptic ulcer disease especially gastric ulcer. Most patients of double pylorus respond well to medical therapy. *Helicobacter pylori* infection plays an important role in the pathogenesis of peptic ulcer disease. High rate of persisting fistula despite of medication treatment is common.

Conclusion

Acquired double pylorus is an uncommon complication of peptic ulcer disease. In spite of medical treatment, gastroduodenal fistula persisting rate is still high.

CASE REPORT : RUPTURED LIVER ABSCESS WITH CAECAL PERFORATION SECONDARY TO ULCERATIVE COLITIS

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Introduction

Ulcerative colitis (UC) is an uncommon disease in Malaysia, liver abscess as a complication of UC is also rare. Hitherto no patient has been reported to have a ruptured liver abscess with bowel perforation secondary to UC. A patient with rupture liver abscess and perforated caecal secondary to Ulcerative Colitis was treated.

Case Report

A 28 year old Indian gentleman, presented with clinical signs of localised right hypochodrial peritonism. Initial complains were 3 days of right sided hypochondrium pain, fever and diarrhoea. No previous history of Ulcerative Colitis. Intra operatively noted a ruptured liver abscess and a single perforation over the caecum with gross fecal peritonitis. Peritoneal lavage performed followed by right hemicolectomy with primary anastomosis. HPE report later revealed features of UC. Antimicrobial therapy was continued. Steroid and anti-inflammatory agents were started only 3 weeks later. Post-operative recovery was slow but no anastomotic leak was found.

Discussion

Ruptured liver abscess with bowel perforation are commonly caused by amoebiasis, tuberculosis and typhoid. The incidence caused by UC is not reported yet. The standard treatment for perforated bowel cause by UC is subtotal colectomy with ileostomy and rectal mucous fistula to avoid risk of anastomosis breakdown followed by ileal pouch-anal anastomosis later. In our patient, UC was not suspected and undiagnosed during the time of acute presentation, based on intra-operative asscessment, bowel is healthy and decision of right hemicolectomy with primary anastomosis was done. Patient recovered well with no anastomotic leak. Primary anastomosis is safe to perform even in UC if the bowel is healthy. With antimicrobial therapy, patient recover well.

Conclusion

Ruptured liver abscess with caecal perforation secondary UC is rare. In the acute setting, treatment of patient with undiagnosed UC, standard surgery procedure with primary anastomosis is safe to be performed.

A REVIEW OF CLINICAL CHARACTERISTICS OF PATIENTS WITH INFLAMMATORY BOWEL DISEASE AT A TERTIARY CARE HOSPITAL IN MALAYSIA

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Background

The incidence and prevalence of inflammatory bowel disease (IBD) in Asia is rapidly rising over the past few decades. The aim of this study is to review the characteristics and clinical course of IBD in a multiracial Asian country.

Methods

Retrospective review and where necessary, interview with patients was done. Data was collected from 76 patients who are under our follow up between 1985 to 2013.

Results

There were 56 ulcerative colitis (UC) and 20 Crohn's disease (CD) patients. Among patients with UC, 49 % (27) Malay, 29% (16) Chinese, and 22% (12) Indian. Mean age at presentation was 40.62 ± 14.6 years. Male to female ratio 1.5:1. Majority had no history of smoking prior to disease onset. The extent of disease: 14.5 %(8) Ulcerative Proctitis, 34.5% (19) Left sided UC and 50.9% (28) Extensive UC . Diarrhea, bloody stool and abdominal pain were among the most common presenting complains.

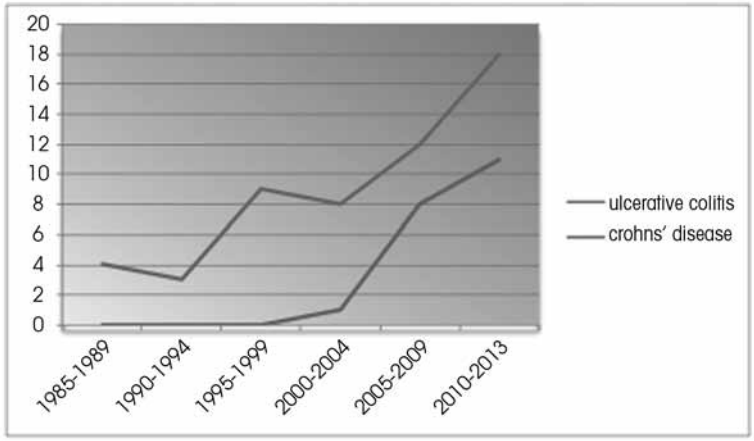
Among patients with CD, 50% (10) Malay, 20% (4) Chinese, 30% (6) Indian. Mean age at presentation was 26.25 ± 16.4 years. Male to female ratio 1.2: 1. 25% had history of smoking at the time of diagnosis. The extent of the disease: 10% (2) ileal, 30% (6) colonic, 60 % (12) ileocolonic; of which 15% (3) had stricturing, 10% (2) had penetrating, and 10% (2) had stricturing and penetrating disease; 20% (4) had concomitant perianal disease. More than half of the patients first presented with diarrhea and abdominal pain.

Extraintestinal manifestation is not common among our patients; the commonest manifestation would be large joint arthritis. None of the patients had a positive family history for IBD.

Conclusion

IBD is no longer an uncommon disease in Malaysia. Thus early recognition of the disease is important to minimize disease progression and complications. More research in Asia is needed to discover the causative factors leading to the increasing incidence of development of IBD among Asian population (figure1).

Figure 1 shows the increasing number of cases of IBD from 1985 – 2013



UNRESECTABLE HEPATOCELLULAR CARCINOMA TREATED WITH TRANSARTERIAL CHEMOEMBOLIZATION: UKM MEDICAL CENTRE EXPERIENCE

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Backgrounds / Aims

Transarterial chemoembolization (TACE) is often used to palliate patients with unresectable hepatocellular carcinoma (HCC). TACE with drug eluting-beads (DC beads - TACE) is designed to improve treatment efficacy in these patients by occluding the feeding vessels of the tumour and gradually releasing the anti–cancer drugs. The purpose of this study was to evaluate the survival rates of patients with HCC following TACE therapy in UKMMC.

