Malaysian Society of
Gastroenterology & Hepatology

2025 GUT

Annual Scientific Meeting of MSGH

From Scope to Solution: Navigating the Future of GI Health

8th to 10th August 2025

Shangri-La Kuala Lumpur, Malaysia

in conjunction with

Endoscopy Workshop 2025

Universiti Malaya

www.msgh.org.my

SOUVENIR PROGRAMME & ABSTRACT BOOK

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Dr Leung Hak Keith

Dr Chan Wah Loong

Dr Tan Guo Jeng

Maryam Dheya Ali Alalawi

Karen Kaye Asido Uy

Hasan Jawad Alaali

WELCOME MESSAGE

Dear Friends and Colleagues,

It is my great pleasure to welcome you to GUT 2025, the Annual Scientific Meeting of the Malaysian Society of Gastroenterology and Hepatology (MSGH) on 8th to 10th August 2025 at Shangri-La Kuala Lumpur, Malaysia. We have continued the tradition of bringing together the UM Endoscopy Workshop into GUT 2025 in a single, unified programme. What were once two separate events have now come together as one to encourage greater dialogue, clinical continuity, and more meaningful collaboration across disciplines.

Our theme this year, *'From Scope to Solution: Navigating the Future of GI Health'*, reflects a shared ambition - to move towards more connected, innovative, and patient-centred care. This vision comes to life through a comprehensive programme that spans therapeutic endoscopy, hepatology, gut-brain interaction, IBD, and GI oncology, led by an outstanding faculty from Malaysia, the Asian-Pacific region, and beyond. We remain committed in our advocacy role to share learning and education for the future of digestive health.

We are also proud to continue the dedicated track for the GI Assistants - a valued part of this meeting and a recognition of their vital role in delivering safe, effective, and team-based GI care. While their work often takes place behind the scenes, it remains central to the way we practise and evolve as a profession.

On behalf of MSGH and the Organising Committee, we look forward to welcome you to GUT 2025.

Warm regards,

Datuk Dr Raman Muthukaruppan
Organising Chair, GUT 2025 &
President, MSGH

25TH MSGH ORATION
Professor Dr Sanjiv Mahadeva

Citation by Professor Dr Ida Normiha Hilmi

Professor Dr Sanjiv Mahadeva is a Consultant Gastroenterologist and the current Head of the Combined Endoscopy Unit at Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia. He commenced his medical journey with an undergraduate medical degree from the University of Newcastle-upon-Tyne, UK in 1993, and subsequently pursued postgraduate training in Internal Medicine and sub-specialisation in Gastroenterology, eventually obtaining a CCST in Gastroenterology & Hepatology (UK) in 2003. In 2004, he was appointed as a lecturer in the Department of Medicine, Universiti Malaya, Kuala Lumpur. While fulfilling his duties as a clinician and lecturer, he pursued and obtained a Doctorate in Medicine (MD) from the University of Leeds, UK in 2009. He was promoted to Professor of Medicine at Universiti Malaya in 2010, a post which he occupies until today.

Professor Dr Sanjiv has held numerous prominent leadership roles during his tenure. He was the previous Head of the Department of Medicine, Universiti Malaya from 2014 to 2019, past President of the Malaysian Society of Gastroenterology & Hepatology (MSGH) from 2013 to 2015, past President of the Parenteral & Enteral Nutrition Society of Malaysia (PENSMA) from 2010 to 2012 and Chairman of the National Training Board in Gastroenterology & Hepatology from 2018 to 2021. He has remained passionate about teaching and training in clinical medicine, organising numerous courses, conferences, seminars and live workshops in Gastroenterology & GI Endoscopy. Through his commitment to teaching and training, he has personally seen to the successful development of many young clinicians' careers in both Internal Medicine & Gastroenterology in Malaysia over the last two decades.

Although primarily a clinician by training, Professor Dr Sanjiv was strongly influenced by his previous boss and mentor, the late Professor Dato' Dr KL Goh, who inspired him to achieve academic and scholarly excellence. Despite the demand of clinical practice and heavy training commitments, he has actively made a significant contribution to research in the field of Gastroenterology, particularly in the areas of Disorders of Gut-Brain Interaction (DGBI), therapeutic GI endoscopy, chronic liver disease and enteral nutrition. To date, he has more than 215 scientific publications in international peer-reviewed journals, which have garnered more than 10,000 citations. His research has led to his involvement in both national and international Consensus Working Reports in various GI diseases in the Asia Pacific region and speaking engagements at numerous local and international scientific conferences. Presently, he serves as Associate and Academic Editor for several international journals and has been ranked the 'top 2% scientists in the world' by Stanford University from 2022 to 2024.

22ND PANIR CHELVAM MEMORIAL LECTURE
Professor Dr Teerha Piratvisuth

Citation by Datuk Dr Raman Muthukaruppan

Dr Teerha Piratvisuth is Professor of Medicine at the Prince of Songkla University, Hat Yai, Thailand. He completed his medical degree with first class honour at the Prince of Songkla University in 1985. During 1993 to 1994, he studied as a Clinical Fellow in hepatology at King's College School of Medicine and Dentistry in London, United Kingdom. In 1995, he moved to the United States of America where he spent a further year as a Clinical Fellow in hepatology and endoscopy at the University Texas, Houston Medical School.

Professor Teerha is currently the President of the Gastroenterological Association of Thailand and holds the positions of Advisor of the NKC Institute of Gastroenterology and Hepatology, Faculty of Medicine, Prince of Songkla University, Thailand. He has served in many important roles in the internal organisations including President of Asia Pacific for the Study of the Liver Disease (APASL2011), Vice President of Asia Pacific Digestive Week (APDW2012), Chairman of the Scientific Programme of World Gastroenterology Organization (WGO 2018), Honorary President of APASL 2021 and Chairman of the Asia Pacific Digestible Week 2023. He has published over 135 publications in the peer-reviewed journals including a number of the studies on biomarkers and algorithm for HCC surveillance. He is a reviewer and also an editorial board member of some international journals.

Professor Teerha is a legendary educator, an outstanding hepatologist and a devoted mentor who has shaped generations of clinicians and researchers in Thailand and across the globe over the past three decades and has demonstrated an unwavering commitment to advancing hepatology education.

3RD GOH KHEAN LEE DISTINGUISHED LECTURE
Professor Dr Thawee Ratanachu Ek

Citation by Dr Khoo Stanley

It is my great honour to introduce Dr Thawee Ratanachu-Ek, a pioneer in gastrointestinal endoscopy whose contributions have shaped modern therapeutic endoscopy in Thailand and the wider region.

Dr Thawee's career spans decades of dedication to the field of therapeutic endoscopy, particularly in ERCP and EUS. His expertise has not only transformed patient outcomes but also elevated the standards of endoscopy training in our region.

Dr Thawee graduated from Siriraj Medical School, Mahidol University in 1983 and became a board-certified surgeon in 1990. As a senior consultant and a former chief of the surgical endoscopy unit, Department of Surgery, Rajavithi Hospital, he has been instrumental in introducing cutting-edge endoscopic techniques, while his academic leadership has nurtured generations of gastroenterologists and endoscopists alike. His research mainly of EUS, EUS training and ERCP has been published widely in renowned journals and integrated into clinical practice.

Beyond his technical brilliance, Dr Thawee is celebrated for his commitment to collaboration and education, playing an integral role in multiple societies both locally and internationally, such as the Asian EUS group, APSDE, GI TAP, etc. As a co-founder and former president of the Thai Endoscopy Club which became the Thai Association for Gastrointestinal Endoscopy (TAGE) in 2005, he is influential in spearheading endoscopy training in the Asian Pacific region.

As such, we are privileged to have him deliver this year's 3rd Goh Khean Lee's Distinguished Lecture and sharing his insights on 'The Paradigm Shift in the Role of EUS in Pancreatobiliary Disorders - Past, Present and Future'.

PROGRAMME SUMMARY

Date / Time	8th August 2025 (Friday)		9th August 2025 (Saturday)		10th August 2025 (Sunday)
	Sabah Room	Sarawak Room - MSGNMA (GIA)	Sabah Room	Sarawak Room - MSGNMA (GIA)	Sabah Room
0730 - 0800	Registration				
0800 - 0830			OPENING REMARKS		SYMPOSIUM 3 Optimizing Management in Complicated DGBI
0830 - 0900	Welcome Address		SYMPOSIUM 1 Pragmatic Approach to IBD Related Complications	MSGNMA LECTURE 7	
0900 - 0930	3rd Goh Khean Lee Distinguished Lecture			MSGNMA LECTURE 8	
0930 - 1000	STATE-OF-ART LECTURE 1	MSGNMA LECTURE 1		MSGNMA LECTURE 9	Industry Symposium Session 2
1000 - 1030	Tea Satellite Symposium 1		Tea Satellite Symposium 3		LECTURE 2 22nd Panir Chelvam Lecture
1030 - 1100	Tea Break		Tea Break		Tea Satellite Symposium 4
1100 - 1130	STATE-OF-ART LECTURE 2	MSGNMA LECTURE 2	LECTURE 1 25th MSGH Oration	MSGNMA LECTURE 10	Tea Break
1130 - 1200		MSGNMA LECTURE 3	Young Investigator Award Presentations Oral Poster Presentation	MSGNMA LECTURE 11	STATE-OF-ART LECTURE 3
1200 - 1230	INTERACTIVE SESSION	PANELLIST DISCUSSION		MSGNMA LECTURE 12	SYMPOSIUM 4 Complexities in GI Cancer Screening
1230 - 1300	Malaysia Boleh - Best Endoscopic Video Competition	MSGNMA LECTURE 4	Lunch Satellite Symposium 2		
1300 - 1330		MSGNMA LECTURE 5			Lunch Satellite Symposium 3
1330 - 1400	Lunch Satellite Symposium 1	MSGNMA LECTURE 6	Industry Symposium Session 1		
1400 - 1430	Friday Prayers / Lunch				
1430 - 1500	LIVE DEMONSTRATIONS	BREAKOUT SESSION	Launching of Colorectal Cancer Screening Campaign Signing Ceremony of MOU	MSGNMA LECTURE 13	SYMPOSIUM 5 Hepatology in Daily Practice
1500 - 1530					
1530 - 1600			SYMPOSIUM 2 GAT-MSGH Joint Society Symposium Cirrhosis and Portal Hypertension		MSGH Graduation Ceremony Prize Presentation, Lucky Draw & Closing Remarks
1600 - 1630					Tea Break
1630 - 1700	Tea Satellite Symposium 2		Tea Break		
1700 - 1730	Closing Remarks Tea Break		MSGH Annual General Meeting		
1730 - 1900					
1900 - 1930	PRESIDENT'S DINNER *(By Invitation Only)*				
1930 - 2130					

PRE-CONGRESS WORKSHOP 1
7TH AUGUST 2025 (THURSDAY)

EUS Workshop
in conjunction with GUT 2025

Time : 0800 - 1545 hrs

Venue : Menara Selatan, 6th Floor, Endoscopy Unit, Universiti Malaya Medical Centre

Course Director : Khoo Stanley

International Faculty : Thawee Ratanachu Ek

Local Faculties : Alex Leow Hwong Ruey, Ida Normiha Hilmi, James Emmanuel

Programme

0800 - 0845	Registration
0845 - 0900	Opening Remarks *Khoo Stanley*
	LECTURE
0900 - 0920	Pancreatic Cysts - How Do I Approach *James Emmanuel*
0920 - 0940	EUS Drainage of Pancreatic Fluid Collection - What I should Know *Thawee Ratanachu Ek*
0940 - 1040	Case Discussions
1040 - 1100	Tea Break
1100 - 1230	Hands-On Stations
1230 - 1330	Lunch
1330 - 1530	Live Case Demonstrations
1530 - 1545	Wrap-Up and Closing Remarks

PRE-CONGRESS WORKSHOP 2
7TH AUGUST 2025 (THURSDAY)

Basic Colonoscopy and Therapeutic Workshop

Time : 0800 - 1530 hrs

Venue : Menara Selatan, 6th Floor, Neuroconference Room, Universiti Malaya Medical Centre

Course Directors : Thevaraajan Jayaraman, Rafiz Abdul Rani

Moderators : Sanjiv Mahadeva, Rafiz Abdul Rani, Thevaraajan Jayaraman, Ang Ban Hong

Panelists : Tomohiko Ohya, Mohan Ramchandani, Ho Shiaw Hooi, Nik Razima Wan Ibrahim, Lau Su Yin, Hari Suthan

Programme

0800 - 0840	Registration
0840 - 0900	Welcome Address and Introduction to Programme ***Rafiz Abdul Rani / Thevaraajan Jayaraman***
0900 - 0925	**FIRESIDE CHAT 1** *Moderators:* ***Sanjiv Mahadeva / Thevaraajan Jayaraman*** A Primer on Achieving Excellence in Diagnostic Colonoscopy *Panelists:* ***Tomohiko Ohya / Lau Su Yin***
0925 - 0950	**FIRESIDE CHAT 2** *Moderators:* ***Rafiz Abdul Rani / Ang Ban Hong*** A Whirlwind Tour on Colorectal Neoplasia Identification and Characterisation *Panelists:* ***Ho Shiaw Hooi / Nik Razima Wan Ibrahim***
0950 - 1015	**FIRESIDE CHAT 3** *Moderators:* ***Thevaraajan Jayaraman / Ang Ban Hong*** The Nuts and Bolts of Colorectal Neoplasia Resection and Post Resection Trouble Shooting *Panelists:* ***Mohan Ramchandani / Hari Suthan***
1015 - 1030	Tea Break

PRE-CONGRESS WORKSHOP 2
7TH AUGUST 2025 (THURSDAY)

1030 - 1230 **HANDS-ON STATIONS 1**

Group 1: Mikoto Colonoscopy Simulator
- Scope Insertion Training
- Leaderboard Challenge

Group 2
- Thermal Therapy *(ERBE & Boston Sci)*
  - APC
  - Gold Probe
- Cold Snare Polypectomy *(FujiFilm & Boston Sci)*
  - EASY *(Tanac Corp)*
- Defect Closure with Haemostatic Clips *(Boston Sci)*
  - EASY *(Tanac Corp)*

1230 - 1300 Lunch Break

1300 - 1500 **HANDS-ON STATIONS 2**

Group 1
- Thermal Therapy *(ERBE & Boston Sci)*
  - APC
  - Gold Probe
- Cold Snare Polypectomy *(FujiFilm & Boston Sci)*
  - EASY *(Tanac Corp)*
- Defect closure with haemostatic clips (Boston Sci)
  - EASY *(Tanac Corp)*

Group 2: Mikoto Colonoscopy Simulator
- Scope Insertion Training
- Leaderboard Challenge

1500 - 1530 Debrief Session and Closing Remarks
Khoo Stanley

PRE-CONGRESS WORKSHOP 3
7TH AUGUST 2025 (THURSDAY)

Young GI Consultants Forum 2025: Fellowships in Gastroenterology and the Different Paths Taken

Time : 1530 - 1700 hrs

Venue : Menara Selatan, 6th Floor, Endoscopy Unit, Universiti Malaya Medical Centre

Coordinator : Shahreedhan Shahrani

Moderator : Shahreedhan Shahrani

Panellists : Muhammad Firdaus Md Salleh, Ida Normiha Hilmi

Faculties : Ruben Skantha, Senamjit Kaur, Tan Cha Chee, Shahreedhan Shahrani

Programme

1530 - 1540	Welcoming Remarks Young GI Programme Coordinator ***Shahreedhan Shahrani***
1540 - 1555	ERCP / EUS in Perth, Australia ***Ruben Skantha***
1555 - 1610	Advanced Clinical Hepatology in Oxford, UK ***Senamjit Kaur***
1610 - 1625	ESD in China / Japan ***Tan Cha Chee***
1625 - 1640	Advanced IBD and Functional GI in Melbourne, Australia ***Shahreedhan Shahrani***
1640 - 1700	Q&A and Closing Remarks

DAILY PROGRAMME
DAY 1 - 8TH AUGUST 2025 (FRIDAY)

0730 - 0830 Registration *Sabah Room*

0830 - 0845 **Welcome Address**

Raman Muthukaruppan
President, Malaysian Society of Gastroenterology & Hepatology

Khoo Stanley
Course Director

Opening Video

0845 - 0915 **3rd Goh Khean Lee Distinguished Lecture** *Sabah Room*

Citation: ***Khoo Stanley***

Role of EUS for Pancreato-Biliary Diseases: Past, Present and Future
Thawee Ratanachu Ek (Thailand)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
0915 - 0935 **STATE-OF-ART LECTURE 1** *Moderators:* ***Thevarajaan Jayaraman / Lau Su Yin / Ruben Skantha*** Closing the Gap: Managing GI Perforations ***Mohan Ramchandani (India)***	0915 - 0935 **MSGNMA LECTURE 1** *Moderators:* ***Mohd Zulkifli Mohd Zain / Philip Gisan*** Sedation and Anaesthesia in Endoscopy: Managing the Risks and Realities ***Yeap Chun Hong (Malaysia)***

0935 - 1005 **Tea Satellite Symposium 1** ***(RB Health)*** *Sabah Room*

Moderator: ***Somchai Leelakusolvong***

Beyond Acid Suppression: Incorporating Mucosal Protection into Clinical Practice
Chua Tju Siang (Singapore)

1005 - 1030 Tea Break

DAILY PROGRAMME
DAY 1 - 8TH AUGUST 2025 (FRIDAY)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
1030 - 1110 **STATE-OF-ART LECTURE 2** *Moderators:* ***Sattian Kollanthavelu / Gew Lai Teck / Glenn George Koleth*** From Colonoscopy to ESD Technique: Essential Skills to Expedite the Training Process ***Tomohiko Ohya (Japan)*** ESD in Evolution: 3 Decades of Refinement ***Hiroyuki Ono (Japan)***	1030 - 1050 **MSGNMA LECTURE 2** *Moderators:* ***Jernih M Lim / Lea Peterus*** Development of Endoscopy Nurses in Korea: Training Frameworks and Practice Standards ***Kim Sang-Yeun (Korea)*** 1050 - 1110 **MSGNMA LECTURE 3** *Moderator:* ***Chin Su Fei*** Infection Control Practices in Endoscopy - Insights from China ***Zuo Ying (China)***
1110 - 1150 Interactive Session with Audience Voting on Colonic Polyp Guidelines *Moderator:* ***Ho Shiaw Hooi*** Case 1 ***Hari Suthan Thashnamoorthi (Malaysia)*** Case 2 ***Thevaraajan Jayaraman (Malaysia)*** Case 3 ***Rafiz Abdul Rani (Malaysia)*** *Panelist:* ***Tomohiko Ohya***	1110 - 1150 **PANELLIST DISCUSSION** What is the Nurse's Role in Green Endoscopy? *Lead Panalist:* ***Jernih M Lim (Malaysia)*** *Panelists:* ***Lee Yeong Yeh (Malaysia) / Kim Sang-Yeun (Korea) / A Ri Song (Korea) / Zuo Ying (China)***