Methods

A retrospective analysis of 79 patients who underwent TACE between January 2009 and May 2013 were conducted. We compared between HCC patients who received DC beads–TACE (n=45) and to controls who received conventional TACE (c-TACE) (n=34) therapies. The primary end point was overall survival (OS) rate based on Kaplan-Meier results. The secondary end points were treatment response and treatment-related adverse events.

Results

A total of 79 HCC patients (79% males, 21% females, age range; 21-84, mean age 62 years) were treated with TACE. Aetiology of liver disease: Hepatitis B (HBV) 24% and non-HBV 76%, Child-Turcotte-Pugh's (CTP) class: CTP A 44%, CTP B 56% and the Barcelona Clinic Liver Cancer (BCLC) stage: BCLC stage A 25%, BCLC stage B 75% with tumour maximal diameter of 8.02 ± 5.28 cm. The overall median survival time from the start of TACE treatment was 7.4 months with a median follow up time of 11.8 months. The OS rate at year 1 and year 2 was 66.6% and 33% respectively and it was better in DC beads - TACE group as compared to c-TACE group (p=0.008). Radiological improvement according to complete and partial response and stable disease (mRECIST) was 66% in DC beads-TACE and 48% in c-TACE although no statistical difference was achieved. For the treatment-related adverse events, no statistical significant difference was achieved in both groups.

Conclusions

DC beads-TACE appears to be a feasible and promising palliative approach to the treatment of HCC as compared to conventional TACE. DC beads-TACE should be considered the palliative treatment of choice for suitable patients considered for TACE therapy.

AN EVALUATION OF THE APPROPRIATENESS AND EFFICIENCY OF MEDICAL INPATIENT ENDOSCOPY SERVICE PROVISION AT THE UKM MEDICAL CENTRE

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Background

There is an increasing burden on endoscopic unit in UKMMC to reduce endoscopic waiting lists and to provide an efficient service. Therefore, it is essential that all endoscopy referrals are properly evaluated, appropriate and that provision is made to ensure the referrals are dealt with efficiently.

Objectives

To evaluate the appropriateness of medical inpatient endoscopy referral and to assess the efficiency of the service provision.

Methods

A prospective analysis of all medical inpatient endoscopy referrals were conducted from 13th May 2013 to 10th July 2013. An appropriateness of referral indication was compared against the American Society of Gastrointestinal Endoscopy (ASGE) and criteria pre-determined by gastroenterology team. Efficiency of the endoscopic service provision was evaluated by the significance endoscopic findings, interventions, timing of procedure and if the procedures facilitated earlier discharge from the UKMMC.

Results

A total of 72 referrals were received for endoscopy, mean aged 69.5 ±14.2 years. Based on ASGE, 69/72 (95.8%) of the referrals were thought to be appropriate. This accounted for 69/303 (22.8%) of total endoscopic procedures performed during the study period. A total of 51 (73.9%) referrals for oesophagogastroduodenoscopy (OGD), 10 (14.5%) for colonoscopy, 4 (5.8%) for sigmoidoscopy and 4 (5.8%) for percutaneous endoscopic gastrostomy tube insertion. The common indications were anaemia/malaena 28/69 (40.6%), anaemia only 21/69 (30.4%), anaemia/haemetemesis 11/69 (15.9%), dysphagia 2/69(2.9%), rectal bleeding 4/69(5.8%) and chronic diarrhoea 3/69 (4.4%). The numbers of endoscopy performed within 24 hours, 48 hours and more than 72 hours were 42 (60.9%), 9 (13.0%) and 18 (26.1%) respectively. Endoscopy yielded significant findings in 37 (53.6%) and interventions were performed in 21 (30.4 %) cases. The number of patients discharged within 72 hours post endoscopy was 22 (31.9%).

Conclusions

Majority of medical inpatient endoscopy referrals were appropriate. The endoscopy service provided in UKMMC is very efficient with more than half of patients underwent procedures within 24 hours of referral. Early endoscopic procedures, within 72 hours facilitated rapid discharge from the hospital in one third of the patients.

PROFILE AND OUTCOMES OF VARICEAL BLEEDING AMONG KELANTANESE A 4 YEARS EXPERIENCE – A RETROSPECTIVE STUDY

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Objective

This is a retrospective study to evaluate the profile and outcomes of variceal bleeding patients attending endoscopy unit in Hospital Raja Perempuan Zainab II from 2008 to 2012.

Methodology

Record of bleeding variceals patients between 2008 – 2012 were extracted and reviewed. All patients with UGI bleeding (blood in the esophagus, stomach, or duodenum) who enter the emergency room or develop bleeding while in the hospital or are transferred from nearby hospitals and are suspected of having cirrhosis and bleeding varices will be eligible for consideration (all comers).Data such as patients demographic, clinical presentations,laboratory parameters, indications for endoscopy and preendoscopy treatment, endoscopy findings and intervention during procedures, and the outcome were reviewed. Statistical analysis performed using SPSS version 20.

Result

The total numbers of patients diagnosed to have bleeding varices were 73 cases within 4 years. Majority is male patients (80.8%) and mainly Malay is predominant (95.9%) where as Chinese is 4.1%. The mean age is 50 years old. The most common aetiology for liver cirrhosis is Chronic hepatitis B infection (69.9%), followed by chronic hep C infection (21.9%) and others is 8.2%. During endoscopy , findings noted 79.5% of patients has bleeding from esophageal varices and 20.5% has bleeding fundal varix. Out of those 94.5% undergone esophageal banding treatments whereas others about 5.5% received histoacryl injection. None of them had episodes of rebleeding and no mortality was observed. The duration of hospital stay less than one week is observed in 82.2% of patients and 17.8% of patients stayed one than one week . Those who stayed in the hospital more than one week were patients above 50 years old.

Conclusion

Our hospitals is classified by tertiles of admissions as high volume for esophageal varices (> 17 admissions per year). The most common endoscopic finding is bleeding esophageal variceals . No episode of rebleeding or mortality in patients attended our hospital with bleeding varices. This means the treatment has a high success rate and safe.

THE APPROPRIATENESS OF PROTON PUMP INHIBITOR PRESCRIPTION IN A GENERAL MEDICAL COHORT AT UKM MEDICAL CENTRE

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Background

Proton pump inhibitors (PPIs) are one of the most commonly prescribed groups of medication in Malaysia, and at great expense. Anecdotally, many patients are treated with regular PPI for poorly defined reasons and for conditions where PPI therapy is not shown to be beneficial or effective.

Aims

To evaluate practices surrounding PPI prescription and awareness among patients who received PPI therapy admitted in an acute medical ward at UKMMC.

Methods

We obtained details of all patients admitted in an acute medical ward at UKMMC from 3rd June to 3rd July 2013. Medical notes documenting PPI prescriptions prior to or during admission were reviewed and all patients were interviewed regarding awareness of the indication and duration of PPI therapy.

Results

Out of 118 patients, 25 (21.2%) of them were on PPI prior to admission during the study period. There were 61 males and 57 females patients with the age range of 15 to 92 years old and mean age of 57 years. The commonest indication for PPI therapy was subjective symptoms of dyspepsia documented in 32.2% of patients. PPIs were also prescribed in 11.9% of patients with suspected upper gastrointestinal bleed but only 1.7% was proven to have a bleed endoscopically. Of note, 55.9% of patients were prescribed PPI with no clinical indications. Following patient interviews, 75.4% were completely unaware of indication and duration of PPI therapy and only 24.6% were either aware of indication or duration of PPI therapy.

Conclusions

PPIs are commonly and irrationally prescribed with doctors less likely to question the original indication and duration of PPI therapy. Patient's awareness of indications and duration of PPI therapy were also very poor. Proper guideline on specific indications and duration of PPI therapy with patient education would be beneficial to minimize cost and over prescription of PPI therapy.

CASE REPORT: CAECAL TUMOURS – INCIDENCE AND DIAGNOSIS

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Introduction

Caecum is the dilated part of the right colon situated in the right iliac fossa, more common in developed countries but it is not a rare disease in underdeveloped countries. Worldwide incidence of colorectal cancers is ranked fourth in men and third in women, its prevalence per 100,000 in Southeast Asia lately reported to be 12.5 in men and 9.9 in women. Over 70% of the carcinomas were left-sided, while right-sided and caecal carcinomas accounted for 22% and 18% respectively.

Case Report

We report the case of a 48 year-old man who complained of nil bowel output for 4 days. In the last month he had had intermittent bouts of diarrhoea. The abdomen was grossly distended on examination, and on insertion of a nasogastric tube faecal content was drained. His abdominal X-ray showed dilated small bowel loops. The diagnosis of complete bowel obstruction was made and an emergency laparotomy was planned. A caecal tumour was noted intra-operatively, for which a right hemicolectomy was performed.

Discussion

Carcinoma of the cecum behaves similarly to other colon malignancies, but it has been associated with a poorer prognosis than other colon carcinomas because of the presumed longstanding obscure symptoms. Carcinoma of caecum is curable disease if diagnosed early and treated. This is more common in high socio-economic people who use less fibrous and purified diet. With improvement in health education and social status of the people of Malaysia, there is an emerging trend of Westernization in our society. Caecal and right sided colonic cancers mostly present with fatigue, weakness and iron deficiency anemia.

Conclusion

If we are aware of the pathogenesis, etiology, clinical presentation and management of the disease, we can offer a lot to these patients by diagnosing the caecal carcinoma at an earlier stage.

AN ASSESSMENT OF KNOWLEDGE IN HEPATITIS B VIRAL INFECTION AMONG FINAL YEAR MEDICAL STUDENTS AT UKM

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Background

In Malaysia, the prevalence of hepatitis B viral (HBV) infection is estimated to be 8.6%. This level is considered to be endemic by the World Health Organization. Therefore, it is essential for the future health care providers to have all aspects of knowledge in HBV infection.

Objectives

To assess the UKM final year medical students' awareness of HBV infection and their knowledge on mode of viral transmission, symptoms, prevention, treatment options, complications and vaccination.

Methods

An Anonymous one-page questionnaire consisting of basic knowledge of hepatitis B, its mode of transmission, symptomatology, prevention, treatment, complication and vaccination were randomly distributed to final year medical students at a single sitting prior to a teaching session

Results

160 students responded to the questionnaire: 64 (40%) were males and 96 (60%) were females.114 (71%) students reported having been tested for Hepatitis B surface antigen previously, 37 (23%) reported never being tested, 8(5%) were unsure and 1(0.6%) response was not interpretable. 149 (93%) of them were vaccinated and 11(7%) were not vaccinated for Hepatitis B. 144 (90%) students listed spread of disease via vertical transmission, 158 (98%) via contaminated blood products, 126 (79%) via sexual intercourse and 13 (8%) via faecal-oral route.158 (98%) listed liver cirrhosis as a potential complication and 127 (79%) were aware of hepatocellular carcinoma (HCC) as a lethal complication. None of the final year medical students chose goat's milk or milk thistle as effective treatments for Hepatitis B.

Conclusions

Majority of the final year medical students in UKM have an acceptable overall knowledge regarding hepatitis B infection. However, one fifth of them were not aware of viral transmission by sexual intercourse and HCC as a lethal complication and also were not vaccinated for the disease despite being enrolled in a high risk profession.

PP 20

THE JOURNEY OF AN INGESTED NEEDLE

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Introduction

Foreign body ingestion is not uncommon. Most foreign body ingested will pass through the alimentary tract uneventfully. The main complications are obstruction and perforation. Risk of perforation is higher with sharp objects.

Case

We report a 17-year-old lady who swallowed a needle. Her chief complaint was epigastric pain. Examination revealed mild tenderness in the epigastrium with no signs of peritonitis. Abdominal and erect chest radiograph showed a needle within the stomach bubble and no free intraperitoneal air. In the absence of peritonitis and the accessibility of the needle to upper endoscopy, a decision was made to remove it endoscopically on an emergent basis to avoid the risk of perforation. The needle was retrieved successfully. She was discharged well.