DAILY PROGRAMME
DAY 1 - 8TH AUGUST 2025 (FRIDAY)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
1150 - 1250 **Malaysia Boleh - Best Endoscopic Video Competition** *Moderator:* ***Khoo Stanley***	1150 - 1215 **MSGNMA LECTURE 4** *Moderators:* ***Rohaidah Daud / Juwel Jusep*** Crucial Nursing Skills and Knowledge in GI Resuscitation: Enhancing Patient Outcomes ***Chan Wah Loong (Malaysia)*** 1215 - 1245 **MSGNMA LECTURE 5** *Moderators:* ***Rosalin Sulit / Juwel Juwep*** Beyond the Scope: A GIA's Experience in ERCP ***Valentine Lesley Philiminus (Malaysia)*** 1245 - 1310 **MSGNMA LECTURE 6** *Moderator:* ***Edzwan Mustaffa*** Best Practices in Endoscope Reprocessing: Documentation and Traceability ***Benoit Biousse (Singapore)***

1250 - 1350 **Lunch Satellite Symposium 1 *(AstraZeneca)*** *Sabah Room*
Moderator: ***S Mahendra Raj***
First-Line Defence: Reaffirming the Role of PPIs in GERD Management
Lawrence Ho Khek-Yu (Singapore)

1350 - 1430 Friday Prayers / Lunch

DAILY PROGRAMME
DAY 1 - 8TH AUGUST 2025 (FRIDAY)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
1430 - 1630 **LIVE DEMONSTRATIONS** ***(Broadcast from UMMC)*** *Moderators:* ***Praveenna Nagaratnam / James Emmanuel / Victoria Kok / Tan Eng Soon***	1430 - 1630 **BREAKOUT SESSION** *Moderators:* ***Jernih M Lim / Juwel Jusep*** 1. Reprocessing of Endoscope *(30 pax)* ***Chin Su Fei (Malaysia)*** 2. Microbiology sampling of Endoscope *(30 pax)* ***Lea Peterus (Malaysia)***

1630 - 1700 **Tea Satellite Symposium 2 *(Pharmaniaga)*** *Sabah Room*
Moderator: ***S Mahendra Raj***
Advancing GERD Treatment with Faster and Safer Acid Suppression Using Tegoprazan
Lee Yeong Yeh (Malaysia)

1700 - 1710 **Closing Remarks**

1710 - 1730 Tea Break

1900 - 2130 **President's Dinner** *(By Invitation Only)*

DAILY PROGRAMME
DAY 2 - 9TH AUGUST 2025 (SATURDAY)

0730 - 0820 Registration — *Sabah Room*

0820 - 0830 **Opening Remarks by President, Malaysian Society of Gastroenterology & Hepatology**
Raman Muthukaruppan

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
0830 - 1000 **SYMPOSIUM 1** ***Pragmatic Approach to IBD Related Complications*** *Moderators:* ***Ida Normiha Hilmi / Raja Affendi Raja Ali / Nik Razima Wan Ibrahim*** Modern Management of IBD Related Strictures ***Peter-Philip De Cruz (Australia)*** Overlooked and Undertreated - Approach to Anaemia in IBD ***Nik Arsyad Nik Muhamad Affendi (Malaysia)*** Advances in the Management of Acute Severe Ulcerative Colitis ***Peter-Philip De Cruz (Australia)*** Case Discussion: IBD Associated Colonic Dysplasia ***Mohd Fairul Limun (Malaysia)*** Q&A	0830 - 0900 **MSGNMA LECTURE 7** *Moderator:* ***Chin Su Fei*** Get to know the chemical agents in Endoscopy practice - NIOSH ***Mohd Akhir Ahmad (Malaysia)*** 0900 - 0930 **MSGNMA LECTURE 8** *Moderators:* ***Edzwan Mustaffa / Philip Gisan*** Silent Biochemical Hazard in Endoscopy Unit - Occupational Hazards and Solutions ***Ahmad Shukri Md Salleh (Malaysia)*** 0930 - 1000 **MSGNMA LECTURE 9** *Moderators:* ***Rohaidah Daud / Philip Gisan*** Why Nurses / GIAs must Understand Nutrition, Digestion and Metabolism ***Sunny Wong Hei (Singapore)***

1000 - 1030 **Tea Satellite Symposium 3 *(Servier)*** — *Sabah Room*
Moderator: ***S Mahendra Raj***
Can we Prevent Dysbiosis without Compromising Treatment Efficacy?
Francisco Guarner (Spain)

1030 - 1100 Tea Break

DAILY PROGRAMME
DAY 2 - 9TH AUGUST 2025 (SATURDAY)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
1100 - 1130 **LECTURE 1** **25th MSGH Oration** *Citation:* ***Ida Normiha Hilmi*** The Influence of Culture on Disorders of Gut-Brain Interaction in Asians ***Sanjiv Mahadeva (Malaysia)***	1100 - 1130 **MSGNMA LECTURE 10** *Moderators:* ***Mohd Zulkifli Mohd Zai / Valentine Lesley Philiminus*** Precision in Practice: Key Nursing Skills for Optimal GI Stenting ***A Ri Song (Korea)***
1130 - 1230 **Young Investigator Award Presentations** ***Judges:*** ***S Mahendra Raj (Malaysia) / Mark Dhinesh Muthiah (Singapore) / Sakkarin Chirapongsathorn (Thailand) / Lau Su Yin (Malaysia) / Peter-Philip De Cruz (Australia) / Benedict Devereaux (Australia)*** **Oral Poster Presentation** ***Judges:*** ***Chan Wah Kheong (Malaysia) / Rafiz Abdul Rani (Malaysia) / Abraham Mathew George (Malaysia)***	1130 - 1200 **MSGNMA LECTURE 11** *Moderator:* ***Chin Su Fei*** Nurses Role in EUS ***Liao Yu (China)*** 1200 - 1230 **MSGNMA LECTURE 12** *Moderator:* ***Valentine Lesley Philiminus*** Beyond Assisting - Looking vs Seeing ***Chiam Keng Hoong (Malaysia)***

1230 - 1330 **Lunch Satellite Symposium 2 *(Takeda)*** *Sabah Room*

Moderator: ***Raja Affendi Raja Ali***

Updates in GERD and Helicobacter Pylori: Tailoring Treatment with Acid Suppressants
Daphne Ang Shih Wen (Singapore)

From Remission to Clearance: Optimizing UC Management in a Changing Treatment Landscape
Julajak Limsrivilai (Thailand)

DAY 2 - 9TH AUGUST 2025 (SATURDAY)

1330 - 1430 **Industry Symposium Session 1 *(Abbott Laboratories)*** *Sabah Room*

Moderators: ***Robert Ding Pooi Huat / Andrew Chua Seng Boon***

The Gut-Brain Symphony: Harmonizing Treatment for Functional Dyspepsia
Sanjiv Mahadeva (Malaysia)

Are all Hepato-Protectants the SAMe?
Ruveena Bhavani Rajaram (Malaysia)

Sabah Room	*Sarawak Room - MSGNMA (GIA)*
1430 - 1450 **Launching of Colorectal Cancer Screening Campaign** ***Raman Muthukaruppan / Ida Normiha Hilmi*** 1450 - 1510 **Signing Ceremony of MOU - MSGH & GAT**	1430 - 1500 **MSGNMA LECTURE 13** *Moderators:* ***Rohaidah Daud / Philip Gisan*** Biofilms in Endoscopy ***Carla Coetzee (New Zealand)***

1510 - 1620 **SYMPOSIUM 2 | *GAT-MSGH Joint Society Symposium Cirrhosis and Portal Hypertension*** *Sabah Room*

Moderators: ***Raman Muthukaruppan / Sakkarin Chirapongsathorn / Lee Yeong Yeh***

Exploring Therapeutic Options Beyond Diuretics in Ascites
Tan Soek Siam (Malaysia)

Optimizing Survival in Liver Failure Through Advanced Critical Care
Sakkarin Chirapongsathorn (Thailand)

Debate: NSBB in Liver Cirrhosis: Savior or Silent Killer?
Sith Siramolpiwat (Thailand) / Chan Wah Kheong (Malaysia)

Q&A

1620 - 1640 Tea Break

1700 - 1930 **MSGH Annual General Meeting** *Sarawak Room*

DAILY PROGRAMME
DAY 3 - 10TH AUGUST 2025 (SUNDAY)

0730 - 0800	Registration	*Sabah Room*
0800 - 0930	**SYMPOSIUM 3 | *Optimizing Management in Complicated DGBI*** *Moderators:* ***Lee Yeong Yeh / Nazri Mustaffa / Abraham Mathew George*** What to Consider in the Management of SIBO? ***Chuah Kee Huat (Malaysia)*** Can we do Better with Integrative Management of Dyspepsia? ***Linda Lidan Zhong (Singapore)*** Optimizing the use of Neuromodulators in DGBI ***Andrew Ong Ming Liang (Singapore)*** What is my Approach in Refractory Constipation? ***Tanisa Patcharatrakul (Thailand)*** Q&A	*Sabah Room*
0930 - 1000	**Industry Symposium Session 2 *(Mulia Medik)*** *Moderator:* ***Ho Shiaw Hooi*** The Research Progress of Artificial Intelligence in Digestive Endoscopy ***Honggang Yu (China)***	*Sabah Room*
1000 - 1030	**LECTURE 2** **22nd Panir Chelvam Lecture** *Citation:* ***Raman Muthukaruppan*** Early Detection in HCC: Gaps, Innovations and the Road Ahead ***Teerha Piratvisuth (Thailand)***	*Sabah Room*
1030 - 1100	**Tea Satellite Symposium 4 *(Olympus)*** *Moderators:* ***Sanjiv Mahadeva / Lau Peng Choong*** Where Upper & Lower Endoscopy Meet Perfection ***Chiam Keng Hoong (Malaysia)***	*Sabah Room*
1100 - 1130	Tea Break	

DAILY PROGRAMME
DAY 3 - 10TH AUGUST 2025 (SUNDAY)

1130 - 1200 **STATE-OF-ART LECTURE 3** *Sabah Room*

Moderators: ***Deborah Chew / Raman Muthukaruppan***

Endoscopy Go Green: The Time is Now
Lee Yeong Yeh (Malaysia)

1200 - 1310 **SYMPOSIUM 4 | *Complexities in GI Cancer Screening*** *Sabah Room*

Moderators: ***Jayaram Menon / Elaine Ng Hui Been***

Balancing Vigilance and Over-Investigation in Early-Onset GI Cancer Screening
April Camilla Roslani (Malaysia)

CA 19-9 in Pancreatobiliary Cancer Screening: Clinical Value or Unwarranted Anxiety?
Ryan Ponnudurai (Malaysia)

Can Screening Colonoscopy Prevent Colorectal Cancers?
Benedict Devereaux (Australia)

Q&A

1310 - 1410 **Lunch Satellite Symposium 3 *(Johnson & Johnson)*** *Sabah Room*

Moderator: ***Ida Normiha Hilmi***

Panel Perspectives: The Future of Inflammatory Bowel Disease (IBD) Management-Exploring Advanced Treatments and Beyond
Ida Normiha Hilmi (Malaysia) / Alex Leow (Malaysia) / Nik Razima Wan Ibrahim (Malaysia)

1410 - 1540 **SYMPOSIUM 5 | *Hepatology in Daily Practice*** *Sabah Room*

Moderators: ***Haniza Omar / Syuhada Dan Adnan / Chan Wah Kheong***

NITs in Chronic Liver Disease Care: Current and Future Options
Mark Dhinesh Muthiah (Singapore)

Navigating Severe Hepatitis of Unknown Etiology
Sakkarin Chirapongsathorn (Thailand)

Beyond Ursodeoxycholic Acid: Emerging Therapies in Cholestatic Liver Diseases
Senamjit Kaur (Malaysia)

DAY 3 - 10TH AUGUST 2025 (SUNDAY)

	Case-Based Discussion by Panelists: Patterns of Abnormal LFTs and Management Approaches ***Hoo Chai Zhen (Malaysia)***	
	Q&A	
1540 - 1550	**MSGH Graduation Ceremony** ***Norasiah Abu Bakar (Malaysia) / Syuhada Dan Adnan (Malaysia)***	*Sabah Room*
1550 - 1600	**Prize Presentation, Lucky Draw & Closing Remarks**	
1600 - 1615	Tea Break	

PRE-CONGRESS FACULTY

EUS WORKSHOP

Course Director	Dr Khoo Stanley
International Faculty	Professor Dr Thawee Ratanachu Ek
Local Faculty	Dr Alex Leow Hwong Ruey Professor Dr Ida Normiha Hilmi Dr James Emmanuel

BASIC COLONOSCOPY AND THERAPEUTIC WORKSHOP

Course Director / Moderator	Dr Thevaraajan Jayaraman Dr Rafiz Abdul Rani
Moderator	Professor Dr Sanjiv Mahadeva Dr Ang Bang Hong
Panelist	Dr Mohan Ramchandani Dr Tomohiko Ohya Dr Ho Shiaw Hooi Dr Nik Razima Wan Ibrahim Dr Lau Su Yin Dr Hari Suthan

YOUNG GI CONSULTANTS FORUM 2025: FELLOWSHIPS IN GASTROENTEROLOGY AND THE DIFFERENT PATHS TAKEN

Programme Coordinator	Dr Shahreedhan Shahrani
Moderator / Speaker	Dr Shahreedhan Shahrani
Panelist	Dr Muhammad Firdaus Md Salleh Professor Dr Ida Normiha Hilmi
Speaker	Dr Ruben Skantha Dr Senamjit Kaur Dr Tan Cha Chee

MODERATORS

Abraham Mathew George
KPJ Johor Specialist Hospital
Johor Bahru, Johor

Chan Wah Kheong
Universiti Malaya Medical Centre
Kuala Lumpur

Deborah Chew Chia Hsin
Hospital Canselor Tuanku Muhriz
Universiti Kebangsaan Malaysia
Kuala Lumpur

Chin Su Fei
Lam Wah Ee Hospital
Penang

Andrew Chua Seng Boon
Ipoh Gastro Centre
Pantai Hospital Ipoh
Ipoh, Perak

Robert Ding Pooi Huat
Island Hospital Penang
Penang

Edzwan Mustaffa
Hospital Pulau Pinang
Penang

Gew Lai Teck
Pantai Hospital Kuala Lumpur
Kuala Lumpur

Glenn George Koleth
Hospital Sultan Ismail Johor Bahru
Johor

Haniza Omar
Hospital Selayang
Selangor

Ho Shiaw Hooi
Picaso Hospital
Petaling Jaya, Selangor

Ida Normiha Hilmi
Universiti Malaya Medical Centre
Kuala Lumpur

Jayaram Menon
Pantai Hospital
Ayer Keroh, Melaka

Juwel Jusep
Penang Adventist Hospital
Penang

Jernih Majalu Lim
Penang Adventist Hospital
Penang

James Emmanuel
Queen Elizabeth Hospital
Kota Kinabalu, Sabah

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Lau Su Yin
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Serdang, Selangor

Lee Yeong Yeh
Hospital Pakar Universiti Sains Malaysia
Kota Bahru, Kelantan

Somchai Leelakusolvong
Srivijaya Hospital
Mahidol University
Bangkok, Thailand

Mohd Zulkifli Mohd Zain
Hospital Canselor Tuanku Muhriz
Universiti Kebangsaan Malaysia
Kuala Lumpur

Nazri Mustaffa
Hospital Pakar Universiti Sains Malaysia
Kota Bahru, Kelantan

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Hospital Raja Permaisuri Bainun
Ipoh, Perak

Nik Razima Wan Ibrahim
Hospital Ampang
Selangor

Norasiah Abu Bakar
Hospital Raja Permaisuri Zainab II
Kota Bharu, Kelantan

Lea Peterus
Penang Adventist Hospital
Penang

Philip Gisan
Queen Elizabeth Hospital
Kota Kinabalu, Sabah

Praveenna Nagaratnam
Hospital Kuala Lumpur
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Raja Affendi Raja Ali
Sunway University
Petaling Jaya, Selangor

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Phramongkutklao College of Medicine
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Sanjiv Mahadeva
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Mawar Medical Centre
Seremban, Negeri Sembilan

Syuhada Dan Adnan
Sultanah Nur Zahirah Hospital
Kuala Terengganu, Terengganu

Tan Eng Soon
Sunway Medical Centre
Selangor

Thevaraajan Jayaraman
Hospital Al-Sultan Abdullah
UiTM Puncak Alam
Selangor

Valentine Lesley Philiminus
Hospital Queen Elizabeth
Kota Kinabalu, Sabah

FACULTY BIODATA

Ahmad Shukri Md Salleh

Datuk Dr Ahmad Shukri bin Md Salleh, a Consultant Physician and Gastroenterologist/ Hepatologist graduated in 1989 from Universiti Malaya, Kuala Lumpur and obtained M.MED Internal Medicine (HUSM) and MRCP (UK) in 1995 and Fellow of the Royal College Physicians (London) in 2005. He had worked in various hospitals in Malaysia and was trained in Advance Interventional Endoscopy in United Kingdom and Germany. Beside medicine, his other great interest is in Green Technology and had spent five years study on the Role of Ultraviolet Germicidal Irradiation (UVGI) to treat and prevent fungus growth and airborne infections in buildings including Healthcare Facilities. Datuk Dr Shukri was mentored by Professor Dr Normand Brais, a mechanical engineering degree and a PhD in Nuclear Engineering from Polytechnique of Montreal. Dr Shukri gave talks to many agencies in Government, Commercial, Banks, Oil & Gas, Universities and also at International Conferences For Engineers and Doctors on Indoor Environment Quality (IEQ). With his background working in Hospital environment for 35 years, he will walk the talks correlating issues and solutions for Biochemical hazards and challenges in UVGI applications at Healthcare Facilities.

Daphne Ang Shih Wen

Dr Daphne Ang Shih Wen is a Senior Consultant in the Department of Gastroenterology at Changi General Hospital and a Visiting Consultant at Singapore General Hospital. She graduated with honours from the University of New South Wales, Australia, and holds MRCP and FRCP (UK) certifications. Since completing her specialist accreditation in gastroenterology in 2007, Dr Ang has developed sub-specialty expertise in gastrointestinal motility, reflux disease, and functional gastrointestinal disorders.

She is actively involved in education as a Senior Clinical Lecturer at the Yong Loo Lin School of Medicine and serves on the faculty of several SingHealth residency programmes. She also contributes to clinical research as a principal and co-investigator on multiple GI studies, and her work has been published in journals such as *Gut, Neurogastroenterology & Motility, and Nature Reviews Gastroenterology & Hepatology*.

Dr Ang has delivered lectures at regional and international platforms including Digestive Disease Week and United European Gastroenterology Week. She currently serves as Treasurer of the Gastroenterological Society of Singapore and holds numerous committee roles related to patient safety, clinical quality, and education. Her work has been recognised with several awards, including the SingHealth Excels Award and UEG Travel Grant.

FACULTY BIODATA

April Camilla Roslani

Professor April Camilla Roslani is a Professor of Colorectal Surgery and former Dean of the Faculty of Medicine at Universiti Malaya. She graduated from the University of Wales and earned a Master of Surgery from Universiti Malaya, before completing advanced colorectal surgical training in Singapore.

She founded Malaysia's largest colorectal surgery unit, now central to national colorectal training and services. A key figure in postgraduate medical education, she has played a leading role in shaping surgical training across multiple levels. An advocate for healthier medical work environments, Professor Roslani has incorporated evidence-based modules on professional conduct into educational curricula.

Professor April has served as President of several surgical societies and actively champions equity, excellence, and interdisciplinary collaboration in surgery. Currently, she serves as Councillor of the International Surgical Society and Director of the International Office at the Royal College of Surgeons of Edinburgh.