Discussion

Foreign body ingestion is common amongst children, intellectually disabled and prison inmates. Although most can be managed expectantly, 10-20% needs non-operative intervention and 1% would need operative intervention. Mortality is extremely rare. The main sites of perforation and obstruction are at the cricopharyngeus and the ileocaecal valve. Choice of management depends on nature of the foreign body, site of impaction, accessibility to non-operative management, presence of peritonitis, local expertise and available facilities. Non-operative management is by endoscopic retrieval. Successful endoscopic retrieval requires the foreign body to be accessible to endoscopy and an experienced endoscopist. Operative management is reserved for those who develop obstruction and perforation. Risk of perforation is higher with sharp objects as well as batteries. Hence, early removal of sharp objects and batteries is advocated.

SUPERIOR MESENTERIC ARTERY SYNDROME POST SCOLIOSIS CORRECTION

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Introduction

Superior mesenteric artery syndrome (SMA syndrome) is a rare entity (prevalence of 0.013-0.3%) first reported by Von Rokitansky in 1842. It is described to be due to the acute angle at which the superior mesenteric artery leaves the aorta (45-65 degrees in a normal person), thus compressing the third part of the duodenum between them.

Case

A 15-year-old boy who had undergone corrective surgery for double major scoliosis, presented to us with symptoms of acute gastric outlet obstruction. SMA syndrome was diagnosed based upon upper gastrointestinal contrast studies and computed tomography of the abdomen. Laparoscopic gastrojejunostomy was performed relieving his symptoms and he was discharged well.

Discussion

SMA syndrome has been described in patients who have had sudden dramatic weight loss (such as in post bariatric surgery) or after corrective spinal surgery. The decision whether or not to perform surgical intervention has often been debated. It is our opinion that patients who present with SMA syndrome post corrective scoliosis surgery should not be attempted conservative treatment with parenteral nutrition as the acute anatomical angle is caused by stretching of the vasculature and thus surgery should be the primary option.

REDUCED-VOLUME PEG-ELS PLUS BISACODYL – SPLIT-DOSE IS BETTER THAN SAME MORNING WHOLE-DOSE FOR MORNING OUTPATIENT COLONOSCOPY: RESULT OF AN INVESTIGATOR - AND ENDOSCOPIST-BLINDED, RANDOMIZED STUDY

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Objective

To compare split-dose vs. same morning whole-dose of 2-litre PEG-ELS plus bisacodyl for bowel preparation for morning outpatient colonoscopy

Methodology

This was an investigator- and endoscopist-blinded, randomized study of consecutive adult patients undergoing morning outpatient colonoscopy at the Endoscopy Unit, University of Malaya Medical Centre. The Boston Bowel Preparation Scale (BBPS) was used to assess quality of bowel preparation. The questionnaire by Aronchick was used to assess patient tolerability. Significance was assumed when $p<0.05$.

Results

Data for 295 patients were analyzed (mean age 62.0±14.4 years old, male 50.2%, split-dose 48.5%). Baseline characteristics were comparable between the two groups. The total score using the BBPS was significantly better in the split-dose group (6 vs. 6, p=0.038). Cecal intubation, withdrawal and total colonoscopy times, and adenoma detection rate were not significantly different between the groups. However, the number of adenoma detected was significantly higher in the split-dose group (2 vs. 1, p=0.010). Patients in the split-dose group had less nausea (25.2% vs. 37.5%, p=0.023) and vomiting (8.4% vs. 16.4%, p=0.037), and were more likely to complete the bowel preparation (99.3% vs. 94.1%, p=0.020). Significantly higher proportion of patients in the whole-dose group found some difficulty in completing the bowel preparation (61.2% vs. 29.4%, p<0.001), would refuse the same bowel preparation regime (13.8% vs. 6.3%, p=0.033) and would rather try another bowel preparation regime (78.9% vs. 53.8%, p<0.001).

Conclusions

Split-dose is better than same morning whole-dose when reduced-volume PEG-ELS plus bisacodyl is used for bowel preparation for morning outpatient colonoscopy.

MANDARIN VERSION OF THE LEEDS DYSPEPSIA QUESTIONNAIRE: A VALIDATION STUDY IN ASIAN PATIENTS

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Background

Dyspepsia is common in East Asia, but there is a lack of validated instruments assessing symptoms in the region. We aimed to translate the Leeds Dyspepsia Questionnaire (LDQ), an established instrument for assessing dyspepsia, into Mandarin and validate it amongst ethnic Chinese.

Methods

A Mandarin version of the LDQ was developed according to established protocols. Psychometric evaluation was performed by assessing the validity, internal consistency, test-retest reliability and responsiveness of the instruments in both primary and secondary care patients.

Results

A total of 184 subjects (mean age 54.0 ± 15.7 years, 59% female, 74% with > secondary level education) were recruited between August 2012 and March 2013, from both primary (n=100) and secondary care (n=84). Both internal consistency of all components of the Mandarin LDQ (Cronbach's α 0.79) and test-retest reliability (Spearman's Correlation Coefficient 0.78) were good. The Mandarin LDQ was valid in diagnosing dyspepsia in primary care (AUC 0.84) and able to discriminate between secondary and primary care patients (mean cumulative LDQ score 12.4 ± 8.5 vs 5.7 ± 6.7, $p<0.0001$). Among eight subjects with organic dyspepsia, the median Mandarin LDQ score reduced significantly from 21.0 (pre-treatment) to 9.5, four weeks post-treatment ($p<0.0001$)

Conclusion

The Mandarin LDQ is a valid, reliable and responsive instrument for assessing Asian patients with dyspepsia.

ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SUPERFICIAL GASTRIC NEOPLASIA – A FEASIBLE OPTION IN MALAYSIA

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Background

Optimal oncological resection of early gastric malignancy is best provided by the endoscopic submucosal dissection (ESD) technique. Outside of Japan and Korea, few Asian countries have reported successes with this technically demanding procedure.

Objective

This report aims to describe the feasibility and efficacy of ESD in a tertiary centre in Malaysia.

Methods

ESD for early gastric malignancy was initiated at the University Malaya Medical Centre (UMMC) in 2009 and a retrospective review of all cases was conducted. All procedures were performed by a single endoscopist (SM), with initial assistance by experts from Singapore (JLK and KYH). ESD was performed in a standard manner with the IT® knife (Olympus, Tokyo, Japan). Details of the procedures, complications, specimens resected and recurrence at follow up were analysed.

Results

A total of six cases (mean age 68 ± 14 years, 5/6 females) of ESD for superficial gastric lesions have been performed to date. 5/6 lesions were located in the antrum/ pre-pylorus and the median size was 30 (15-60) mm. Endoscopic appearance of lesions, as defined by the Paris classification were as follows: type 0-IIa + 0-IIc lesion n=3, type 0-Is n=2 and type 0-IIc n=1. En-bloc resection was successful in 5/6 lesions, with a median procedure duration of 135 minutes (72 - 240 minutes). There were no cases of perforation, significant bleeding nor mortality. Histologically, 5 en-bloc samples showed complete resection (R0). 3 cases confirmed early gastric cancer and 3 cases were non-malignant. During a median follow up period of 148 (32 – 224) weeks, recurrence was only reported in 1 case which did not have an en-bloc resection.

Conclusion

ESD for gastric lesions with complete (R0) en bloc resection is feasible in Malaysia, despite a low volume of such lesions and a steep learning curve for the procedure.

BIOLOGIC THERAPY IN ELDERLY PATIENTS WITH CROHNS; HOW SAFE IS IT ?

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Introduction

Cohns Disease (CD) is a chronic inflammatory condition that can affect any part of the gastrointestinal (GI) tract. It is a disease more commonly seen in Caucasian populations compared to Asians where infectious diseases, including Tuberculosis (TB) are the most common cause of GI inflammation. In its most aggressive form, immune modulating biologic therapy in the form of Anti- Tumour Necrosis Factor (TNF) remains the treatment of choice but is associated with potentially serious complications, the most life threatening amongst them being septicaemia. Elderly patients with chronic conditions such as CD are more likely to be frail and have a reduced immune system, thus septic complications of anti TNF treatment in this group of patients is something that must be considered and monitored for carefully.

Case

We present two cases of elderly patients with CD in which biologic therapy was initiated. Initially screening for TB was negative. However after starting anti – TNF (infliximab) therapy both of the patients went on to develop severe disseminated TB septicaemia requiring intensive care support. Unfortunately, one of the patients did not survive.

Conclusion

Crohns Disease is a chronic condition of the GI tract. In its most aggressive form the most effective treatment currently is anti-TNF drugs. Severe sepsis and reactivation of TB is a recognized complication of anti-TNF. In elderly patients with CD in which treatment with biologics is indicated, we must proceed with extreme caution. In patients who do develop sepsis, TB should be considered even if screening was initially negative.

OUTCOMES OF PEG-INTERFERON ALPHA USE IN TREATMENT OF HEPATITIS C IN A TERTIARY GASTROENTEROLOGY HOSPITAL IN MALAYSIA

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Objectives

To evaluate the outcomes of Peg-interferon alpha use in patients with Hepatitis C in our set up.

Methods

By systematic evaluation and analysis of case notes of patients diagnosed and treated with Peg-interferon alpha plus ribavirin for Hepatitis C in the past 5 years. Demographic data and response towards treatment were recorded and analysed.

Results

We look into 66 patients with Hepatitis C, mean age 42 years old, male 46 (69.7%), female 20 (30.3%). Race distribution was Malay 45 (68.2%), Chinese 19 (28.8%), Indian 1 (1.5%), Others 1 (1.5%). HCV Genotype distribution was as follows: Genotype 1 n=14 (21.2%), Genotype 2 n=1 (1.5%), Genotype 3 n=36 (54.5%). Sustained Virological Response (SVR) achieved was 42.9% in HCV Genotype 1 and 71% in HCV Genotype 3. There were no significance between the co-morbidities and response to treatment (p=0.623). There were also no significant difference between age and treatment response in our group of patients (p=0.775). The relapse rates were 1.7% for Genotype 1 and 13.9% for Genotype 3 patients. There were no relapse noted in Genotype 2 nor in the co-infection with Hepatitis B patient group.

Conclusion

We conclude that Peg-Interferon alpha plus ribavirin was useful in the treatment of our patients with Hepatitis C. SVR achieved in HCV Genotype 1 and 3 were almost consistent with the current data available.

EVALUATION OF SEROLOGY AND UREA BREATH TEST AS NEW NON-INVASIVE DIAGNOSTIC TEST FOR *HELICOBACTER PYLORI* INFECTION

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Introduction and Objective

In Malaysia, *Helicobacter pylori* infection has been rated up to 60%. This infection can be detected by various methods. Rapid Urease Test (RUT) are the most common and reliable tests. Application of non-invasive methods including Urea Breath Test (UBT) and Serology are being increasingly used. The aim of this study is to evaluate the demography and compare the accuracy of Serology and UBT.

Methodology

Symptomatic patient presented from August to December 2012 were selected. Diagnosis is made based on culture and RUT (Pronto Dry or CLO). 2 antral and 2 corpus biopsies are taken. Diagnosis is made when either culture, microscopy or RUT is positive. Patients' blood samples and breath samples were also taken.

Results

A total of 60 patients were recruited, 48.3% males and 51.7% females with mean age 52.1 years old. 48.3% were Malays, 33.3% Chinese, 13.4% Indians and 5.0% others. 80.0% presented with upper abdominal discomfort, follow by bloatedness (40.0%), heart burn (38.3%) and dysphagia (1.6%). Gastroscopy revealed gastritis in 36 patients (60.0%), gastric ulcer (23.3%), gastric erosion (21.7%), gastroesophageal reflux (11.7%) and hiatus hernia (5.0%). RUT is positive in 22 patients (36.7%) with CLO test, and 21 patients (35.0%) with Pronto Dry test. Non-invasive test have similar result. 21 patients (35.0%) have UBT positive, 20 patients (33.3%) have serology test positive. UBT has sensitivity 95.2%, specificity 97.4%, positive predictive value 95.2% and negative predictive value 97.4%. That gives false positive rate 2.6% and false negative rate 4.8%. Serology test has sensitivity 90.0%, specificity 97.5%, positive predictive value 94.7% and negative predictive value 95.1%. That gives false positive rate 2.5% and false negative rate 10.0%.