Benoit Biousse

Mr Benoit holds a MSc in Immunology & Microbiology from the University of Nottingham and a BSc (Hons) in Biological Sciences: Microbiology. He is currently the Sales Director Healthcare - APAC at Ecolab, a global organisation dedicated to providing hygiene and infection prevention solutions for the healthcare industry across the Asia Pacific region. In this role, he has had the opportunity to gain valuable experience working alongside healthcare professionals and local societies in this diverse region, contributing to ongoing efforts aimed at enhancing infection prevention standards for the benefit of patients, particularly in critical areas such as endoscope reprocessing.

FACULTY BIODATA

Chan Wah Kheong

Professor Chan Wah Kheong is Professor of Medicine, Director of the Division of Gastroenterology and Hepatology, and Senior Consultant Gastroenterologist and Hepatologist at Universiti Malaya, the Universiti Malaya Medical Centre and the Universiti Malaya Specialist Centre. He served as an Executive Committee Member of the Malaysian Society of Gastroenterology and Hepatology (MSGH) between 2015 and 2021. He was the Scientific Co-Chair and a core member of the Organising Committee for the Asian Pacific Digestive Week (APDW) 2021. He completed two terms as Associate Editor for the Journal of Gastroenterology and Hepatology between 2018 and 2023, and is a current member of the Editorial Board for Clinical Gastroenterology and Hepatology, Alimentary Pharmacology and Therapeutics, and Clinical and Molecular Hepatology. He is recognised as one of the top 2% scientists in the world in their respective fields in a single year in 2023 and 2024.

Chan Wah Loong

Dr Chan Wah Loong obtained his Doctor of Medicine (MD) degree in 2014 from Universiti Sains Malaysia. He subsequently completed his specialist training in Internal Medicine at he Universiti Malaya where he graduated with distinction in the final part of his Master of Internal Medicine (MMed) programme.

Following his successful gazettement, Dr Chan served as the Head of Department and Internal Medicine Specialist at Hospital Keningau, Sabah, from 2023 to 2024. Currently, Dr Chan is undergoing subspecialty fellowship training in Gastroenterology and Hepatology at the Universiti Malaya. His areas of interest include functional gastrointestinal disorders, liver disease, and endoscopic procedures.

FACULTY BIODATA

Chiam Keng Hoong

Dr Chiam Keng Hoong is a consultant gastroenterologist at Pantai Hospital Penang, where he specialises in advanced endoscopic imaging and third-space endoscopy. He completed his subspecialty training in 2019 after a year-long fellowship in advanced endoscopy under the mentorship of Professor Dr Rajvinder Singh in South Australia.

Upon his return to Malaysia, Dr Chiam pioneered the development of a national endoscopy atlas, spearheaded the national basic endoscopy workshops, introduced the role of image-enhanced endoscopy and endoscopic resection techniques, participated in the publication of various research papers, abstracts, posters and video submissions. He firmly believes in education and is actively involved in delivering talks to both the community and healthcare practitioners. He is an active member of the Asian Novel Bio-Imaging and Intervention Group (ANBIIG). In 2024, he successfully completed the annual train-the-trainers course in advanced endoscopic imaging and resection at the Osaka International Cancer Institute, led by Dr Noriya Uedo.

Chin Su Fei

Ms Chin Su Fei is the Head of Nursing at the Endoscopy Centre, Hospital Lam Wah Ee, Penang, where she oversees daily operations, including patient care, equipment maintenance, procurement, and staff training. With certifications in gastrointestinal endoscopy and cardiothoracic peri-operative nursing, she brings deep clinical expertise to procedures such as upper and lower endoscopy, bronchoscopy, EUS, and ERCP.

A dedicated healthcare professional, Ms Chin has served as Assistant Secretary of the Malaysian Society of Gastroenterology Nurses, Assistant Medical Officers & Associates (MSGMNA) since 2017 and has been actively involved since 2010. She contributes regularly to national conferences and workshops, often as an invited speaker on GI nursing topics. Her leadership, commitment to professional development, and dedication to high standards of care continue to make a significant impact in the field of gastroenterology nursing.

FACULTY BIODATA

Sakkarin Chirapongsathorn

Dr Sakkarin Chirapongsathorn is a hepatologist, gastroenterologist, researcher, and Associate Professor at Phramongkutklao College of Medicine, Bangkok, Thailand. His clinical and research work is dedicated to improving survival, quality of care, and quality of life in patients with liver disease, with a strong focus on MASLD (Metabolic dysfunction-associated steatotic liver disease). As MASLD becomes the most prevalent cause of chronic liver disease globally, his research emphasises the critical role of metabolic dysregulation in disease progression - from simple steatosis to steatohepatitis, cirrhosis, acute-on-chronic liver failure and HCC.

Dr Chirapongsathorn investigates early risk stratification tools, metabolic risk modifiers, and the impact of cardiometabolic comorbidities on liver-related outcomes. He has published extensively on identifying predictors of mortality in patients with steatotic liver disease and is actively engaged in developing integrated models of care that bridge hepatology and critical care. His work supports a precision medicine approach to managing MASLD across the spectrum of disease severity.

Chua Tju Siang

Dr Chua Tju Siang is among the most accomplished gastroenterologists in Singapore. A consumate thought leader, he has received several accolades and awards over the years, including the Warren and Marshall Helicobacter Pylori Award for research into the link between various strains of Helicobacter pylori and ulcer disease. He has previously served as President of the Gastroenterological Society of Singapore and is the immediate-past Chairman of the Chapter of Gastroenterologists, Academy of Medicine, Singapore.

Dr Chua's clinical and research interests span therapeutic endoscopy, gastrointestinal cancer screening, and Helicobacter pylori, with publications in peer-reviewed journals and involvement in regional guideline development.

FACULTY BIODATA

Chuah Kee Huat

Associate Professor Chuah Kee Huat is a consultant in internal medicine, gastroenterology, and hepatology at Universiti Malaya, Universiti Malaya Medical Centre, and UM Specialist Centre. He is trained in general and advanced gastrointestinal endoscopic procedures, including EUS and ERCP, as well as upper gastrointestinal motility studies. His main research interests focus on disorders of gut-brain interaction (DGBI), particularly functional dyspepsia, irritable bowel syndrome (IBS), and small intestinal bacterial overgrowth (SIBO).

Associate Professor Chuah has published in high-impact international journals such as *Clinical Gastroenterology and Hepatology, Alimentary Pharmacology & Therapeutics*, and *Neurogastroenterology & Motility*. He has received multiple awards for his work and is actively engaged in local and international research collaborations. He currently serves on the education committee of the Rome Foundation Partners Programme and is a member of the DGBI and Upper GI Focus Group under the Emerging Leaders Committee of the Asian Pacific Association of Gastroenterology (APAGE).

Carla Coetzee

Ms Carla Coetzee grew up the child of a veterinary father in the Kalahari in South Africa and always knew she wanted to work in the medical field. After completing high school, she obtained a degree in Social Sciences with a major in Psychology. She then obtained an Honors degree in Criminology and worked on ambulances while studying nursing with the aim of specialising in forensic nursing. After moving to New Zealand, she was offered a position in a private hospital's Sterile Sciences Department, which she went on to manage.

Ms Coetzee has since worked at Health New Zealand as a Sterile Sciences Technician, where she rotates through departments including Endoscopy, decontamination, and sterilisation. She has a passion for learning and all her experience has contributed to the realisation that excellence in patient care, including the products we use and the services we render, is of the utmost importance.

FACULTY BIODATA

Peter-Philip De Cruz

Dr Peter De Cruz is Director of the Inflammatory Bowel Disease Service at Austin Health, Melbourne, Australia and Professor at the University of Melbourne.

Dr Peter De Cruz's clinical research has identified strategies for preventing Crohn's disease recurrence after resectional surgery, approaches to Crohn's stricture management and optimal dosing of anti-TNF therapy in acute severe ulcerative colitis. He has an interest in the health economics of IBD and also maintains an active translational research programme.

Benedict Devereaux

Professor Benedict Devereaux is the Immediate Past-President of the Gastroenterological Society of Australia and Professor at the School of Medicine, University of Queensland and a senior consultant gastroenterologist at the Royal Brisbane and Women's Hospital.

Dr Devereaux has special interests in pancreatico-biliary endoscopy, pancreatology, endoscopy training strategies and governance and infection prevention and control in endoscopy. He is the Chair of the GESA Infection Prevention and Control in Endoscopy Committee and Strategic Lead of the GESA Regional, Remote and Indigenous Committee.

Francisco Guarner

Professor Francisco Guarner graduated in Medicine at the University of Barcelona and trained in Internal Medicine, Gastroenterology and Hepatology, at the Hospital Clinic; Ph.D. degree in Medicine at the University of Navarra. Visiting Scientist and Research Fellow at the Upjohn Company in Kalamazoo (Michigan, USA, 1983), the Royal Free Hospital (London, UK, 1984), the King's College Hospital (London, UK, 1984-1986), and the Wellcome Research Laboratories (Beckenham, UK, 1986). Professor Guarner was previously a researcher at the Digestive System Research Unit of the Vall d'Hebron Research Institute and assistant professor at the Autonomous University of Barcelona.

Professor Guarner is member of the Steering Committee of the International Human Microbiome Consortium (IHMC), member of the Scientific Committee of the Gut Microbiota for Health Section of the European Society of Neurogastroenterology and Motility (ESNM), and member of the 'Guidelines & Publications Committee' of the World Gastroenterology Organization (WGO). Past member of the Board of the International Scientific Association for Probiotics and Prebiotics (ISAPP). He is the current President of Sociedad Ibero-Americana de Microbiota, Probióticos y Prebióticos (SIAMPYP).

FACULTY BIODATA

Lawrence Khek-Yu Ho

Professor Ho Khek-Yu is Professor of Medicine, National University of Singapore (NUS); Senior Consultant, National University Hospital (NUH); and Director, Centre for Innovation in Healthcare, National University Health System (NUHS). He is an established international key opinion leader, being made Fellow of Japan Gastroenterological Endoscopy Society. Experienced in spearheading collaboration in Asia, he is the Founding Chairs of the Asian EUS Group and the USA NIH-NCS initiated Asian Barrett's Consortium. A proven clinician innovator, he received the Singapore President's Technology Award in 2012. He is part of the team who received the 2024 Award for the Most Innovative Paper of the Year published in Endoscopy at the United European Gastro Week 2025.

A trusted leader, Professor Ho previously headed the Department of Medicine, NUS. He is the immediate past Vice Dean, School of Medicine, National University of Singapore. He was President of Gastroenterological Society of Singapore in 2005. He was awarded the Journal of Gastroenterology and Hepatology Foundation Emerging Leadership Lecturer in 2010. He was conferred the National Day Award 2017, Public Administration Medal (Bronze) for his distinguished service to public administration.

Hoo Chai Zhen

Dr Hoo Chai Zhen is a Consultant Gastroenterologist and Hepatologist currently practising at Sunway Medical Centre Damansara, Petaling Jaya, Selangor. She graduated in 2011 and obtained her Membership of the Royal Colleges of Physicians (MRCP, UK) in 2016.

In 2019, Dr Ho commenced her subspecialty training in Gastroenterology and Hepatology after completing her Internal Medicine training and gazettement. She subsequently pursued a Fellowship in Hepatology and Transplant Hepatology at Leeds Liver Unit in the United Kingdom in 2022-2023. Upon her return to Malaysia, she served as a Consultant Gastroenterologist and Hepatologist at Selayang Hospital, where she was an integral member of the hospital's multidisciplinary liver transplant team.

FACULTY BIODATA

Ida Normiha Hilmi

Professor Ida Hilmi is a Professor and Senior Consultant in Gastroenterology, Universiti Malaya, Kuala Lumpur, Malaysia. She graduated with first-class honours from the University of Glasgow in 1997. She went on to do her training in internal medicine in Oxford and obtained her Membership of the Royal Colleges of Physicians of the United Kingdom (MRCP) in 2000. She then joined the Northeast London Gastroenterology and Hepatology specialist programme before returning to Malaysia in 2003.

Professor Ida is the current Chair of the National Hepatology and Gastroenterology Training Committee and is the President Elect for the Malaysian Society of Gastroenterology and Hepatology. Her past positions include Head of the Department of Medicine, Head of Division in Gastroenterology and Hepatology and Director of Endoscopy in Universiti Malaya. She co-founded and was the first Chairman of the Malaysian Inflammatory Bowel Disease Special Interest Group (IBD-SIG) and is a member of several global advisory boards. Her main area of interest is inflammatory bowel disease (IBD) and colorectal cancer screening.

Kim Sang Yeun

Ms Kim Sang Yeun is the Head Nurse at the Digestive Disease Center and Research Institute, Soonchunhyang University Bucheon Hospital, South Korea in which she assumed this leadership role in 2022. Prior to that, from 2015 to 2021, she served as Charge Nurse in the same department. She began her career at SoonChunHyang University Bucheon Hospital in 2001 as a Registered Nurse.

Lee Yeong Yeh

Professor Lee Yeong Yeh is Professor of Medicine and Consultant of Gastroenterology, Hepatology and Internal Medicine at Universiti Sains Malaysia. He has authored more than 300 papers in high-impact journals including Gastroenterology and Gut, several book chapters and textbooks, and listed in the Stanford's Top 2% in the World in their respective field (citation impact in a single year). JCI Malaysia awarded him the Outstanding Young Malaysian Award in 2015 and the Top Research Scientist of Malaysia by the Academy of Sciences Malaysia in 2018.

Professor Lee is the senior editor of a number of journals including the Malaysian Journal of Medical Sciences. He is Immediate Past President of the Malaysian Society of Gastroenterology & Hepatology (MSGH), Past Scientific Chair of Asia Pacific Digestive Week (APDW) 2021 and committee member of numerous international societies.

FACULTY BIODATA

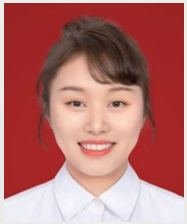
Alex Leow Hwong Ruey

Dr Alex Leow is a Consultant Gastroenterologist and Hepatologist at Pantai Hospital Kuala Lumpur and an Honorary Consultant at the Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia. He previously served as an Associate Professor in the Department of Medicine at the Universiti Malaya.

He is a certified trainer and accredited training centre for both the International Bowel Ultrasound (IBUS) Group and The Gastroenterology Network of Intestinal Ultrasound (GENIUS). He is also an active member of the Asian EUS Group, a founding member of the ASEAN Education Network in Inflammatory Bowel Disease (AEN-IBD), and the current Chairman of the Malaysian IBD Special Interest Group.

Dr Leow served as Secretary General of the Organising Committee for the Asia Pacific Digestive Week 2021 and was an Executive Committee Member of the Malaysian Society of Gastroenterology and Hepatology from 2017 to 2023.

His areas of clinical and academic expertise include diagnostic and therapeutic endoscopy, endoscopic ultrasound (EUS), *Helicobacter pylori* infection, inflammatory bowel disease (IBD), and intestinal ultrasound (IUS) as a point-of-care tool in IBD. He has published extensively in peer-reviewed journals and frequently presents his research at both national and international scientific meetings.



Liao Yu

Ms Liao Yu is a Supervising Nurse at the Digestive Endoscopy Center of Xinqiao Hospital, Army Medical University, China. She currently serves as a Committee Member of the Integrated Nursing-Physician Practice Committee (2nd Term) under the Endoscopy Branch of the Chongqing Medical Doctor Association, as well as a member of the Infection Control Committee at Xinqiao Hospital.

Ms Liao is a certified specialist nurse in digestive endoscope reprocessing and disinfection, recognised by the Chongqing Municipality. Her professional contributions have been acknowledged with the First Prize in the Chongqing Endoscopy Continuous Quality Improvement Project Competition.

FACULTY BIODATA

Jernih Majalu Lim

Ms Jernih Majalu Lim has a 26-year career in the healthcare industry. With a 22-year background in Endoscopy Nursing, she transitioned into an administrative role for the subsequent eight years. While at Penang Adventist Hospital, Malaysia, she oversaw multiple disciplines, including A&E, Haemodialysis, Maternity & Labour Room, NICU, and Paediatric Ward. She is currently the Nurse Manager of the Endoscopy Unit and Outpatient Department.

Passionate about her work, Ms Jernih is dedicated to leading the Malaysian Society of GI Nurses, Assistant Medical Officers, & Associates (MSGNMA) as the current President. Her commitment to the Society is evident through her participation in various workshops and conferences. She has also been invited as an international faculty member representing Malaysian GI Nurses. Additionally, she holds a voting membership status with SGNA (Society of Gastroenterology Nurses and Associates).

Julajak Limsrivilai

Dr Julajak Limsrivilai is an Associate Professor in Internal Medicine, specialising in Gastroenterology and Hepatology at Siriraj Hospital, Mahidol University, Bangkok, Thailand. He completed his training in Internal Medicine in 2009, followed by a Gastroenterology Fellowship in 2011. He further pursued an IBD Clinical Research Fellowship and a Master's Degree in Clinical Research Design and Statistical Analysis at the University of Michigan, USA.

Dr Limsrivilai is highly active in clinical research, particularly in inflammatory bowel disease (IBD), with over 20 publications as first or corresponding author and numerous co-authored papers in high-impact journals. He has contributed to regional and international collaborative research and clinical guidelines, and is regularly invited to speak at major conferences such as APDW, AOCC, APAGE, RAPID, AIG IBD Summit, and IMKASID. His lecture topics cover a wide range of IBD-related subjects, including diagnosis, management strategies, biomarkers, TB vs. Crohn's disease differentiation, and clinical research methods. In addition to his academic and clinical work, Dr Limsrivilai serves as an Associate Editor for *BMC Gastroenterology* and reviews for top-tier journals such as *Gut, The Lancet Gastroenterology & Hepatology, The American Journal of Gastroenterology,* and *Clinical and Translational Gastroenterology*.

Dr Limsrivilai has received several notable awards, including the Outstanding Young Physician Award (2024) from the Royal College of Physicians of Thailand, the prestigious Anandamahidol Scholarship (2014), and multiple academic excellence awards during his medical training at Mahidol University.

FACULTY BIODATA

Mohd Akhir Ahmad

Dr Mohd Akhir Ahmad is a highly experienced Health, Safety, and Environment (HSE) professional with over 19 years of expertise in the industry. He is a registered Chemical Health Risk Assessor (CHRA Assessor) and Safety and Health Officer (SHO) with DOSH, and a certified Radiation Protection Officer (RPO) with AELB. Additionally, he is an Authorized Gas Tester (AGT) and an accredited AGT/AESP Trainer with NIOSH.

Dr Mohd Akhir is also an Accredited Trainer under the Human Resource Development Corporation (HRDC) and a qualified Lead Auditor for Environmental Management Systems (ISO 14001). He is recognised as a Professional Technologist in Atmospheric Science and Environmental Technology by the Malaysian Board of Technologists (MBOT). With a solid academic and professional background, Dr Mohd Akhir is committed to advancing HSE standards and fostering a culture of safety and sustainability across industries.

Mohd Fairul Limun

Dr Mohd Fairul Limun is a Consultant Gastroenterologist and Hepatologist. He graduated from Universiti Malaya in 2009 and completed his internal medicine training in Universiti Kebangsaan Malaysia by 2017. Subsequently he acquired fellowship in Gastroenterology & Hepatology of Malaysia in 2023 with interest in Inflammatory bowel disease.