Discussion and Conclusion

More than 1/3 of symptomatic patients have *H.pylori* found in their gastric mucosa. All the test tested (Pronto Dry, CLO, UBT and Serology) were highly accurate for the diagnosis of *H.pylori* infection.

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CLINICAL & EPIDEMIOLOGICAL OF IBD PATIENT IN HKL

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Background

Ulcerative colitis (UC) and Crohn's disease (CD) are common in the west, seen in northern, industrialized country, with greater prevalence among Caucasian & Ashkenazic Jews. However it remains uncommon in Asia. In United State the incidence of UC and CD is evenly divided

Aim

To study the clinical and demographic pattern of inflammatory bowel disease (IBD) in Hospital Kuala Lumpur.

Methodology

Clinical and epidemiological pattern of all patients with IBD who attended Gastroenterology clinic from January 2013 to June 2013 were reviewed and analyzed.

Result

Total of 53 cases was identified during 6 month period. Of which 46 cases are UC and 7 cases are CD. Male and female distributions in UC group are 24 and 22 respectively. There are 25 Indian, 17 Malay, 4 Chinese. 3 were diagnosed at the age < then 20 years of age, 19 at the age 20-40 years old and 24 cases were diagnosed > 40 years of age. None of them are smokers and have no family history of IBD. All patients are treated with 5-ASA, 9 patients required immunosuppressant, 1 patient received biological agent. There are 2 male and 5 female in CD group. All 5 female are Indian and 2 male are Malay. 2 patients diagnosed at < 20 years of age and 5 were diagnosed at 20-40 years old. All patient are treated with 5-ASA. 5 patients required immunosuppressant and 1 patient received biological agent. All 5 female developed surgical complications, 1 case of perforated ascending colon, 1 case developed anal stricture and 3 cases had fistula.

Conclusion

There more UC then CD seen in Hospital Kuala Lumpur. Both UC & CD are more common among Indian and surgical complication are common in CD group of patients.

UNUSUAL SOURCE OF UPPER GASTROINTESTINAL HAEMORRHAGE: METASTATIC MALIGNANT MELANOMA OF THE STOMACH

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Symptomatic metastatic melanomas deposits to the gastrointestinal tract manifest in very few patients and typically is a feature of advanced disseminated disease. Resection of metastatic deposits is not recommended as there are no survival benefits and open surgery is associated with high morbidity in these patients.

We report a case of a 51-year-old lady who presented with melanoma arising primarily from her left thigh, which recurred post-surgical excision and manifested with recurrent bouts of malaena and symptomatic anaemia. Upper endoscopy showed an ulceroproliferative mass in the body of the stomach that was visible on CT scan and appeared to arise from the submucosal layer with no serosal involvement. Biopsies obtained from upper endoscopy stained positive for HMB45. The patient opted for surgery and underwent laparoscopy and transgastric resection of the mucosal lesion. Intra-operatively she was found to have extensive peritoneal metastatic disease but successfully underwent laparoscopic transgastric excision. Post-operatively, she recovered uneventfully.

This case report highlights the advantages of laparoscopy for staging and palliative intervention of symptomatic metastatic melanoma deposits without the associated morbidity of open surgery.

Keywords

Malignant Melanoma, Gastrointestinal, Stomach

FACTORS ASSOCIATED WITH HEALING OF GASTRIC ULCERS AMONG PATIENTS IN HOSPITAL KUALA LUMPUR – (A MALAYSIAN GASTROINTESTINAL REGISTRY BASED STUDY)

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Background

Gastric ulcer is the commonest cause of upper gastrointestinal bleeding and a common finding among patients who had endoscopy examination for dyspepsia. Majority of gastric ulcers healed within 8 weeks with treatment. However, several factors may affect healing of gastric ulcer.

Methods

Data collection from January 2010 till July 2013 was done based on the Malaysian Gastrointestinal Registry in Hospital Kuala Lumpur. Among patients diagnosed with gastric ulcers, data such as age, gender, ethnic group, ulcer size and number, presence of H.pylori and eradication of H.pylori were collected. Endoscopic confirmation of ulcer healing within 8 weeks was termed as "standard healing ulcer", while those more than 8 weeks was termed as "slow healing ulcer"

Results

Using uni-variate analysis, the presence of H pylori is the only variable that was found to affect ulcer healing ($P<0.001$). Gastric ulcer healed within 8 weeks in 66.7% of patients with eradication success. However, other factors (age, gender, ethnic groups, ulcers size, ulcer numbers and eradication of H.pylori) were not significantly associated with ulcer healing . Incidence of H pylori is low among our patients with gastric ulcers (13.7%).

Conclusions

Our study revealed the presence of H pylori is the only factor that is significantly related to gastric ulcer healing. It also confirmed the low incidence of H pylori among the cohort of patients with gastric ulcer disease.

AN ANALYSIS OF AGE AS A RISK FACTOR FOR STRUCTURAL DISEASE IN DYSPEPTIC PATIENTS UNDERGOING UPPER GASTO INTESTINAL ENDOSCOPY BASED ON MALAYSIAN GASTRO INTESTINAL REGISTRY (MGIR)

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Background

Dyspepsia is a descriptor for Upper Gastro Intestinal(UGI) symptoms and a marker of structural disease like UGI-malignancy(1%-3%) and peptic ulcer disease (PUD)(5%-15%).

Objective

This study looks at the incidence of PUD and UGI-malignancy in patients undergoing UGI-endoscopy(UGIE) for dyspepsia. To find out whether age is an independent predictor in the study population.

Methodology

Information of UGIE for dyspepsia was retrieved from the Malaysian Gastro Intestinal Registry(MGIR) from 2008-2012. The ages were grouped as; 40, 45, 50, 55, 60, 65, 70 & 75. Then analyzed separately as lesser-than(low-risk) and greater-than(high-risk).

Results

3421 UGIE was done for dyspeptic patient. 1827(53.4%)-female and 1593 (46.6%)-male patients. 269(7.9%) patients had PUD and 43(1.3%) patients had UGI-malignancy. Incidence of PUD in patient with age <40years vs >40years (21(7.8%) vs 248(92.3%).p-value:-0.0001), age<45years vs >45years (34(12.6%) vs 235(87.4%).p-value:-0.0001), age<50years vs >50years(65(24.2%) vs 204(75.8).p-value:-0.0001), age<55years vs >55years(89(33.1%) vs 180(66.9%).p-value:-0.001), age<60years vs >60years(128(47.6%) vs 141(52.4%).p-value:-0.001), age<65years vs > 65years (175(65.1%) vs 94(39.4%).p-value:-0.0001), age<70years vs >70years(206(76.6%) vs 64(23.4).p-value:-0.0001) and age <75years vs > 75years (238(88.5%) vs 31(11.5%).p-value:-0.001). Incidence of UGI-malignancy in patient with age <40years vs >40years (5(11.6%) vs 38(88.4%).p-value:-0.115), age <45years vs >45years(10(23.3%) vs 33(76.7%).p-value:-0.362), age <50years vs >50years(11(26.5%) vs 32(73.5%).p-value:-0.324), age <55years vs >55years(16(37.2%) vs 27(62.8%).p-value:-0.291), age <60years vs >60years(24(55.8%) vs 19(44.2%):-p-value0.650), age <65years vs > 65years (34(79.1%) vs 9(20.9%).p-value:-0.804), age <70yearsvs 70years(39(90.7%) vs 4(9.3).p-value:-0.626) and age <75years vs >75years(42 (98.7%) vs 1(2.3%).p-value:-0.596).

Discussion

In this analysis we noted the incidence of GU remain high in the greater-than(high-risk) group in age 40 to 55 with significant p-value and the incidence of GU is higher in lesser-than(low-risk) group in age 60 and beyond. The incidence of UGI-malignancy didn't show any significant difference.

Conclusion

In patient with dyspepsia, age is a good predictor of GU and poor predictor for UGI-malignancy.

IBD IN UMMC: HOW MUCH DO IBD PATIENTS KNOW ABOUT THEIR DISEASE, AND ARE WE DOING ENOUGH FOR THIS?

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Background

Crohn's disease and ulcerative colitis, collectively termed as inflammatory bowel disease (IBD) may affect patients in the prime of their life. Their understanding of IBD as well as the provision of appropriate care and information are important factors in the overall management, as these will significantly impact long-term outcomes.

Methodology

A 33-item survey was conducted from May-July 2013 at the University of Malaya Gastroenterology Clinic in order to gauge a patient's understanding of IBD, as well as their perception regarding provision of care and related information. An anonymous survey form, written in English was administered whilst the patients were waiting for their appointment, with a research assistant available for assistance if necessary.

Results

There were 57 respondents, of whom 30(52.6%) were female. Twenty-five (43.9%) had Crohn's disease, 27(47.4%) had ulcerative colitis whilst 4(7.0%) were unsure of their diagnosis. Mean patient age was 40 years and mean age of IBD onset was at 30 years old. The majority of patients had at least a university or college education. When queried regarding the frequency of IBD in the Malaysian population, 19(33.3%) answered that it was rare, 18(31.6%) answered very rare, and 12(21.1%) answered that it was common.On the aetiology of IBD, 29(50.9%) felt that it was related to the immune system, while only 9(15.8%) felt that it was related to genetics. Twenty-one patients (36.8%) felt that they understood the disease. A majority said that having IBD changed their lifestyle (n=44, 77.2%). Nevertheless, 25(43.9%) were very satisfied with the level of care given, and 30(52.6%) were very satisfied with the amount of information provided.

Conclusion

Although the majority of patients were satisfied with the level of support provided, there is a gap in their knowledge regarding IBD despite being of younger age and having a good educational background. Further attention is needed to address this issue.

HEPATITIS C MANAGEMENT IN HOSPITAL SULTANAH BAHIYAH: ESTIMATION OF COST OF ILLNESS

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Objectives

To estimate the cost of hepatitis C management incurred by Hospital Sultanah Bahiyah.

Method

All patients who had received and completed their hepatitis C treatment and those receiving palliative care from 2010 to 2012 were recruited in this study. Data were collected retrospectively from their medical records. The total costs calculated included the cost of medications, personnel, diagnostic laboratory tests, diagnostic imaging, blood transfusion and hospitalization.

Results

Of 108 patients screened, only 61 (56.5%) had met the inclusion criteria and were recruited. Majority of them (73.8%) had received a regimen containing the combination of peginteferon injection (Pegasys® or Pegintron®) and ribavirin (Copegus® or Rebetol®) for a variety of treatment duration, ranging from 9 to 42 weeks. A total of 16 patients (26.2%) were receiving palliative care. The medical costs per patient involved were found to be as follows: RM18,083.68 for medications, RM526.12 for personnel, RM1,525.08 for laboratory tests, RM292.78 for diagnostic imaging, RM0.98 for blood transfusion and RM48.36 for hospitalization. Medications (88.3%) had taken up the largest portion of the expenditure, followed by laboratory tests (7.4%) and personnel (2.6%).

Conclusion

The total cost of hepatitis C treatment per patient in a Malaysian general hospital is RM20,477.08. A review should be done on the medication usage as it constituted the highest proportion of the cost.

DEMOGRAPHICS AND CLINICAL PROFILE OF COLORECTAL CANCER PATIENTS IN KEDAH

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Objective

Colorectal cancers are the second most common cancer in Malaysia. It is the number one cancer among men in all races in Malaysia and the third most important cancer among women, after breast and uterine cervical cancer in Chinese and Malays. The incidence of colorectal cancers has been rising slowly in Malaysia. Local data regarding the disease is not well documented.