Dr Mohd Fairul is also certified in performing intestinal bowel ultrasound which obtained his certification by International bowel ultrasound group (IBUS). He is currently working in Hospital Kuala Lumpur and actively participate in several clinical trials in gastroenterology and hepatology.

FACULTY BIODATA

Mark Dhinesh Muthiah

Adjunct Associate Professor Mark Dhinesh Muthiah graduated from the National University of Singapore. He subsequently undertook specialist training in Gastroenterology and Hepatology, graduating as the valedictorian of his cohort. He undertook further research training in Hepatology in Virginia Commonwealth University.

Associate Professor Muthiah has an interest in Hepatology and liver transplantation and is currently the Director of the Liver Transplantation Programme in the National University Hospital. His research focusses on the interplay of cardiometabolic diseases and the liver. He has published extensively, with more than 200 publications including lead author publications in top tier journals. He is also involved in medical education, serving as the co-director of the final year undergraduate programme, and has received numerous teaching awards. Despite his involvement in research and education, he runs a busy clinical practice and holds fast to the belief that excellence in medical research and education can only be borne out passion for clinical medicine.

Nik Arsyad Nik Muhamad Affendi

Dr Nik Arsyad Nik Muhamad Affendi is an Assistant Professor at the Kulliyyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang. He graduated from the National University of Ireland in 2011 and completed his MRCP (Ireland) in 2014. He specialises in gastroenterology with specific interest in inflammatory bowel disease (IBD) and advanced endoscopic techniques.

Dr Nik Arsyad has authored multiple peer- reviewed publications on Crohn's disease and ulcerative colitis. He is actively involved in teaching medical students and supervising postgraduate trainees. He is also a committee member of various gastroenterology conferences and programs, reflecting his commitment to clinical education and advancing gastroenterological care.

FACULTY BIODATA

Tomohiko Richard Ohya

Dr Tomohiko Richard Ohya is an accomplished Japanese therapeutic endoscopist with extensive expertise in diagnostic and interventional gastrointestinal endoscopy. He is currently the Chief Consultant at the Division of Endoscopy, The Jikei University Hospital in Tokyo, and also serves as a Consultant Endoscopist at several prestigious hospitals in Japan, including the Cancer Institute Hospital of JFCR, St. Luke's International Hospital, and AOI International Hospital.

Dr Ohya completed his medical and doctoral training at The Jikei University School of Medicine. He has international experience as an attending physician and endoscopic trainer in Sweden, where he contributed significantly to endoscopy education and research at Karolinska Institute and other European centers. His clinical interests include Endoscopic Submucosal Dissection (ESD), double-balloon enteroscopy, capsule endoscopy, and minimally invasive procedures. He is widely recognised for his hands-on training expertise and has been an invited faculty and live demonstrator at numerous workshops and international conferences across Europe, Asia, and Latin America. He has authored over 50 peer-reviewed publications and is actively engaged in developing advanced endoscopic techniques and education programs worldwide.

Andrew Ong Ming Liang

Associate Professor Andrew Ong is a Senior Consultant in the Department of Gastroenterology & Hepatology, Singapore General Hospital (SGH). His areas of interest include Irritable Bowel Syndrome, Gastro-oesophageal reflux disease, Pelvic Floor Disorders and Gastrointestinal motility disorders.

Associate Professor Ong is a strong advocate for the field of PsychoGastroenterology in Asia and runs the SGH weekly integrated PsychoGastroenterology clinic to manage challenging cases of disorders of gut brain interactions. He also runs the Gastrointestinal Function Unit (GIFU) in SGH to perform oesophageal high-resolution manometry, pH studies and anorectal manometry studies.

FACULTY BIODATA

Hiroyuki Ono

Dr Hiroyuki Ono is the Hospital Director of Shizuoka Cancer Center and Head of the Endoscopy Division. He graduated from Sapporo Medical University in 1987 and specialized in internal medicine, gastroenterology, and endoscopy. He received his Ph.D. in 2008 from the same university. Prior to joining Shizuoka Cancer Center, he completed his residency at the National Cancer Center Hospital in Tokyo and worked there as an endoscopist.

Dr Ono is a leading expert in endoscopic treatment of gastrointestinal neoplasms. He played a pioneering role in the development of Endoscopic Submucosal Dissection (ESD), a minimally invasive technique that has revolutionized the treatment of early gastrointestinal cancers. He is also recognized as a member of the team that developed the IT knife, an innovative device used in ESD procedures. His work has contributed significantly to advancing therapeutic endoscopy both in Japan and internationally.

Tanisa Patcharatrakul

Associate Professor Tanisa Patcharatrakul graduated from Chulalongkorn University, Thailand and undergone fellowship training at Division of Gastroenterology, Department of Medicine from Chulalongkorn University, and post-doc fellow from Augusta University, Georgia, USA. She is currently an Associate Professor at Center of Excellence in Neurogastroenterology and Motility, Chulalongkorn University and Division of Gastroenterology, King Chulalongkorn Memorial Hospital.

Dr Patcharatrakul is the President of Thai Neurogastroenterology and Motility Society and also an executive member of the Asian Neurogastroenterology and Motility Association. She has actively involved in the clinical research of functional GI disorders in particular food, constipation and anorectal disorders.

FACULTY BIODATA

Lea Peterus

Ms Lea Peterus is a dedicated registered nurse with 13 years of experience in the healthcare field, currently serving at Penang Adventist Hospital. She has spent seven of those years working in Medical Ward 2, where she developed strong clinical skills and a deep commitment to patient care. In 2023, Ms Peterus further advanced her professional qualifications by completing her Post-Basic Certificate in Endoscopy Nursing at ILKKM Johor Bahru, graduating with distinction. Her growing interest in infection prevention led her to take on the role of Infection Control Link Nurse within her hospital, where she actively supports the implementation of infection control protocols and contributes to raising awareness among her colleagues.

Passionate about both clinical excellence and infection control, Ms Peterus strives to enhance standards of safety and quality, particularly within the endoscopy unit. Her dual focus on hands-on patient care and infection control practices positions her as a well-rounded, committed healthcare professional.

Teerha Piratvisuth

Professor Teerha Piratvisuth is Professor of Medicine at the Prince of Songkla University, Hat Yai, Thailand. He completed his medical degree with first class honor, at the Prince of Songkla University in 1985. During 1993-1994 he studied as a Clinical Fellow in hepatology at King's College School of Medicine and Dentistry in London, UK. In 1995, he moved to the US, where he spent a further year as a Clinical Fellow in Hepatology and Endoscopy at the University Texas, Houston Medical School.

Dr Teerha currently is the President of Gastroenterological Association of Thailand and holds the positions of Advisor of the NKC Institute of Gastroenterology and Hepatology, faculty of medicine, Prince of Songkla University.

FACULTY BIODATA

Rafiz Abdul Rani

Dr Rafiz Abdul Rani graduated from University College Cork, Ireland and completed Doctor of Internal Medicine from Universiti Kebangsaan Malaysia in 2013 and subsequently followed by Gastroenterology & Hepatology subspecialty training. He had a stint at Kyoto Prefectural University of Medicine, Japan in 2016 on the Japanese Society of Gastroenterology (JSGE) Research Fellowship Award and subsequently completed Master of Science in Healthcare Policy and Management from University of Birmingham (2021).

Dr Rafiz's interest is in image enhanced endoscopy with multiple peer-reviewed publications. In addition to being a senior lecturer at the Faculty of Medicine, Universiti Teknologi MARA, he previously heads the Department of Medicine, UiTM and is currently the Head of Department of Gastroenterology & Hepatology as well as the Executive Services Division in Hospital Al-Sultan Abdullah, Universiti Teknologi MARA, Malaysia. He is a member of several gastroenterology societies and is currently serving as a council member in the College of Physicians Malaysia.

Mohan Ramchandani

Dr Mohan Ramchandani, Director of Interventional Endoscopy at AIG Hospitals, Hyderabad, India, brings over 19 years of invaluable experience to the field. Having dedicated two decades to AIG Hospitals, he possesses an intimate understanding of the institution's evolution and has played a pivotal role in its growth. Originating from the small town of Budni in Madhya Pradesh, he completed his graduation and postgraduation at Gandhi Medical College, Bhopal. An alumnus of Banaras Hindu University in Gastroenterology, Dr Ramchandani has received extensive training in therapeutic endoscopy globally, including at Northern Yokohama Hospital in Japan and Zhongshan Hospital, Fudan University, Shanghai. Specialising in advanced procedures and pioneering work in interventional endoscopy, he is internationally recognised as an expert in third-space endoscopy. Notably, he conducts impactful workshops at the Asian Institute of Gastroenterology, contributing significantly to the training of fellow professionals.

Beyond clinical practice, Dr Ramchandani dedicates himself to education, regularly teaching postgraduates and guiding numerous DNB students for their theses. His profound contributions extend to impactful research, with over 200 publications in national and international journals, an H Index of 35, and authoring chapters in gastroenterology textbooks. Actively contributing to the field, he holds positions on the editorial board of the Journal of Digestive Endoscopy and serves as a peer reviewer for various GI endoscopy journals. Remaining an active member of GI endoscopy societies, he serves as a joint secretary of the Society of GI Endoscopy of India (SGEI) and is a member of the American Society of GI Endoscopy. Recently awarded an honorary fellowship from the Japan Gastroenterological Endoscopy Society (JGES).

FACULTY BIODATA

Thawee Ratanachu Ek

Dr Thawee is currently a senior consultant of Rajavithi Digestive Endoscopy Center (RDEC), which is a tertiary care hospital of gastrointestinal specialty in Thailand. He graduated from Siriraj Medical School, Mahidol University then received a Board of Surgery Qualification. His main interests are all kinds of therapeutic endoscopy and EUS especially hepato-pancreato-biliary area. He extensively has provided training to young endoscopists both locally and internationally. He also was formerly president of Thai Association of Gastrointestinal Endoscopy (TAGE).

Ruveena Bhavani Rajaram

Dr Ruveena Bhavani Rajaram is a Consultant Gastroenterologist, Hepatologist, and Internal Physician at Thomson Hospital, Kota Damansara, Selangor, and a Visiting Consultant at Universiti Malaya Medical Centre. She holds an MBBS from Universiti Malaya and is a Member of the Royal College of Physicians & Surgeons (Glasgow), with subspecialty training in Gastroenterology and Hepatology. She is actively involved in clinical research, serving as Principal Investigator and Sub-Investigator in numerous international liver disease studies. She has authored over 30 peer-reviewed publications in esteemed medical journals. A a frequent speaker at the medical conferences.

Sanjiv Mahadeva

Professor Sanjiv Mahadeva is a Consultant Gastroenterologist and Professor of Medicine at the Universiti Malaya, Kuala Lumpur. He is the most senior Academic Gastroenterologist in Malaysia at the present moment. Previous leadership positions include Head of the Medical Department at Universiti Malaya, President of the Malaysian Society of Gastroenterology & Hepatology and Chairman of the National Training Board in Gastroenterology & Hepatology. Despite a busy clinical & teaching schedule, he has remained a keen researcher in various areas of Gastroenterology & Hepatology. His scientific publications have >10,000 citations, and he has been ranked “top 2% scientist in the world” by Stanford University from 2022 - 2024.

FACULTY BIODATA

Senamjit Kaur

Dr Senamjit Kaur is Consultant Gastrohepatology currently serving as the sole Hepatologist in the state of Sabah since April 2024. She completed subspecialty training by Ministry of Health Malaysia and continued to pursue a Fellowship in Clinical Hepatology in Oxford, UK from 2022-2024. She has special interest and focus in Autoimmune, Cholestatic liver diseases and portal hypertension. She is a member of PBC-Oxford Taskforce, APASL-ACLF Research Consortium and LITMUS Consortium. Contributor to Ipsen PBC Advisory Board on Elafibrinor and lead consultant to “Sabah-PBC and Autoimmune Registry”, “Sabah-Prison Hepatitis C Programme” and, “Sabah TB-HepB Taskforce”.

Sith Siramolpiwat

Dr Sith Siramolpiwat is an Associate Professor at Chulabhorn International College of Medicine, Thammasat University, and also holds a position in the Division of Gastroenterology, Department of Internal Medicine, Faculty of Medicine, Thammasat University. He earned his Doctor of Medicine from Mahidol University in 2002. Dr Siramolpiwat is a Thai Board-certified Gastroenterologist and Hepatologist (2010) and an Internal Medicine specialist (2008). He completed a fellowship in hepatology and a Master’s degree in Clinical Research in Liver Diseases at the University of Barcelona, Spain, between 2011 and 2013.

Dr Siramolpiwat’s work experience includes various academic and clinical instructor roles at Thammasat University since 2013, following his hepatology fellowship. His research has been published in many peer-reviewed journals, covering a wide range of topics in gastroenterology and hepatology. His primary areas of interest are chronic liver diseases, particularly cirrhosis and its complications.

FACULTY BIODATA

A Ri Song

Ms A Ri Song is a Charge Nurse at the Digestive Disease Center and Research Institute, Soonchunhyang University Hospital Bucheon, South Korea. She has held this position since 2021. Her clinical journey began in 2003 as a Registered Nurse in the same department. Since 2013, she has served as an executive member of the Gyeonggi/Incheon branches of the Korea Gastrointestinal Endoscopy Nursing Society.

Academically, Ms Song holds a Master's Degree in Nursing Science (2018-2021) and a Bachelor's Degree in Nursing Science (1999-2003), both from SoonChunHyang University. Her areas of expertise include Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP), where she serves as a team leader and educator, guiding both procedures and training. She is also skilled in assisting with a wide range of therapeutic and diagnostic endoscopic procedures as a specialised clinical nurse.

Tan Soek Siam

Dr Tan Soek Siam is a senior consultant in Sunway Medical Center, Selangor. She was the head of department and head of hepatology service in the Ministry of Health Malaysia up until 2017 and retired from government service in July 2025. She graduated from Trinity College, Dublin (Ireland) with honours in Medicine and conducted her housemanship and senior housemanship in Ireland. After passing her postgraduate exams, she returned to serve in Ipoh Hospital, Kuala Lumpur Hospital and Selayang Hospital (Malaysia). She did her fellowship in hepatology in the Institute of Liver Study at King's College Hospital, United Kingdom and also received training in Queen Mary Hospital, Hong Kong and University of Michigan, USA.

Dr Tan's research interests include acute liver failure, acute-on-chronic liver failure, chronic hepatitis B and C, autoimmune liver disease, non alcoholic fatty liver disease and liver transplantation. She is the principal investigator of numerous clinical trials on viral hepatitis B and C and metabolic dysfunction-associated steatotic liver disease. She is a member of the Asia Pacific Association for the Study of the Liver (APASL)-ACLF working party, the APASL-ACLF Research Consortium (AARC). She had authored more than seventy publications in peer review journals, Asia Pacific regional clinical practice guidelines, a few book chapters and a reviewer for several peer review journals. She is a member of the editorial board of the journal Hepatology International. She is a Past President of the Malaysian Society of Gastroenterology and Hepatology 2017-2019, a member of the College of Physicians, and a fellow of the Academy of Medicine of Malaysia and a member of the Malaysian Transplant Society. She is the deputy chair and scientific co-chair (hepatology) of the Asian Pacific Digestive Week 2021. She had received several awards for her clinical service and her research work and grants from local and international bodies.

FACULTY BIODATA

Thevaraajan Jayaraman

Dr Thevaraajan Jayaraman obtained his medical degree from University College Cork, Ireland in 2010 and the MRCPI qualification in 2013. He joined the Faculty of Medicine, UiTM in 2014. He completed the national gastroenterology and hepatology training programme in 2020. He underwent a clinical observership in Pancreatobiliary Endoscopy at the Asian Institute of Gastroenterology (AIG) in 2022 and was selected to receive the International Young Endoscopist Award (IYEA) in 2023 by the International Digestive Endoscopy Network (IDEN).

Dr Thevaraajan is also the recipient of the Japanese Foundation for Research and Promotion of Endoscopy scholarship in 2024 to visit Kindai University Hospital, Osaka under the tutelage of Professor Kashida in the field of image enhanced endoscopy and ESD. Currently he heads the Daycare Unit in Hospital Al-Sultan Abdullah, UITM while carrying out clinical duties as a Consultant Gastroenterologist and academic duties as a Senior Lecturer with the Faculty of Medicine.

Valentine Lesley Philiminus

Mr Valentine Lesley is a senior Medical Assistant In Endoscopy QEH Kota Kinabalu. He has 27 years working experience in healthcare with six years of experience in national service PLKN Sepang, Selangor and PLKN Tanaki, Tambunan. He is one of the pioneers in preparation of post basic Gastrointestinal endoscopy programme in Malaysia. He authoured numerous abstracts submitted to GUT and given due acknowledgement in several international publications. He also has an innovative mind and constantly think of beneficial ways to improve endoscopy unit and new endoscopic skill.

Sunny Wong Hei

Dr Sunny Wong is an Associate Professor at the Lee Kong Chian School of Medicine, Nanyang Technological University Singapore. He received his MBChB at the Chinese University of Hong Kong, and his PhD in University of Oxford on human genetics. His main research interest is on gut microbiome, investigating the host-microbe interaction in digestive and metabolic diseases, and exploring this for discovery of novel biomarkers and therapeutics.

Dr Wong has won several awards, including the Asia Pacific Digestive Week Emerging Leaders Lectureship (2021), the Hong Kong College of Physicians Sir David Todd Lectureship (2020) and the Croucher Foundation Award (2014). He has published over 250 peer-reviewed articles including papers in *Nature Genetics, Nature Communications, Gastroenterology* and *Gut*, and is currently an Associate Editor for the *Journal of Gastroenterology and Hepatology*.

FACULTY BIODATA

Yeap Chun Hong

Dr Yeap Chun Hong is a Specialist in Anaesthesiology and Critical Care and a Medical Lecturer at Universiti Malaya. He obtained his MBBS from Manipal University and a Master of Anaesthesiology from Universiti Malaya. With over a decade of clinical experience, he has a special interest in neuroanaesthesia and sedation in remote anaesthesia settings.

An active clinician at Universiti Malaya Medical Centre, Dr Yeap is also deeply involved in undergraduate and postgraduate medical education. He is a member of both the Malaysian Society of Anaesthesiologists and the Malaysian Society of Neuroanaesthesia and Critical Care. His talk will focus on sedation and anaesthesia in endoscopy - managing risks and realities, drawing on his clinical experience and current perspectives in peri-procedural patient safety.

Honggang Yu

Professor Dr Honggang Yu currently serves as the Chief of the Gastroenterology Department at Renmin Hospital of Wuhan University, China. His major field focuses on Artificial intelligence research on digestive endoscopy; Early diagnosis and treatment of digestive system tumors; Molecular mechanisms of gastrointestinal tumor invasion and metastasis and chemotherapy resistance. He obtained his M.D. from the University of Düsseldorf in Germany (1998-2000) and went on to complete postdoctoral fellowships at St. Joseph Hospital, Bochum University (2000-2002), and at the prestigious Scripps Research Institute in the United States (2006-2007).

Professor Yu serves as a Standing Committee Member of the Chinese Society of Digestive Endoscopy, Chairman of its Big Data Group, and Chairman of the Hubei Society of Digestive Endoscopy. He has authored numerous high-impact scientific publications in leading journals such as *The Lancet Gastroenterology & Hepatology, The Lancet Digital Health, Gut, npj Digital Medicine, Advanced Science, and EClinicalMedicine.*

FACULTY BIODATA

Linda Lidan Zhong

Dr Linda Lidan Zhong is currently Associate Professor and Director of Chinese Medicine and Biomedical Sciences at Nanyang Technological University, Singapore. She has worked in Chinese Medicine education, research, and service for more than 20 years with more than 150 SCI research papers on clinical studies of Chinese Medicine and Integrative medicine, evidence-based approaches, and epidemiological research. She is also the co-chair of interest group in Clinical Studies and Board of Director of International Society for Traditional, Complementary & Integrative Medicine Research (ISCMR).

Dr Zhong's research focuses mainly on integrative medicine and globalization of Chinese Medicine. She is also a Visiting Professor of Integrative Medicine Centre, the University of Toronto, and Visiting Fellow of Australian Research Centre for Complementary and Integrative Medicine, the University of Technology Sydney.

Zuo Ying

Ms Zuo Ying is the Senior Nurse at the Digestive Endoscopy Center of Xinqiao Hospital, where she also serves as the Head Nurse of the nursing team. She holds the position of Secretary of the Endoscopy Technology Group under the Chongqing Nursing Association. With over ten years of experience in endoscopic nursing, she is highly proficient in various endoscopic nursing techniques and excels in clinical coordination. Her dedication to the field has earned her several accolades, including the Second Prize in the National Flexible Endoscope Bedside Pretreatment Competition and the First Prize in the Chongqing Digestive Endoscopy Nursing Quality and Safety Continuous Improvement Case Competition.

3rd Goh Khean Lee Distinguished Lecture

ROLE OF EUS FOR PANCREATO-BILIARY DISEASES: PAST, PRESENT AND FUTURE

Thawee Ratanachu Ek
Rajavithi Hospital, Bangkok, Thailand

ERCP (endoscopic retrograde cholangio-pancreatoscopy) is the main tool for pancreato-biliary endoscopy which was developed in 1968 by McCune and colleagues then Chassen and Kawai and colleagues opened the new gateway by creating sphincterotomy in 1972 which endoscopist can do various therapeutic procedure for pancreato-biliary diseases such as stone removal, drainage for cholangitis, drainage for both benign and malignant stricture, pancreato-biliary leak and so on. Subsequently, there are many different devices also have been developed such as mechanical lithotripsy, per oral cholangioscope (mother/baby system and disposable, recently), biliary RFA, EHL and Laser, so on.

Furthermore the best friend of ERCP is endoscopic ultrasound (EUS) also was developed since 1980, starting with radial EUS (diagnostoic tool) and linear EUS later with therapeutic capability in term of FNA and various procedures related pancreato-biliary diseases pancreatic fluid collection (PFC drainage), intractable pancreatic cancer pain (CPN), acute cholecystitis (Gall bladder drainage), chronic pancreatitis or pancreatic leak (PD drainage) and most procedures-Biliary drainage (HGS/CDS/HDS).

Recently, complicated pancreato-biliary diseases such as gastric outlet obstruction from advance pancreatic cancer also can be corrected with EUS guided gastroenterostomy, bleeding gastric varices from liver cirrhosis can be managed with EUS combined coil and glue injection.

More than half of century, various pancreato-biliary diseases have been treated with endoscopy both ERCP and EUS effectively and safely in general. ERCPist should be trained and familiar with EUS as well to get the maximum yield for caring patients.

MSGNMA LECTURE 1

SEDATION AND ANAESTHESIA IN ENDOSCOPY: MANAGING THE RISKS AND REALITIES

Yeap Chun Hong
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

Sedation and anaesthesia are essential for enhancing patient comfort and procedural success in endoscopy. While many procedures are traditionally performed under moderate sedation, increasing patient complexity and procedural demands have led to greater anaesthetist involvement - especially in high-risk or prolonged cases. As these procedures are often conducted outside the operating theatre, they carry unique challenges and risks, including hypoventilation, airway obstruction, aspiration, and cardiovascular instability. These risks are particularly pronounced in patients with obesity, obstructive sleep apnoea, or significant cardiorespiratory comorbidities.

This talk will highlight the key risks and safety considerations in endoscopic sedation, focusing on patient selection, pre-procedure assessment, and monitoring challenges in remote environments. The sedation continuum and differences in depth will be briefly outlined, along with practical strategies for safe sedation delivery and monitoring. Preventive measures and the role of vigilance in avoiding adverse outcomes will be discussed. Common sedative agents - midazolam, opioids, propofol, and dexmedetomidine - will be reviewed with emphasis on their pharmacological properties and safety profiles.

Drawing from clinical experience and current local practice, this session aims to provide a pragmatic overview on how anaesthetists can improve safety and efficiency during endoscopic procedures outside the operating theatre.

BEYOND ACID SUPPRESSION: INCORPORATING MUCOSAL PROTECTION INTO CLINICAL PRACTICE

Chua Tju Siang
AliveoMedical, Singapore

Many patients with acid-related symptoms continue on prolonged or escalated PPI therapy, often without reassessment of symptom drivers or adjunctive options. In cases where symptoms persist despite acid suppression, mechanisms such as weakly acidic reflux, pepsin, bile, and impaired mucosal barriers may be contributing factors.

This highlights the limitations of acid suppression alone in managing the full spectrum of acid-related conditions. This lecture explores the under-recognised role of mucosal protection and mechanical reflux barriers in symptom control. Particular focus will be given to alginate-based therapy, which acts by forming a physical raft barrier over gastric contents. Evidence supports its use both as an adjunct to PPI in refractory cases and as a step-down or on-demand option in appropriate patients.

By broadening the therapeutic focus beyond acid suppression alone, clinicians can adopt more targeted and rational approaches to symptom management, reduce unnecessary long-term PPI use, and enhance patient outcomes.

STATE-OF-ART LECTURE 2

ESD IN EVOLUTION: 3 DECADES OF REFINEMENT

Hiroyuki Ono
Shizuoka Cancer Center, Shizuoka, Japan

Over the past three decades, endoscopic submucosal dissection (ESD) has transformed from a novel technique into a globally recognized standard treatment for early gastrointestinal neoplasms. Since its inception in the late 1990s, ESD has undergone continuous refinement in technique, device development, and indications. This lecture will trace the evolution of ESD from its early challenges - including en bloc resection, perforation risks, and prolonged procedural times - to the current state where high success rates and safety can be achieved in expert hands.

We will explore key milestones in the refinement of ESD, including the introduction of the IT knife, traction methods, and strategies to prevent complications. Special attention will be given to the dissemination of ESD from Japan to other parts of Asia and the world, and how training systems and international collaboration have contributed to this progress.

Finally, we will discuss the future direction of ESD, including robotic-assisted endoscopy, artificial intelligence in lesion detection, and global standardization. This lecture aims to provide insight into how far we have come - and where we are headed - in the ongoing evolution of ESD.

MSGNMA LECTURE 2

DEVELOPMENT OF ENDOSCOPY NURSES IN KOREA: TRAINING FRAMEWORKS AND PRACTICE STANDARDS

Kim Sang-Yeun
Soonchunhyang University Bucheon Hospital, South Korea, Korea

The Digestive Disease Center of Soonchunhyang University Bucheon Hospital, where I work, is a general hospital with approximately 900 beds and is located in Gyeonggi-do, Korea.

Our nursing staff consists of 22 nurses and 8 assistants, and we have a total of 9 endoscopy labs and 1 ERCP lab.

Our nurses usually go through a one-year training period.

During the one-year period, you will learn preceptorship courses, EUS, ESD, ERCP, etc., and additionally receive hands-on training in advanced treatment devices.

My goal as a manager is to ensure that nurses who have undergone systematic training in this way can treat patients with the same knowledge and skills.

MSGNMA LECTURE 3

INFECTION CONTROL PRACTICES IN ENDOSCOPY - INSIGHTS FROM CHINA

Zuo Ying
Xin Qiao Hospital, China

Endoscope reprocessing is a critical part of infection control in gastrointestinal endoscopy. In recent years, China has made significant progress in standardizing and improving endoscope reprocessing practices across hospitals.

This talk will share an overview of current reprocessing workflows in China, including pre-cleaning, manual cleaning, high-level disinfection, rinsing, drying, and proper storage. Drawing from my observation and experience, I will highlight how leading centers in China ensure strict adherence to guidelines, staff training, and the use of automated endoscope reprocessors (AERs) to reduce human error. I will also touch on the challenges faced, such as balancing efficiency with safety and managing costs while meeting national standards.

This session aims to provide valuable insights and practical comparisons that GI nurses and staff in other regions can reflect on and learn from. As reprocessing remains a cornerstone of safe endoscopy practice, international collaboration and shared learning are essential for ongoing improvement.

MSGNMA LECTURE 4

CRUCIAL NURSING SKILLS AND KNOWLEDGE IN GI RESUSCITATION: ENHANCING PATIENT OUTCOMES

Chan Wah Loong
Universiti Malaya, Kuala Lumpur, Malaysia

Gastrointestinal (GI) emergencies such as upper GI bleeding, variceal hemorrhage, and perforated ulcers are associated with high mortality if not managed promptly. Nurses play a pivotal role in the initial recognition and resuscitation of these patients. This presentation outlines the critical nursing skills required in GI resuscitation, including airway protection, high-flow oxygen delivery, large-bore IV access, fluid and blood product administration, and close hemodynamic monitoring. Emphasis is placed on structured approaches such as the ABCDE assessment, early warning score interpretation, and use of SBAR for timely escalation.

GI-specific interventions - such as PPI and octreotide infusion, nasogastric management, and endoscopy preparation - are discussed in the context of evidence-based protocols. The importance of accurate documentation, post-resuscitation surveillance, and multidisciplinary collaboration is highlighted, particularly in resource-constrained environments. Simulation-based training is presented as a key tool for improving nursing confidence and response times in real-world scenarios.

This session aims to reinforce the central role of nurses in GI resuscitation and support the implementation of structured, safe, and timely care pathways to improve patient outcomes in both acute and post-intervention phases.

MSGNMA LECTURE 5

BEYOND THE SCOPE: A GIA's EXPERIENCE IN ERCP

Valentine Lesley Philiminus
Queen Elizebath Hospital, Kota Kinabalu, Sabah, Malaysia

The significant of ERCP as therapeutic tools inn managing biliary and pancreatic diseases. ERCP procedure performed. Example, canulation, sphincteromy, stent placement, dilatation and any other relevant therapeutic procedure. By understanding the basic component of an ERCP and tools will lead to success procedure with good teamwork.

MSGNMA LECTURE 6

BEST PRACTICES IN ENDOSCOPE REPROCESSING: DOCUMENTATION AND TRACEABILITY

Benoit Biousse
Sales Director Healthcare Asia, Singapore

At this conference, Benoit looks forward to presenting on endoscope reprocessing traceability, which is the process of linking reprocessing cycle information and medical device identifiers to a patient record. From efficient recall management to outbreak control, traceability plays a critical role in assuring the highest level of safety in your reprocessing setting.

It's also essential for regulatory compliance, as many healthcare guidelines and regulations specifically require robust traceability systems for medical devices like endoscopes. Furthermore, these systems are key for accountability and quality control, helping to ensure all reprocessing steps are completed correctly and consistently, holding individuals accountable for their actions, and promoting high-quality reprocessing. Lastly, we will also explore how traceability can identify patterns or recurring problems with endoscopes or reprocessing procedures, allowing proactive measures to be taken.

Lunch Satellite Symposium 1

FIRST-LINE DEFENCE: REAFFIRMING THE ROLE OF PPIS IN GERD MANAGEMENT

Lawrence Ho Khek-Yu
National University of Singapore, Singapore

This talk focusses on the latest update, reaffirming the first-line defence role of PPIs in the management of GERD. The information will be extracted from the 2025 American Society of Gastrointestinal Endoscopy (ASGE) Guidelines and the 2024 American Gastroenterological Association (AGA) Clinical Practice Update. As per existing consensus from ASGE, a clinical diagnosis of GERD can be made based on symptoms and confirmed by a favorable response to PPI therapy. ASGE recommends that patients with alarm symptoms should be referred for OGD. In this talk, I will share some OGD findings that can help doctors understand the mechanisms behind difficult to treat GERD cases, how to manage them and improve patient outcomes. ASGE also recommends that PPI is 1st lined therapy for acute management for GERD. PPI therapy should be administered at the lowest possible dose for the shortest possible period of time. In patients with suboptimal response to PPIs, ASGE suggests testing CYP2C19 and adjusting PPI dosage/selection accordingly. Patients who require long-term PPI therapy for symptom control should use the lowest effective dose and attempt to switch to on-demand therapy. Both ASGE and AGA recommend that P-CAB should not be used as first-line therapy for heartburn, nonerosive reflux disease, milder erosive esophagitis as well as on-demand therapy for GERD.

BREAKOUT SESSION

REPROCESSING OF ENDOSCOPE

Chin Su Fei
Hospital Lam Wah Ee, Penang, Malaysia

The manual reprocessing of flexible endoscopes is a critical component in ensuring patient safety and preventing healthcare-associated infections. Given the complex design and delicate nature of endoscopic equipment, strict adherence to manufacturer's instructions for use (IFU) is essential to achieve effective cleaning, disinfection, and maintenance. This session will highlight the step-by-step procedures involved in manual reprocessing, emphasizing the importance of proper handling, thorough cleaning, and correct use of disinfectants. Common pitfalls, compliance challenges, and the latest best practices will also be discussed. By reinforcing standardized protocols and the rationale behind each step, this presentation aims to enhance the competency and accountability of nursing staff in endoscope reprocessing, ultimately contributing to improved infection control and patient outcomes.

BREAKOUT SESSION

MICROBIOLOGY SAMPLING OF ENDOSCOPE

Lea Peterus
Penang Adventist Hospital, Penang, Malaysia

Microbiology testing in Endoscopy setting : A critical component of infection control.

Flexible endoscopes, despite high-level disinfection (HLD), can carry risks of healthcare-associated infections (HAIs) if not properly reprocessed. Microbiology testing is a vital surveillance tool to ensure effective cleaning and disinfection in endoscopy units. This testing typically involves sampling endoscope channels, automated reprocessors (AERs), and rinse water using methods like flush, swab, or rinse sampling.

Routine testing detects reprocessing failures, biofilm formation, and environmental contamination. If pathogens or high microbial counts are found, corrective actions like reprocessing, scope quarantine, and infection control notifications are implemented.

This presentation aims to highlight the critical role of microbiology testing in maintaining patient safety, reducing infection risks, and supporting the quality assurance processes in endoscopic procedures.

Tea Satellite Symposium 2

ADVANCING GERD TREATMENT WITH FASTER AND SAFER ACID SUPPRESSION USING TEGOPRAZAN

Lee Yeong Yeh
Universiti Sains Malaysia, Kelantan, Malaysia

Tegoprazan is a novel potassium-competitive acid blocker (PCAB) indicated for the treatment of erosive and non-erosive gastroesophageal reflux disease (GERD), gastric ulcers, and Helicobacter pylori infection. It demonstrates a rapid onset of action by binding near Asp137 and Asn138 at the entrance of the gastric proton pump, facilitating fast and sustained inhibition of gastric acid secretion. Tegoprazan is primarily metabolized by CYP3A4 and is not a CYP3A4 inhibitor or inducer, minimizing drug - drug interactions. It is rarely affected by CYP2C19, offering more consistent efficacy across diverse genetic populations compared to vonoprazan and esomeprazole, which are influenced by CYP2C19 polymorphisms. Importantly, tegoprazan has a lower potential for hypergastrinemia and enterochromaffin-like (ECL) cell hyperplasia, making it potentially safer for long-term use. Clinical data show no significant elevations in liver enzymes (AST, ALT). Furthermore, it exhibits a lower cumulative incidence of hepatotoxicity than proton pump inhibitors (PPIs). Due to its favourable pharmacokinetic profile, minimal hepatic impact, and reduced interaction potential, tegoprazan is considered a safe and effective acid-suppressive agent for both short-term treatment and chronic use in acid-related disorders.

SYMPOSIUM 1 - Pragmatic Approach to IBD Related Complications

MODERN MANAGEMENT OF IBD RELATED STRICTURES

Peter-Philip De Cruz
Austin Health, Melbourne, Australia

A significant proportion of patients with Crohn's disease (CD) require surgery. However, Crohn's disease strictures are responsive to drug treatment which can help improve symptoms and morphology. Endoscopic balloon dilatation and needle knife stricturotomy are safe and feasible and may improve stricture outcomes. This lecture summarises modern management of stricturing Crohn's disease including approaches to drug therapy and emerging data on endoscopic balloon dilatation and needle knife stricturotomy.

SYMPOSIUM 1 - Pragmatic Approach to IBD Related Complications

OVERLOOKED AND UNDERTREATED - APPROACH TO ANAEMIA IN IBD

Nik Arshad Nik Affendi
Kulliyyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

Anaemia is one of the most common and often overlooked extraintestinal manifestations in patients with Inflammatory Bowel Disease (IBD), significantly impacting quality of life and disease outcomes. This session explores a practical, evidence-based approach to diagnosing and managing anaemia in IBD. The speaker will discuss the multifactorial causes of anaemia in IBD, including iron deficiency, chronic inflammation, vitamin B12 and folate deficiency, and bone marrow suppression related to medications or chronic disease. Emphasis will be placed on distinguishing between iron-deficiency anaemia and anaemia of chronic disease using appropriate laboratory markers such as ferritin, CRP, transferrin saturation, and soluble transferrin receptor. The role of oral versus intravenous iron therapy, including the indications, efficacy, and safety of modern IV iron formulations, will be reviewed. Additionally, considerations for treatment during active disease versus remission, and how to integrate anaemia management into overall IBD care pathways, will be discussed. This session aims to equip clinicians with clear, actionable strategies to identify and treat anaemia in IBD, improving patient well-being and long-term disease control.

SYMPOSIUM 1 - Pragmatic Approach to IBD Related Complications

ADVANCES IN THE MANAGEMENT OF ACUTE SEVERE ULCERATIVE COLITIS

Peter-Philip De Cruz
Austin Health, Melbourne, Australia

A fifth of patients with ulcerative colitis (UC) develop acute severe ulcerative colitis (ASUC), a severe flare that requires hospitalization and potentially colectomy. Emerging data indicate that in patients who are refractory to intravenous steroid: (i) certain patients may benefit from intensified infliximab dosing, and; (ii) there may be a role for janus kinase (JAK) inhibition. This lecture provides an overview of the contemporary management of intravenous steroid-refractory ASUC with a focus on infliximab dosing and emerging data on JAK inhibition.

CASE DISCUSSION: IBD ASSOCIATED COLONIC DYSPLASIA

Mohd Fairul Limun
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Colorectal cancer (CRC) remains one of the most serious long-term complications of inflammatory bowel disease (IBD), particularly in patients with long-standing ulcerative colitis and Crohn's colitis. Dysplasia, a precancerous epithelial change, is recognized as the strongest clinical predictor of progression to CRC in this population. Early identification through routine surveillance colonoscopy is critical, with advanced endoscopic technologies such as high-definition imaging and chromoendoscopy improving detection rates of subtle or flat lesions.