Methods

All cases diagnosed to have colorectal cancer in our hospital and all private hospitals in Kedah were reviewed from our colorectal cancer registry from 2008 till 2012.

Results

There were 373 cases of colorectal cancer diagnosed during this period. Mean age was 63 years old (range 26-93). The incidence in male is 209 (56%), higher than female 164 (44%). The ethic distribution were 327 (63.5%) Malays, 106 (28.4%) Chinese and 22(5.9%) Indians. Their main presentation were weight loss 45.6%, blood in the stool 44%, anemia 14.7%, and abdominal pain 35.4%. At presentation, 59.2% of patient were at advanced stage (stage III and above). For the distribution of tumour site were mainly at rectosigmoid area 68.8%.

Conclusion

The incidence of our colorectal cancer patients is similar to western population but many of our patients had advanced malignancy on presentation suggesting the need of closer surveillance of colorectal cancer.

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CLINICOPATHOLOGIC FEATURES OF COLORECTAL CANCER – HOSPITAL SULTANAH BAHIYAH'S FIVE YEARS EXPERIENCE

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Colorectal cancer is emerging as one of the commonest cancers in Malaysia. Accurate staging is important to determine the best treatment of each individual patient. Complete histopathology report is important for audit in surgical practice.This study is to determine the clinicopathologic features in a cohort of colorectal cancers patients from Hospital Sultanah Bahiyah. Data were gathered from pathology reports from NCPR-Colorectal Cancer. Clinicopathologic information was obtained for 331 colorectal cancer patients from October 2007 till July 2013. From 389 patients, giving a total number of 331 tumours studied. Most patients were in 50-69 age groups (56%). 30% were 70 years or older. Only 14% were less than 50 years old. Male to female ratio was 1.2:1. 56% were found in the colon whilst the remaining 44% were in rectum. Information on histologic type of colorectal cancer was available from 331 tumours, of which 89.4% were adenocarcinoma of usual type. The remaining 10.6% were mucinous and signet ring carcinomas. From 273 tumours were assessable for both pT and pN stages, only 14.6% (40/273) of these tumours confined to the bowel wall (pT1N0 or pT2N0). The majority (including well– and moderately-differentiated tumours) showed growths that had extended beyond muscularis propria (pT3 or pT4) and/or with lymph node metastases. The majority of our colorectal cancer patients were older, 86% being in the 50 years and above. This finding is similar to figures reported by western countries. Male: female ratio was 1.2:1. Most colorectal cancers were left sided tumours. The majority (89.4%) was adenocarcinoma of usual type and most of these were moderately differentiated tumours. Almost 30% of the colorectal cancers cases showed presence of polyps in the background.

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RARE CASE REPORT OF GASTRIC OUTLET OBSTRUCTION SECONDARY TO HYPERPLASTIC PEDUNCULATED POLYP WITH EARLY MALIGNANT CHANGE

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Gastric polyps have been reported in approximately 4-5% of all patients undergoing upper gastrointestinal endoscopies. Hyperplastic polyps are the most common polypoidal lesions of the stomach with varied presentations. They may be asymptomatic and diagnosed incidentally. Occasionally, they may cause anaemia and rarely, gastric outlet obstruction. The feared long-term complication of such polyps is malignant transformation. Endoscopic excision is the recommended and best option of management in most of these cases.

We would like to report a 61 years old lady who complained of epigastric pain, early satiety, loss of weight and intermittent vomiting. OGDS revealed a large pedunculated polyp measuring 5cm x 5cm along the lesser curvature 4cm from the gastroesophageal junction. The polyp had passed through the pylorus and was causing gastric outlet obstruction. Initial biopsy showed a hamamartomatous polyp. CT scans showed a soft tissue mass arising from the incisura extending through the pyloric canal, D1 and proximal D2. Endoscopic polypectomy was done. Histopathological report showed evidence of early gastric carcinoma. Repeat endoscopy showed complete resection.

AN ANALYSIS OF COLORECTAL POLYPS DETECTED BY THE GASTROENTEROLOGY UNIT AT THE NATIONAL UNIVERSITY OF MALAYSIA IN 2012

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Background

Colorectal cancer (CRC) is the most common cancer in Malaysian males (especially amongst Chinese) and the second most common cancer in females. Colonoscopy is the gold standard screening tool for early detection of polyps in the prevention of CRC.

Objectives

To evaluate the demographic, endoscopic and histologic details of patients who were diagnosed with colorectal polyps.

Methodology

Retrospective analysis of all colonoscopies by the gastroenterology team in 2012 was performed. Demographic details along with location, number and distribution of colorectal polyps, polyp detection rate (PDR) and adenoma detection rate (ADR) as well as CRC were recorded.

Results

326 colonoscopies were analysed. 13.8% (45/326) had polyps. 9.2% (30/326) had polyps identified as adenomas. Average age was 66 years +/- 10.63 in this subset with 76.7% (23) being male. 63.3% (19) Chinese, 23% (7) Malay and 13.3% (4) of Indian origin. Of this group, 63.3% (19) had tubular adenomas, 20% (6) tubulovillous adenomas, 13.3% (4) had serrated adenomas and 3.3% (1) had villous adenoma. The most frequent site of polyps were at the descending colon at 46.7% (14) followed by the sigmoid and transverse colon with 30% (9) each. 2.4% (8) of all patients had adenocarcinoma with 6 involving the left colon and 2 involving the right. The mean age in this subset was 71 years +/- 9.19 with 62.5% (5) being male. 6 patients were Chinese, 2 were Malay. Our PDR was 13.8% (64% male) with an ADR of 9.2% (77% male)

Conclusion

Our data shows greater incidence of adenocarcinoma in the Chinese population than Malays or Indians, in keeping with National Cancer statistics. Most polyps were found in the descending colon. Our mean age of adenoma detection was 66 years albeit with a large standard deviation of 10.6. This may still justify our practice of commencing screening at the age of 50.