Histopathologic grading - categorized into low-grade and high-grade dysplasia - guides clinical decision-making. High-grade or multifocal lesions, especially if invisible on endoscopy, are often indications for colectomy, whereas visible, well-demarcated low-grade lesions may be amenable to endoscopic resection. International guidelines increasingly support a personalized approach, integrating endoscopic appearance, lesion characteristics, and patient factors into management decisions.

This presentation reviews the evolving understanding of dysplasia in IBD, highlights global consensus guidelines, and discusses advancements in detection and individualized patient care strategies aimed at CRC prevention.

MSGNMA LECTURE 9

WHY NURSES / GIAS MUST UNDERSTAND NUTRITION, DIGESTION AND METABOLISM

Sunny Wong Hei
Nanyang Technological University, Singapore

Understanding nutrition, digestion, and metabolism is essential for doctors and nurses, whose frontline roles often intersect with complex patient care involving gastrointestinal health. This talk will explore the critical importance of foundational and clinical knowledge in these areas, and also involving the gut microbiome - a dynamic ecosystem now recognized as a key player in gastrointestinal and metabolic health. This understanding can better assess nutritional status, anticipate complications, support personalized dietary interventions, and contribute to multidisciplinary care plans. We will delve into how metabolic pathways interact with digestive health, the impact of dietary choices on microbial balance, and the clinical implications of dysbiosis. Ultimately, this session underscores why a systems-level appreciation of human metabolism and gut function is essential for delivering informed, holistic, and effective care in both acute and chronic settings.

MSGNMA LECTURE 10

PRECISION IN PRACTICE: KEY NURSING SKILLS FOR OPTIMAL GI STENTING

A Ri Song
SoonChunHyang University Hospital Bucheon, South Korea, Korea

Self-expandable metal stents (SEMS) are vital tools in advanced endoscopic procedures to relieve obstructions in the gastrointestinal (GI) and pancreatobiliary tracts caused by malignant or benign lesions. SEMS are commonly used for palliative decompression in esophageal, gastroduodenal, and colonic strictures, as well as biliary drainage in patients with bile duct or pancreatic cancer. Each anatomical area presents unique challenges, requiring careful stent selection and precise procedural techniques.

Nurses play an essential role throughout the entire care process. Before the procedure, they assess patient conditions, review medications, and provide education. During stent placement, nurses assist with device preparation, monitor the patient closely, and maintain sterile conditions. After the procedure, they monitor for complications such as stent migration or re-obstruction and support patient recovery with tailored care.

Moreover, nurses act as key communicators within the multidisciplinary team, ensuring smooth coordination and timely responses to procedural needs and adverse events. Their expertise in recognizing anatomical variations and anticipating challenges enhances procedural safety and patient outcomes.

This presentation highlights the critical nursing skills necessary for safe and effective GI and pancreatobiliary stenting, emphasizing precision-based practice and the expanding role of endoscopy nurses.

Keywords: *GI stenting, Self-expandable metal stents(SEMS), Endoscopy nursing, Nursing competencies*

MSGNMA LECTURE 11

NURSES ROLE IN EUS

Liao Yu
Xinqiao Hospital, Army Medical University, China

Endoscopic Ultrasound (EUS) has become an essential tool in diagnosing and managing gastrointestinal and pancreatobiliary diseases. While much focus is on the endoscopist, the Gastrointestinal Assistant (GIA) plays a key role in ensuring the procedure is performed safely and efficiently.

This talk shares my experience as a GI nurse supporting EUS procedures, highlighting the responsibilities involved - from equipment setup and patient preparation to assisting with fine-needle aspiration (FNA/FNB) and post-procedure care. I will also discuss the importance of understanding the equipment, maintaining infection control, and being prepared for potential complications. Teamwork and clear communication with the endoscopist are crucial in achieving smooth workflow and good patient outcomes. As EUS procedures become more advanced and widely used, it is important for GI nurses and assistants to continue learning and improving our skills.

This session aims to encourage and empower GI staff by showing how our role makes a real difference in patient care and procedural success.

MSGNMA LECTURE 12

BEYOND ASSISTING - LOOKING VS SEEING

Chiam Keng Hoong
Pantai Hospital Penang, Penang, Malaysia

The role of a gastrointestinal (GI) assistant goes beyond assisting the endoscopist in achieving successful outcomes during procedures. There are numerous ways they can contribute, and their involvement is not limited to basic support tasks.

One of the most challenging moments in endoscopy occurs when a finding is missed or when a lesion is discovered and lost unintentionally, making it difficult to recover. This situation is particularly distressing when the lesion harbours malignant potential. As busy endoscopists, fatigue sets in as the day progresses, which is where the role of GI assistants becomes crucial. In addition to providing extra hands during procedures, a diligent assistant offers visual and verbal input that can help defuse tense situations. This approach becomes increasingly invaluable as the assistant gains more experience.

Given the high volume of endoscopic procedures they assist with; GI assistants are the solid foundation that supports the field of endoscopy. They are exposed to a wide range of styles, techniques, and expertise, enabling them to innovate creatively. I believe this lecture will broaden your understanding of what advanced endoscopic imaging can provide. Ultimately, in all therapeutic endoscopy, the foundation lies first in the detection and characterization of lesions.

Lunch Satellite Symposium 2

UPDATES IN GERD AND HELICOBACTER PYLORI: TAILORING TREATMENT WITH ACID SUPPRESSANTS

Daphne Ang Shih Wen
Singapore General Hospital, Singapore

GERD and *Helicobacter pylori* are prevalent conditions in Asia. Whilst proton pump inhibitors have revolutionized the treatment of GERD and Helicobacter pylori, several areas of unmet needs persist.

Potassium competitive acid blockers (P-CABs) are a novel group of acid suppressing medications for the treatment of acid-related disorders. P-CABs have shown promising results in patients with both erosive esophagitis and in non-erosive reflux disease (NERD). In the area of *Heliobacter pylori* eradication, major guidelines have now incorporated P-CABs as an alternative first line treatment for *H. pylori* eradication. We present the latest evidence for the role of P-CABs in GERD and H pylori eradication. P-CABs represent a significant advance in our treatment armamentarium and can potentially improve clinical outcomes.

Lunch Satellite Symposium 2

FROM REMISSION TO CLEARANCE: OPTIMIZING UC MANAGEMENT IN A CHANGING TREATMENT LANDSCAPE

Julajak Limsrivilai
Siriraj Hospital, Mahidol University, Bangkok, Thailand

The treatment goals for ulcerative colitis (UC) have evolved significantly in recent years, moving beyond symptom control toward deeper, more sustained disease control. This paradigm shift - from clinical remission to disease clearance - reflects growing evidence that achieving composite endpoints, including endoscopic and histologic healing, is associated with improved long-term outcomes. In an era of expanding therapeutic options and increasing personalization of care, optimizing UC management requires a nuanced understanding of disease mechanisms, timely treatment sequencing, and the integration of novel endpoints into clinical practice. This session explores the changing landscape of UC treatment, emphasizing the importance of early intervention, treat-to-target strategies, and the role of emerging therapies in achieving disease clearance.

MSGNMA LECTURE 13

BIOFILMS IN ENDOSCOPY

Carla Coetzee
New Zealand Sterile Sciences Association, New Zealand

Biofilms in endoscopes have long been a major concern for healthcare facilities due to their ability to shelter bacteria and protect them from traditional cleaning and disinfection methods. Studies on reusable flexible endoscopes have shown that 100% of patient ready endoscopes had biofilm present in their air/water channels. Biofilm removal methods can be effective but difficult to supervise in practice. In this presentation Carla will discuss the efficacy and efficiency of biofilm removal in endoscope reprocessing.

SYMPOSIUM 2 - GAT-MSGH Joint Society Symposium Cirrhosis and Portal Hypertension

EXPLORING THERAPEUTIC OPTIONS BEYOND DIURETICS IN ASCITES

Tan Soek Siam
Sunway Medical Center, Selangor, Malaysia

Ascites is the most common first decompensating event in patients with liver cirrhosis at 5-10% per year. The development of ascites heralds a reduction in the 5 years survival rates from 80% to 30% and impact patient's quality of life. Progression to refractory ascites is associated with 1 year mortality rate of 17%. Key factors contributing in the pathogenesis of ascites are portal hypertension and retention of sodium and water. Understanding of the pathophysiology provides potential interventions to disrupt the development and progression. The PREDESCI study showed that ascites can be prevented by non selective beta-blockers when used appropriately in patients with clinically significant portal hypertension. After the development of ascites, the first line treatments are moderate salt restriction used judiciously without affecting patient's calorie intake and diuretics. Second line therapeutic options beyond diuretics can be broadly categorized as pharmacological and non pharmacological. The former includes the treatment of the aetiology of the liver disease, long term albumin, midodrine and the new emerging data on sodium glucose co-transporter 2 inhibitors. While non pharmacological treatments are repeated large volume therapeutic paracentesis, transjugular intrahepatic portosystemic stent shuts (TIPPS), long term abdominal drains and the automated low-flow ascites pump (Alfapump). Liver transplantation is the definitive treatment of ascites and the liver failure but due the scarcity of liver organ and transplantation many patients who are eligible did not manage to avail or die while waiting for this treatment option. Each modality has its efficacy, complications and role depending on the patients condition, notwithstanding the suitability and availability of expertise as well as resources.

OPTIMIZING SURVIVAL IN LIVER FAILURE THROUGH ADVANCED CRITICAL CARE

Sakkarin Chirapongsathorn
Phramongkutklao College of Medicine, Bangkok, Thailand

Liver failure, whether acute or acute-on-chronic, represents a critical condition with high morbidity and mortality. Optimizing survival in these patients requires a multidisciplinary, evidence-based approach tailored to the complex physiological derangements they experience. This lecture will explore the evolving landscape of advanced critical care in liver failure, emphasizing strategies that have demonstrated survival benefits. Topics include hemodynamic optimization, renal support, prevention and management of infections, and the role of extracorporeal liver support systems. Special attention will be given to managing hepatic encephalopathy, coagulopathy, and the delicate balance between under- and over-resuscitation. Lecture also discuss prognostic scoring systems, timely referral for liver transplantation, and the importance of early identification of candidates for transplant. The lecture aims to provide clinicians with practical, up-to-date guidance to enhance clinical outcomes in liver failure, integrating the latest research with bedside application.

DEBATE: NSBB IN LIVER CIRRHOSIS: SAVIOR OR SILENT KILLER?

Chan Wah Kheong
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

Non-selective beta-blockers (NSBBs) have proven benefit in the prevention of first variceal bleeding in patients with compensated or decompensated cirrhosis and high-risk varices, and in the prevention of rebleeding in patients with previous variceal bleeding, resulting in improved survival in these patients. Carvedilol reduces decompensation or death in patients with clinically significant portal hypertension without high-risk varices and the difference was mainly due to a difference in the appearance of ascites. Absolute or relative contraindications for NSBBs are present in around 15% of patients because of coexisting conditions and, in another 15%, dose reduction or withdrawal may be necessary because of adverse effects. NSBBs are not absolutely contraindicated in patients with ascites, refractory ascites, spontaneous bacterial peritonitis and acute-on-chronic liver failure. While there is conflicting evidence on the use of NSBBs in these patients, most studies showed a benefit, with increased survival in patients receiving NSBBs. In patients with ascites, NSBBs should be dose-reduced or discontinued in case of persistently low blood pressure and/or hepatorenal syndrome-acute kidney injury (HRS-AKI). Once blood pressure returns to baseline and/or HRS-AKI resolves, NSBBs can be re-initiated or re-titrated. These limitations should not discourage clinicians from using NSBBs given the firm evidence of their efficacy.

Sith Siramolpiwat
Thammasat University, Thailand

Non-selective beta-blockers (NSBBs) remain a cornerstone in the management of cirrhosis, with recent evidence expanding their beneficial roles. Traditionally, NSBBs have been used to lower portal hypertension and prevent variceal bleeding, a major cause of morbidity and mortality in cirrhotic patients. Newer studies demonstrate that NSBBs, especially carvedilol, not only prevent first variceal bleeding but also reduce the risk of initial hepatic decompensation - including ascites, encephalopathy, and infections - in patients with compensated cirrhosis and clinically significant portal hypertension, even after successful treatment of the underlying liver disease. Furthermore, NSBBs are associated with a decreased incidence of bacterial infections, such as spontaneous bacterial peritonitis, likely due to improved gut barrier function and reduced bacterial translocation. Emerging data suggest that NSBBs may also exert anti-inflammatory effects and potentially lower the risk of hepatocellular carcinoma, particularly with carvedilol and nadolol. While NSBBs are generally safe, careful patient selection and monitoring are crucial, especially in those with advanced disease or refractory ascites. In summary, updated evidence supports the broader use of NSBBs in cirrhosis, not only for bleeding prevention but also for delaying disease progression and reducing complications.

WHAT TO CONSIDER IN THE MANAGEMENT OF SIBO?

Chuah Kee Huat
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

Small Intestinal Bacterial Overgrowth (SIBO) is increasingly recognized in patients with Disorders of Gut-Brain Interaction (DGBI), including Irritable Bowel Syndrome (IBS), chronic constipation (CC), and functional dyspepsia (FD). Although symptom overlap is common across these conditions - such as bloating, discomfort, and altered bowel habits - SIBO may contribute to symptom burden through disrupted gut motility, fermentation, and mucosal inflammation.

Diagnosis is primarily based on hydrogen/methane breath tests, though variation in criteria between regions (e.g., Asia-Pacific vs North American consensus) can affect detection rates. Rifaximin is the most studied therapy, with proven benefit in non-constipated IBS and evidence suggesting higher efficacy in patients with positive breath tests. Methane-predominant SIBO, often associated with CC, may require combined antibiotic therapy. In FD, SIBO may contribute to early satiety and postprandial fullness, though the role of eradication remains under investigation.

Recurrence is common, necessitating adjunct strategies such as prokinetics, dietary modification, and treatment of underlying motility disorders. Given the multifactorial pathophysiology of DGBI, a tailored, multidisciplinary approach targeting both microbiota and gut-brain dysfunction is essential for optimal symptom control and long-term outcomes.

SYMPOSIUM 3 - Optimizing Management in Complicated DGBI

CAN WE DO BETTER WITH INTEGRATIVE MANAGEMENT OF DYSPEPSIA?

Linda Lidan Zhong
Nanyang Technological University, Singapore

Dyspepsia is a common gastrointestinal disorder with significant impacts on quality of life and healthcare costs. Traditional management often follows a stepwise approach, including empiric pharmacotherapy, Helicobacter pylori testing, and endoscopy in refractory cases. However, emerging evidence suggests that an integrative management strategy - combining pharmacological, Chinese medicine, acupuncture and lifestyle interventions - may improve outcomes. This approach addresses multifactorial contributors, including visceral hypersensitivity, gut-brain axis dysfunction, and microbiome alterations. By incorporating Chinese Medicine, acupuncture, dietary modifications, stress reduction techniques, and targeted therapies (e.g., neuromodulators for functional dyspepsia), clinicians may achieve better symptom control and reduce reliance on invasive procedures. This study evaluates the evidence for integrative dyspepsia management, highlighting gaps in current guidelines and proposing a patient-centered framework to optimize care. Further research is needed to validate long-term efficacy and cost-effectiveness.

SYMPOSIUM 3 - Optimizing Management in Complicated DGBI

OPTIMIZING THE USE OF NEUROMODULATORS IN DGBI

Andrew Ong Ming Liang
Singapore General Hospital, Singapore

There are about 22 conditions within the Rome Foundation diagnostic criteria and 15 of them have pain as their dominant symptom for diagnosis. Refractory abdominal pain is one of the most common, yet most challenging clinical scenario that we face. We often try empirical treatments blindly without truly understanding what we are treating, leading to disappointment in patients and physicians.

What else can we do to help these patients?

In this talk, we will discuss how to review the pain history and phenotype patients well. We will discuss the use of neuromodulators, their mechanisms, and how to use them comfortably and to understand when to expect side effects and efficacy. We will also talk briefly on how to integrate these medications and work with a psychologist to tackle the cognitive/behavioural issues patients may face.

THE RESEARCH PROGRESS OF ARTIFICIAL INTELLIGENCE IN DIGESTIVE ENDOSCOPY

Honggang Yu
Renmin Hospital of Wuhan University, China

BACKGROUND: Gastric cancer (GC) ranks fifth in both incidence and mortality rates worldwide.[1] Endoscopic submucosal dissection (ESD) is the standard treatment for most early gastric cancer (EGC) cases. However, the mucosal changes of early gastric cancer are subtle, resulting in a high rate of miss diagnosis. Additionally, the diagnostic experience and fatigue of endoscopist may impact the diagnosis of EGC.

METHODS: To address these challenges, we developed the Intelligent Real-time Endoscopy Analytic Device (IREAD), also known as ENDOANGEL, which integrates endoscopic examination quality control, lesion diagnosis, and image-text reporting to enhance real-time clinical decision-making.

RESULTS: ENDOANGEL demonstrated the ability to monitor blind spots and generate photo-documentation in real time during EGD.[9] In a multi-center study, compared with the control group, the ENDOANGEL group had fewer blind spots (5.38±4.32 vs 9.81±4.98), it could effectively reduce the miss rate of gastric neoplasms meanwhile prevent unnecessary biopsies without adding inspection time.[10-11] Moreover, ENDOANGEL can accurately identify the differentiation status (83.3%) and delineate the margin of EGC (82.7%, 88.1% for differentiated and undifferentiated EGC) under magnifying image-enhanced endoscopy (M-IEE).[12-13] In a multi-center, prospective study, the system outperforms endoscopists in identifying EGC (100.0% vs 87.1%, P<0.01), and is equivalent to endoscopists in predicting invasion depth (78.6% vs 63.8%) and differentiation status (71.4% vs 64.4%).[15] In the ESD videos, the resection margins predicted by ENDOANGEL covered all areas of high-grade intraepithelial neoplasia and cancers. The area of margins predicted by ENDOANGEL showed no significant difference from those identified by experts.[17]

CONCLUSIONS: The implementation of ENDOANGEL in endoscopic diagnosis and offers a promising avenue for improving the accuracy, efficiency, and standardization of EGC assessment. As AI-driven technologies continue to evolve, their role in optimizing gastrointestinal endoscopy is expected to expand, ultimately contributing to improved patient outcomes.

STATE-OF-ART LECTURE 3

ENDOSCOPY GO GREEN: THE TIME IS NOW

Lee Yeong Yeh
Universiti Sains Malaysia, Kelantan, Malaysia

There is an urgent need to reform environmental sustainability due to climate change, one such initiative is green endoscopy, which may be relevant to us who are practising endoscopy. I will also address studies on microplastic pollution which is major contributor to climate change and an important component of green endoscopy. Based on scoping review we have recently published, several key findings can be synthesized from 28 of 7892 articles. These findings are 1) there is significant environmental impact of single use items in current endoscopic practices; 2) there are emerging green innovations and technology in endoscopy including reusable instruments, eco-friendly sterilization methods, and energy efficient technologies; 3) guidelines and green policies are increasingly available providing guidance and framework for endoscopy units; 4) model institutions are useful case studies for implementing green endoscopy and 5) unified efforts from all stakeholders are needed to address challenges. In conclusion, I urge every practising endoscopist to start thinking of green endoscopy practices driven by need to reduce environmental impact but without sacrificing patient safety.

SYMPOSIUM 4 - Complexities in GI Cancer Screening

BALANCING VIGILANCE AND OVER-INVESTIGATION IN EARLY-ONSET GI CANCER SCREENING

April Camilla Roslani
Universiti Malaya, Kuala Lumpur, Malaysia

The rising incidence of gastrointestinal (GI) cancers among individuals under 50 has prompted a critical re-evaluation of existing screening guidelines. While early detection is essential for improving outcomes, indiscriminate or premature screening may lead to over-investigation, patient anxiety, unnecessary procedures, and resource strain. Balancing clinical vigilance with evidence-based restraint requires a nuanced approach. Epidemiological trends, risk stratification models, and outcomes data must be considered in evolving recommendations for colorectal, gastric, and other GI malignancies. Identification of high-risk populations in the young - such as those with genetic predispositions, family history, or relevant comorbidities - and the development of precision screening protocols that maximize benefit while minimizing harm - are the goals. Nevertheless, the ethical and economic implications of expanded screening practices cannot be ignored, and there is a need for multidisciplinary collaboration in refining diagnostic thresholds. Emerging biomarkers, non-invasive diagnostic tools, and international screening policies may inform a more judicious and patient-centered approach to early-onset GI cancer detection, ensuring optimal outcomes without contributing to overdiagnosis or overtreatment.

SYMPOSIUM 5 - Hepatology in Daily Practice

NITS IN CHRONIC LIVER DISEASE CARE: CURRENT AND FUTURE OPTIONS

Mark Dhinesh Muthiah
National University of Singapore, Singapore

Chronic liver disease (CLD) is a growing global health issue, and early detection is key to improving outcomes. While liver biopsy has long been the standard for assessing liver damage, it has risks and limitations. In recent years, non-invasive tests (NITs) have become important tools in CLD care. This talk will review the current non-invasive methods used to evaluate liver fibrosis, steatosis, and inflammation. These include blood-based biomarkers, imaging techniques like transient elastography, and magnetic resonance elastography. We will examine the strengths and weaknesses of these tools, supported by recent clinical data and guidelines. Studies have shown that many NITs can reliably detect advanced fibrosis and are now part of routine practice. The talk will also briefly highlight emerging technologies, future directions, and novel biomarkers, which hold promise for enhancing diagnostic precision and personalized care.

SYMPOSIUM 5 - Hepatology in Daily Practice

NAVIGATING SEVERE HEPATITIS OF UNKNOWN ETIOLOGY

Sakkarin Chirapongsathorn
Phramongkutklao College of Medicine, Bangkok, Thailand

Severe hepatitis of unknown etiology presents a diagnostic and therapeutic challenge, particularly when rapid progression to liver failure occurs. This lecture, “Navigating Severe Hepatitis of Unknown Etiology,” explores a systematic approach to evaluating and managing patients presenting with acute or subacute liver injury when common causes have been excluded. The session will highlight key steps in differential diagnosis, including infectious, autoimmune, drug-induced, metabolic, and emerging etiologies, as well as the role of advanced diagnostic tools such as liver biopsy, and autoantibody panels. Special attention will be given to patterns of injury, red flags for severe or fulminant disease, and clues that may suggest rare or underrecognized causes. Management strategies will focus on supportive care, indications for empirical treatment (e.g., corticosteroids or antivirals), and criteria for transfer to transplant centers. Real-world case examples will be discussed to illustrate the complexity and urgency often required in decision-making.

BEYOND URSODEOXYCHOLIC ACID: EMERGING THERAPIES IN CHOLESTATIC LIVER DISEASES

Senamjit Kaur
Hospital Queen Elizabeth, Sabah, Malaysia

Cholestatic liver diseases, including primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC), are characterized by impaired bile flow and progressive liver damage. Ursodeoxycholic acid (UDCA) remains the first-line therapy for PBC, but its limitations in certain patient populations have driven the search for novel treatments. Emerging therapies such as obeticholic acid (a farnesoid X receptor agonist), fibrates, and peroxisome proliferator-activated receptor (PPAR) agonists show promise in patients with inadequate UDCA response. Additionally, novel agents targeting bile acid metabolism, gut microbiota modulation, and fibrosis pathways are under investigation in both PBC and PSC. Here we discuss therapies beyond UDCA and the current clinical and real-world data ongoing in this field.

YOUNG INVESTIGATOR AWARDS

ORAL PRESENTATIONS

ID 026 CHARACTERIZING GASTROINTESTINAL LESIONS IN ANAEMIA ASSOCIATED WITH CHRONIC KIDNEY DISEASE - A SINGLE CENTRE EXPERIENCE

Yap Moon Yan

Hospital Sultan Abdul Aziz Shah, UPM, Selangor, Malaysia

ID 037 UNDER ONE ROOF: INTESTINAL ULTRASOUND COMBINED CLINIC FOR PAEDIATRIC AND ADULT GASTROENTEROLOGY, A MODEL FOR INTEGRATED IBD CARE ACROSS THE LIFESPAN

Shahrani S[1], Alalawi M[1], Chew K S[2], Mohd Raini N[3], Hilmi I[4]

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ID 044 SINGLE CENTRE EXPERIENCE WITH ENDOSCOPIC ULTRASOUND GUIDED LUMEN APPOSING METAL STENT INSERTION

Praveenna Nagaratnam, Hari Suthan

Gastroenterology and Hepatology Unit, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

ID 074 MICROPLASTICS' EFFECTS ON GUT MICROBIOTA AND INTESTINAL PERMEABILITY IN PATIENTS WITH COLONIC POLYPS

Dinesh V Thanga Velu[1], Raja Affendi Raja Ali[2,3,4,5], Hajar Fauzan Ahmad[6], Yusof Shuaib Ibrahim[7], Deborah Chia Hsin Chew[2,3,4], Nur Aishah Che Roos[8], See Hong Heng[9], Adila A Hamid[1], Norfilza M Mokhtar[1,4]

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ID 080 A RANDOMISED CONTROLLED TRIAL OF RIFAXIMIN THERAPY VERSUS A LOW FERMENTABLE, OLIGOSACCHARIDES, DISACCHARIDES, MONOSACCHARIDES AND POLYOLS (FODMAP) DIET IN IRRITABLE BOWEL SYNDROME: COMPLETE FINAL REPORT

Wah Loong Chan[1], Qing Yuan Loo[1], Audrey Joe Chii Loh[1], Jing Yi Leong[1], Xin Hui Khoo[1], Kim Leng Wong[2], Sarala Panirsheeluam[2], Vicraman Natarajan[2], Ai Kah Ng[3], Hazreen Abdul Majid[3,4], Sanjiv Mahadeva[1], Kee Huat Chuah[1]

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ID 026

CHARACTERIZING GASTROINTESTINAL LESIONS IN ANAEMIA ASSOCIATED WITH CHRONIC KIDNEY DISEASE - A SINGLE CENTRE EXPERIENCE

Yap Moon Yan
Hospital Sultan Abdul Aziz Shah, UPM, Selangor, Malaysia

OBJECTIVE: To determine the prevalence and characterize the types of gastrointestinal tract lesions identified through endoscopy in patients with chronic kidney disease (CKD) and anemia. Anemia is highly prevalent in chronic kidney disease predominantly caused by erythropoietin deficiency rather than iron deficiency. This raises clinical dilemma in deciding on endoscopic evaluation without overt bleeding even when anemia persists.

METHODOLOGY: Retrospective cross-sectional study was conducted by reviewing the endoscopy records from January to December 2024. Adult patients with chronic kidney disease (CKD) stage 3-5 and anemia (Hb <13 g/dL in men, <12.5 g/dL in women) were identified.. Descriptive statistics summarized demographic and clinical data. Chi-square and Fisher's exact tests were used to examine associations between CKD stage and endoscopic findings.

RESULTS: Out of 1,305 endoscopic procedures performed in 2024, 86 CKD patients with anemia (stage 3-5) were included - of whom 53.5% were stage 3, 19.8% stage 4, 7.0% stage 5 non-dialysis, and 19.8% on dialysis. Notably, 41.9% (n = 36) were on antiplatelet or anticoagulant therapy. Among the cohort, 29 patients underwent both OGD and colonoscopy, 38 had OGD only, and 19 had colonoscopy only. For those who had OGD (n = 68), 85.3% had abnormal findings: gastritis/duodenitis (44.8%), ulcers (29.3%), esophagitis (22.4%), varices (5.2%), and one esophageal tumor (1.7%). In colonoscopies (n = 52), 92.3% showed abnormalities, predominantly colonic polyps (56.3%), diverticula (25.0%), and one malignancy (2.1%).

CONCLUSION: Endoscopic evaluation in CKD patients with anaemia frequently reveals significant GI pathology, supporting its role in diagnostic workup and management.

ID 037

UNDER ONE ROOF: INTESTINAL ULTRASOUND COMBINED CLINIC FOR PAEDIATRIC AND ADULT GASTROENTEROLOGY, A MODEL FOR INTEGRATED IBD CARE ACROSS THE LIFESPAN

Shahrani S[1], Alalawi M[1], Chew K S[2], Mohd Raini N[3], Hilmi I[4]

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BACKGROUND: Intestinal ultrasound (IUS) is a non-invasive, point-of-care imaging modality increasingly used in the diagnosis and monitoring of inflammatory bowel disease (IBD). While IUS has demonstrated utility in both paediatric and adult patients, service delivery remains largely segregated by age group.

OBJECTIVE: To provide a novel, integrated care model, that bridges paediatric and adult gastroenterology services through a shared IUS platform, improving continuity of care, diagnostic efficiency and resource utilization.

METHODS: This is a retrospective study conducted at University Malaya Medical Centre, Malaysia. The IUS Combined Clinic features a multidisciplinary team comprising paediatric and adult gastroenterologists, supervised by a certified IUS trainer. Real-time IUS assessments were performed for patients across the age spectrum. All patients who had IUS performed, from 1st December 2024 until 15th June 2025, were included.

RESULTS: 155 patients had IUS performed. 111 were adult patients whereas 44 were paediatric patients. 42 patients had IUS for diagnostic purpose, 17 for disease surveillance, 29 for assessment of disease activity, 44 to assess treatment response and 23 patients had IUS that led to change in treatment. This integrated model allows for early detection of disease activity and complications, real-time treatment decisions, reduction in endoscopy and cross-sectional imaging burden, streamlined transition of adolescents to adult care, in addition to efficient use of shared resources.

CONCLUSION: An IUS combined clinic offers an innovative approach to holistic IBD care across the lifespan. It facilitates seamless transition from paediatric to adult care, supports real-time clinical decisions and bridges shared expertise to enhance patient outcomes.

ID 044

SINGLE CENTRE EXPERIENCE WITH ENDOSCOPIC ULTRASOUND GUIDED LUMEN APPOSING METAL STENT INSERTION

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INTRODUCTION: Lumen Apposing Metal Stents have been a game changer in endoscopic interventions. The uses of LAMS placement are varied including drainage of Pancreatic Pseudocysts and Walled of Necrosis (WON), Choledochoduodenostomy and Gastrojejunostomy. This retrospective study was done to review the outcome of patients who had EUS guided LAMS insertion over the past 24 months at our centre.

METHODOLOGY: Clinical data and outcomes of patients who had a Endoscopic Ultrasound (EUS) guided LAMS inserted between July 2023 to June 2025 were reviewed and analyzed.

RESULTS: A total of 24 patients had a Cautery Enhanced Lumen Apposing Stent inserted. 11 patients (45.8%) had a LAMS inserted for Pseudocyst/WON drainage, 9 patients (37.5%) for a gastrojejunostomy, and 4 patients (16.7%) for a Choledochoduodenostomy. Procedure was a technical success in 23 (95.8%) of cases with 1 (4.2%) mal-deployment which was endoscopically salvaged using a fully covered esophageal metal stent. Out of the 11 patients who had LAMS placement for Pancreatic Pseudocyst/WON drainage, 7 patients (63.6%) had endoscopic necrosectomy done subsequently. 10 patients (90.9%) had resolution of collection and 1 patient required surgical intervention. Clinical success was achieved in 100% of patients who had a Gastrojejunostomy done with LAMS with patients tolerating orally within 1 week post procedure with resolution of symptoms of gastric outlet obstruction. Similarly, all patients who had a EUS guided CDS with LAMS showed a significant reduction of bilirubin levels within a week of procedure.

CONCLUSION: LAMS placement in therapeutic EUS guided intervention has a significant clinical impact. A strong awareness of the technical aspects is needed to ensure technical and clinical success.

ID 074

MICROPLASTICS' EFFECTS ON GUT MICROBIOTA AND INTESTINAL PERMEABILITY IN PATIENTS WITH COLONIC POLYPS

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OBJECTIVE: Microplastics (MPs) contamination has prompted concerns about its ability to cause carcinogenesis. Although the precise mechanisms are unknown, research has shown that mutagenicity can modify genetic material by increasing the spread of metastatic malignancies and creating reactive oxygen species. This study aimed to investigate the carcinogenic potentials of MPs in colonic polyps and its association with gut microbial dysbiosis and epithelial barrier dysfunction.

METHODS: Colonic tissues from 9 healthy controls and 9 patients with colonic polyps were analysed for MPs using Laser Direct Infrared (LDIR) Chemical Imaging Spectroscopy with a spectral matching threshold >0.85. Gut microbiota composition was assessed by 16S rRNA sequencing. The ultrastructural integrity of epithelial junctions (tight junctions, adherens junctions, desmosomes) was evaluated via transmission electron microscopy (TEM).

RESULTS AND DISCUSSION: Polyp tissues showed a significantly higher MP burden (111.2±70.4 vs. 91.7±41.5 MPs/sample, $p<0.05$) and larger MP size (41.7±11.2 vs. 34.4 ± 8.3 µm, $p<0.05$). The polymer composition differed between groups, with polyurethane and polyamide being enriched in polyps, whereas polyethylene terephthalate predominant in the controls. The gut microbiome composition between colonic polyp and healthy patients significantly varied indicating lower richness and evenness among colonic polyp patients ($p<0.05$). Notably, both mucin-degrading bacteria *(Akkermansia*

muciniphila) and mucin-producing bacteria (*Blautia* sp.) were enriched in polyps, suggesting a dynamic microbial response aimed at maintaining mucosal homeostasis. Fusobacterium, a genus known for its pathogenic potential, was commonly detected in polyps. TEM analysis revealed widened tight junctions (10.96 nm), adherens junctions (16.90 nm), and desmosomes (30.25 nm) in polyp tissues, indicating compromised epithelial barrier function.

CONCLUSION: The accumulation of MPs in colonic polyps is associated with gut dysbiosis that manifests as disruption of mucin metabolism and epithelial barrier integrity. These changes may synergistically contribute to polyp progression and the development of colorectal cancer, underscoring a potential role of environmental toxicants in gastrointestinal disease.

ID 080

A RANDOMISED CONTROLLED TRIAL OF RIFAXIMIN THERAPY VERSUS A LOW FERMENTABLE, OLIGOSACCHARIDES, DISACCHARIDES, MONOSACCHARIDES AND POLYOLS (FODMAP) DIET IN IRRITABLE BOWEL SYNDROME: COMPLETE FINAL REPORT

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INTRODUCTION: Rifaximin and the low-FODMAP diet (LFD) are both recommended as second-line therapies for irritable bowel syndrome (IBS). This trial compared their relative efficacy.

METHODOLOGY: In this single-blinded, randomized controlled trial, adults with IBS were assigned to either rifaximin or LFD for 4 weeks. The primary end-point was composite symptom relief - defined as improvement in abdominal pain/discomfort alongside stool consistency/frequency - at Week 4. Secondary end points comprised individual symptom response, ≥50 point reduction in the IBS Symptom Severity Scale (IBS SSS), health related quality of life (HRQOL), Hospital Anxiety and Depression Scale (HADS) scores, small intestinal bacterial overgrowth (SIBO) eradication, and adverse events.

RESULTS: A total of 100 patients (median age 50 years; 52% female; 68% IBS-D; 17% SIBO) were randomized (n=50 per group). At Week 4, response rates were similar (rifaximin vs. LFD: 56.0% vs. 48.0%, p=0.423). Rifaximin led to earlier symptom improvement at Week 2 (global symptom: 90.0% vs. 72.0%, p=0.022; bloating: 84.0% vs. 58.0%, p=0.004; abdominal pain: 80.0% vs. 58.0%, p=0.017; stool consistency: 84.0% vs. 66.0%, p=0.038). By Week 4, both groups showed comparable efficacy. HRQOL and anxiety scores improved significantly in both arms. SIBO eradication was observed in 63.6% (rifaximin) and 50.0% (LFD). No serious adverse events were reported.

CONCLUSION: Rifaximin is non-inferior to the LFD in IBS management, achieve earlier symptom control and facilitates SIBO eradication, thereby offering a viable therapeutic alternative.

POSTER PRESENTATIONS

ID 003 FREQUENCY, PREDICTORS, AND BURDEN OF GASTROINTESTINAL SYMPTOMS IN ASIAN PATIENTS WITH TYPE 2 DIABETES

Wah-Loong Chan[1], Sarmila Sathiya Seelan[2], Jeyakantha Ratnasingam[3], Christine Shamala Selvaraj[4], Kee-Huat Chuah[1], Sanjiv Mahadeva[1]

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ID 043 ENDOSCOPIC ULTRASOUND GUIDED GASTROJEJUNOSTOMY FOR MALIGNANT GASTRIC OUTLET OBSTRUCTION: SINGLE CENTRE PERSPECTIVE

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ID 078 A RANDOMISED CONTROLLED TRIAL USING MULTI-STRAIN PROBIOTICS SUPPLEMENTATION WITH STANDARD CARE IN ULCERATIVE COLITIS PATIENTS

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ID 089 METABOLOMIC PROFILING OF GUT MICROBIOME IN STUNTED CHILDREN BELOW FIVE YEARS IN ASIA: A SYSTEMATIC REVIEW

Timothy Yu Yee Ong[1], Yih Ying Yan[1,2], Jactty Chew[1], Long Chiau Ming[1], Raja Affendi Raja Ali[1,3], Lai Ti Gew[1]

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POSTER PRESENTATIONS

ID 099 EXPLORING THE DYNAMICS OF GUT MICROBIOME DURING RAMADAN FASTING

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ID 004 FREQUENCY, PREDICTORS, AND BURDEN OF GASTROINTESTINAL SYMPTOMS IN ASIAN PATIENTS WITH TYPE 2 DIABETES

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ID 005 PREVALENCE OF INCOMPLETE RESPONSE TO URSODEOXYCHOLIC ACID AMONG PATIENT WITH PRIMARY BILIARY CHOLANGITIS AND THE USE OF FIBRATE AS ADD-ON THERAPY: A SINGLE CENTRE RETROSPECTIVE STUDY

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ID 007 INTESTINAL ASCARIASIS AND SIGMOID COLON CANCER IN AN ELDERLY: COINCIDENCE OR CONNECTION?

Cheong Suh Yu, Muhammad Faiz bin Che Jusoh, Tang Yuan Chin, Liew Chiat Fong, Mohd Fairul bin Limun, Norasiah binti Abu Bakar

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ID 009 AN UNUSUAL CASE OF PROLONGED CHOLESTATIC JAUNDICE IN AN ADOLESCENT FOLLOWING INFLUENZA VACCINATION

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POSTER PRESENTATIONS

ID 010 WHEN REFLUX ISN'T JUST REFLUX: A HIDDEN GASTRIC VOLVULUS IN TYPE III HIATAL HERNIA

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ID 011 FROM OVERLAP TO CLARITY: UNCOVERING THE AUTOIMMUNE ORIGIN OF GRANULOMATOUS HEPATITIS

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ID 012 ACHALASIA IN ADOLESCENTS: A CASE SERIES HIGHLIGHTING DIAGNOSTIC CHALLENGES AND SYMPTOM RESOLUTION WITH PERORAL ENDOSCOPIC MYOTOMY (POEM)

Wah-Loong Chan[1], Leela Devi Mariappen[2], Pui-Wah Chey[2], Kee-Seang Chew[2], Kee-Huat Chuah[1], Shiaw-Hooi Ho[1], Sanjiv Mahadeva[1]

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ID 013 POLYPOID SOLITARY RECTAL ULCER SYNDROME IN AN ADOLESCENT: A DIAGNOSTIC CHALLENGE

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ID 014 COMPARISON OF ATTENUATION PARAMETER AND LIVER STIFFNESS MEASUREMENT BETWEEN HEPATUS AND FIBROSCAN IN PATIENTS WITH CHRONIC LIVER DISEASE: A PROSPECTIVE STUDY

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ID 015 AZATHIOPRINE INDUCED MELANONYCHIA: A RARE 'BEAUTY' COMPLICATION

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POSTER PRESENTATIONS

ID 016 HEART FAILURE COMPLICATING INFLIXIMAB THERAPY IN CROHN'S DISEASE: A CASE REPORT

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ID 017 FAINTING IN EVERY BITE: A CASE OF DEGLUTITION SYNCOPE

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ID 018 A NOVEL MAGNETIC CLIP FOR PRECISE INTRAOPERATIVE LOCALIZATION OF COLORECTAL TUMORS UNDER LAPAROSCOPY: VALIDATION IN EX VIVO SIMULATION AND ANIMAL MODELS

Fan Zheng[1,2], Yong Yang[2], Si-Ming Zhang[2,3], Yeong-Yeh Lee[1,4], Xuegui Tang[3], Long-Long Li[2], Ming-Ran Zhang[2], Hong Zhang[2], Guanting Lu[2]

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ID 020 CLINICAL APPLICATION AND TRANSLATIONAL POTENTIAL OF A NOVEL PATENTED FECAL EVACUATION DEVICE IN THE TREATMENT OF RECTAL FECAL IMPACTION

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ID 021 GASTROINTESTINAL BLEEDING IN DUODENAL AMYLOIDOSIS: STOP THE BLEED, HUNT THE TRIBUTE

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ID 022 THE HIDDEN BLEED: UNMASKING HEMOSUCCUS PANCREATICUS IN A YOUNG ADULT

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POSTER PRESENTATIONS

ID 023 DEADLY STRICTURES: WHEN STRONGYLOIDES MASQUERADES AS MALIGNANT OBSTRUCTION IN NASOPHARYNGEAL CARCINOMA

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ID 024 PEDUNCULATED-LIKE SESSILE SERRATED LESION: AN UNEXPECTED MORPHOLOGY

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ID 025 DOES THE GAAD SCORE IMPROVE THE DETECTION OF EARLY HCC COMPARED WITH THE COMBINATION OF ULTRASONOGRAPHY AND AFP?

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ID 027 NEW INSIGHTS INTO HOW MICROPLASTICS INFLUENCE THE RISK AND PROGRESSION OF COLORECTAL CANCER

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ID 028 HIGH-RESOLUTION MANOMETRY IN AUTOIMMUNE CONDITIONS: SPECTRUM OF SYMPTOMS AND MOTILITY ABNORMALITIES

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ID 029 BEYOND THE KIDNEY: WHEN RENAL CELL CARCINOMA STRIKES THE PANCREAS

Izham N[1,2], Abdul Rani R[1,2], Zulkifli K K[1,2], Krishnan K[1,2], Mohd Zulkifli H H[1,2], Jayaraman T[1,2]

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POSTER PRESENTATIONS

ID 030 STATINS AND FATTY LIVER: FRIEND, NOT FOE? INSIGHTS FROM A 12-MONTH STUDY

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ID 031 COINCIDENCE OR ASSOCIATION: A CASE OF ACUTE PANCREATITIS AS INITIAL MANIFESTATION OF ACUTE LYMPHOBLASTIC LEUKEMIA WITH CONCURRENT HEPATITIS B INFECTION

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ID 032 THE SUGAR-LOADED LIVER: A CASE OF GLYCOGENIC HEPATOPATHY

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ID 033 GOLGI PROTEIN 73 AND LAMININ-Y2 MONOMER-BASED SCORE FOR THE DIAGNOSIS OF ADVANCED LIVER FIBROSIS IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

Xin-Tong Ng[1], Jin-Ying Teh[1], Pavai Sthaneshwar[2], Izzatul Aliaa Badaruddin[3], Pavitratha Puispanathan[4], Nik Raihan Nik Mustapha[5], Sanjiv Mahadeva[1], Wah-Kheong Chan[1]

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ID 034 BLEEDING CLUE, PANCREATIC TRUTH: THE CURIOUS CASE OF A DUODENAL POLYP

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ID 036 OUR JOURNEY TOWARDS A DEDICATED TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT STENT SERVICE (TIPSS): TEAMWORK MAKES THE DREAM WORK

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POSTER PRESENTATIONS

ID 038 TB OR NOT TB: THE ROLE OF INTESTINAL ULTRASOUND (IUS)

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ID 039 CLINICAL, BIOCHEMICAL AND INTESTINAL ULTRASOUND RESPONSE TO THALIDOMIDE IN A CHILD WITH REFRACTORY VEO-IBD: A CASE REPORT

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ID 040 A SINISTER CAUSE OF IRON DEFICIENCY ANAEMIA - A CASE REPORT

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ID 041 ENDOSCOPIC ULTRASOUND AS A DIAGNOSTIC MODALITY IN PRIMARY LUNG ADENOCARCINOMA: A CASE REPORT

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ID 042 A LIFE-SAVING SALVAGE TIPSS IN A CIRRHOTIC PATIENT WITH TORRENTIAL SMALL BOWEL VARICEAL BLEEDING AND CRITICAL BLOOD TYPE SHORTAGE: A CASE REPORT

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ID 045 PREVALENCE AND RISK FACTORS OF METABOLIC ASSOCIATED FATTY LIVER DISEASE (MAFLD) IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS IN A TERTIARY RESPIRATORY CENTER IN MALAYSIA

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ID 046 SINGLE CENTRE EXPERIENCE WITH SPY CHOLANGIOSCOPY: ONE YEAR REVIEW

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ID 047 ENDOSCOPIC ULTRASOUND GUIDED FNB IN ADRENAL HISTOPLASMOSIS: A RARE CASE PRESENTATION

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ID 048 EXPLORING THE ROLE OF ENDOSCOPIC ULTRASOUND FNB IN DIAGNOSING DEEP SEATED LYMPHADENOPATHIES: A SINGLE CENTER ANALYSIS

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ID 049 A RARE CASE OF EOSINOPHILIC GASTROENTEROCOLITIS: SYMPTOMATIC AND ENDOSCOPIC REMISSION DESPITE PERSISTENT HISTOLOGIC ACTIVITY FOLLOWING CORTICOSTEROID AND AZATHIOPRINE THERAPY

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ID 051 CASE SERIES: CAN INTESTINAL ULTRASOUND (IUS) REVEAL THE UNREVEALED IN CROHN'S DISEASE?

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ID 052 BIOLOGICS ON HOLD: MANAGING ULCERATIVE COLITIS WITH LINEAR IgA BULLOUS DERMATOSIS AND TUBERCULOSIS RISK: A CASE REPORT

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ID 054 LUSEOGLIFLOZIN EFFICACY IN MAFLD WITH TYPE 2 DIABETES: A 6-MONTH RANDOMIZED DOUBLE-BLINDED CONTROLLED TRIAL OF BIOCHEMICAL AND IMAGING OUTCOMES

Mina Ayad[1,2], Mohamad Syamil Mazri[1], Khairil Amir Sayuti[3], Wan Mohd Izani[1], Chandran Nadarajan[3], Yeong Yeh Lee[1,2]

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ID 056 EFFICACY AND SAFETY OF POSTBIOTICS IN IRRITABLE BOWEL SYNDROME: THE FIRST SYSTEMATIC REVIEW AND META-ANALYSIS

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ID 058 SOLITARY RECTAL ULCER VS. ULCERATIVE COLITIS: HRAM FINDINGS AND RESPONSE TO BIOFEEDBACK

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ID 059 IMPACT OF PSYCHOLOGICAL DISORDERS ON METRICS OF ESOPHAGEAL HIGH RESOLUTION IMPEDANCE MANOMETRY (HRIM) AND 24-HR PH-IMPEDANCE STUDIES

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ID 060 BILE ACID METABOLISM AND MICROBIOTA MODULATION: THE DUAL MECHANISMS OF Lactiplantibacillus plantarum Probio87 IN ALLEVIATING CONSTIPATION

Fan Zheng[1,2], Mina Ehab Ayad[1,4], Si-Ming Zhang[2,3], Yeong-Yeh Lee[1,4], Min-Tze Liong[5], Guanting Lu[2], Zhe-Wen Zhang[6], Weihua Chen[6], Uma Mageswary[5], Daoyuan Xie[2]

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ID 061 CO-MORBIDITIES AND PATHOLOGY OF COLONIC POLYPS AT THE GASTROENTEROLOGY UNIT, UiTM PUNCA ALAM

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ID 062 PARADOXICAL PSORIASIFORM ERUPTION FOLLOWING INFLIXIMAB THERAPY IN A PATIENT WITH CROHN'S DISEASE: A CASE REPORT

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ID 063 CLINICAL EXPERIENCE WITH ENDOSCOPIC ULTRASOUND-GUIDED LIVER BIOPSY

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ID 064 AN UNEXPECTED COMPLICATION FROM PANCREATIC FLUID COLLECTION

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ID 065 "EAST COAST EXPERIENCE: UNVEILING NON-CIRRHOTIC PORTAL HYPERTENSION": A CASE SERIES

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POSTER PRESENTATIONS

ID 067 QUALITY INDICATOR ADHERENCE AND CLINICAL OUTCOMES IN HOSPITALIZED PATIENTS WITH DECOMPENSATED CIRRHOSIS

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ID 069 A CASE OF IMPORTED CHOLERA INFECTION IN A 39 YEAR OLD ADULT

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ID 070 SEVERE PROCTOCOLITIS IN PEMBROLIZUMAB THERAPY: CLINICAL MIMICRY OF INFLAMMATORY BOWEL DISEASE

Kularaja Krishnan[1,2], Rafiz Abdul Rani[1,2], Thevaraajan Jayaraman[1,2], Chandramouli Annamalai[1,2], Khairil Khuzaini Zulkifli[1,2]

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ID 071 LIVER AMYLOIDOSIS - A CASE REPORT

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ID 072 *YOU LOOK, BUT DO NOT SEE* - IMPROVING MUCOSAL VISIBILITY DURING UPPER GASTROINTESTINAL ENDOSCOPY

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ID 073 UNRAVELLING THE MYSTERY OF AN OBSCURE GI BLEED: A RARE CASE OF JEJUNAL ADENOCARCINOMA WITH A CONCURRENT BLADDER TUMOUR

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ID 075 GENETIC COUNSELLING AND TESTING FOR FAMILIAL ADENOMATOUS POLYPOSIS (FAP) IN A YOUNG PATIENT WITHOUT FAMILY HISTORY OF THE CONDITION

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ID 076 AN UNEXPECTED CAUSE FOR LUMPS AND BUMPS: CUTANEOUS METASTASIS OF PANCREATIC ADENOCARCINOMA

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ID 077 IMPACT OF FUNCTIONAL DYSPEPSIA AND ITS OVERLAP SYNDROME ON SYMPTOM SEVERITY, PSYCHOLOGICAL BURDEN, AND HEALTHCARE UTILIZATION: A SINGLE-CENTRE PROSPECTIVE STUDY

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ID 079 REAL-WORLD EXPERIENCE WITH CAPSOCAM PLUS: A PANORAMIC CAPSULE ENDOSCOPY FOR SUSPECTED SMALL BOWEL PATHOLOGY

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ID 081 A RARE CULPRIT IN BUDD-CHIARI SYNDROME REQUIRING TARGETED VENOPLASTY

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ID 082 TUBERCULOUS SPLENIC ABSCESS

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ID 083 EVALUATING NON-GENETIC HEALTHCARE PROFESSIONALS' BARRIERS IN IDENTIFYING HIGH-RISK COLORECTAL CANCER PATIENTS FOR GERMLINE GENETIC TESTING

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POSTER PRESENTATIONS

ID 084 "SABAH-PBC REGISTRY": LOCAL REGISTRY CREATED AT IMPROVING PRIMARY BILIARY CHOLANGITIS CARE IN SABAH

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ID 086 MICROPLASTICS: A POTENTIAL ENVIRONMENTAL TRIGGER IN THE PATHOGENESIS OF INFLAMMATORY BOWEL DISEASE

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ID 087 EXPLORING THE INTENTION AND PRACTICE OF COLORECTAL CANCER SCREENING: A BEHAVIORAL PERSPECTIVE

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ID 090 GUT MICROBIOME DIVERSITY OF STUNTED CHILDREN UNDER FIVE IN ASIA: A SYSTEMATIC REVIEW

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ID 091 IMPACT OF MICROPLASTICS ON THE HUMAN GUT MICROBIOME: A SYSTEMATIC REVIEW OF MICROBIAL COMPOSITION, DIVERSITY, AND METABOLIC DISRUPTIONS

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ID 092 UNCOMMON UPPER GASTROINTESTINAL INVOLVEMENT OF CROHN'S DISEASE IN AN ADULT: A DIAGNOSTIC CHALLENGE

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ID 093 EOSINOPHILS IN THE COLON: AN UNUSUAL PRESENTATION OF HYPEREOSINOPHILIC SYNDROME

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ID 094 PSEUDOCIRRHOSIS IN HIV: UNMASKING NON-CIRRHOTIC PORTAL HYPERTENSION INDUCED BY LONG-TERM HAART

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ID 095 RECURRENT ISOLATED GASTRIC VARICEAL BLEED: RARE MANIFESTATION OF PANCREATIC MALIGNANCY

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ID 096 "SABAH-HCV PRISON" PROGRAMME: A MODEL OF HCV ELIMINATION AMONGST INMATES IN LOCAL PRISONS

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ID 097 **EVALUATING ORGANIC GASTROINTESTINAL RISK AND RESOURCE UTILIZATION IN FUNCTIONAL DYSPEPSIA AND IBS PATIENTS IN ASIA: A LONGITUDINAL STUDY**

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ID 098 **BEYOND INFLAMMATION: A HIDDEN JEJUNAL CARCINOMA IN A PATIENT WITH ELEVATED FECAL CALPROTECTIN**

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ID 100 **A RETROSPECTIVE AUDIT OF COLONIC SELF EXPANDING METAL STENT OUTCOMES FOR LARGE BOWEL OBSTRUCTION AT A MALAYSIAN TERTIARY CENTRE (2019-2025)**

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ID 101 **PREVALENCE AND RISK FACTORS OF METABOLIC ASSOCIATED FATTY LIVER DISEASE (MAFLD) IN CHRONIC OBSRUCTIVE PULMONARY DISEASE (COPD): A SINGLE CENTER EXPERIENCE**

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ID 102 **NON-VARICEAL GASTROINTESTINAL BLEEDING IN UNIVERSITI MALAYA MEDICAL CENTRE - A 2 YEAR RETROSPECTIVE REVIEW**

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ID 103 **COLORECTAL CANCER AND ADENOMA DETECTION RATE IN IFOBT POSITIVE PATIENTS UNDERGOING COLONOSCOPY IN QUEEN ELIZABETH HOSPITAL, SABAH: AN OBSERVATIONAL STUDY**

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ID 104 A RANDOMIZED DOUBLE-BLIND PLACEBO-CONTROLLED CLINICAL TRIAL ON THE EFFICACY OF SKÅL PRO™ (LACTOBACILLUS PLANTARUM 299v™) IN IMPROVING SEVERITY OF SYMPTOMS, STOOL FORMS, QUALITY OF LIFE AND PSYCHOLOGICAL DYSFUNCTION IN PATIENTS WITH IRRITABLE BOWEL SYNDROME: AN INTERIM REPORT

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ID 003

FREQUENCY, PREDICTORS, AND BURDEN OF GASTROINTESTINAL SYMPTOMS IN ASIAN PATIENTS WITH TYPE 2 DIABETES

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OBJECTIVE: To determine the prevalence, predictive factors and healthcare burden of gastrointestinal (GI) symptoms in Asian adults with type 2 diabetes (T2D).

METHODOLOGY: A cross-sectional study of diabetes patients from primary physician clinic and diabetes specialized clinic in an institution was conducted. Demographic and clinical data were obtained using validated questionnaires and electronic medical records.

RESULTS: Among 297 patients, 245 (82.5%) reported GI symptoms, 207 (69.7%) had upper GI symptoms and 183 (61.6%) had lower GI symptoms. Anxiety and depression were identified in 11.4% and 8.1% of patients, respectively. Women had nearly two-fold increased risk of upper GI symptoms (OR 2.02; 95% CI 1.22-3.33; p=0.01). Anxiety was linked to upper GI symptoms (88.2% vs. 67.3%; p=0.018), with adjusted analysis showing a threefold increased risk (OR 3.45; 95% CI 1.17-10.16; p=0.03). Participants older than 50 had more lower GI symptoms (64.3% vs. 47.9%; p=0.035), with multivariate analysis indicating a trend towards independent risk (OR 1.92; 95% CI 0.10–3.69; p=0.051). Antiplatelet therapy was also associated with lower GI symptoms (OR 1.74; 95% CI 1.00–3.01; p=0.047). Diabetes patients with GI symptoms were more likely to undergo upper GI endoscopy (18.8% vs. 9.6%; p=0.07), lower GI endoscopy (13.9% vs. 5.8%; p=0.07), abdominal ultrasound (20.4% vs. 15.4%; p=0.26) and require proton pump inhibitor (22.9% vs. 7.7%; p=0.007).

DISCUSSION AND CONCLUSION: This study highlights the considerable healthcare burden of gastrointestinal symptoms among Asian patients with type 2 diabetes. Female gender, advancing age, and anxiety were key predictors, while antidiabetic medications were not. These findings support a more integrated, patient-centred approach to care.

ID 043

ENDOSCOPIC ULTRASOUND GUIDED GASTROJEJUNOSTOMY FOR MALIGNANT GASTRIC OUTLET OBSTRUCTION: SINGLE CENTRE PERSPECTIVE

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INTRODUCTION: Endoscopic Ultrasound guided Gastro-jejunostomy (EUS-GJ) is performed as a treatment of malignant and sometimes benign gastric outlet obstruction (GOO) using a Lumen Apposing Metal Stent (LAMS). Though multiple studies have shown EUS-GJ to be superior to luminal stenting across the obstruction, this procedure is still in its infancy in the Malaysia. This retrospective study looks at the outcome of the procedure performed in our centre over the past 18 months.

METHODOLOGY: Clinical data and outcomes of patients who had a EUS-GJ done between December 2023 to May 2025 were reviewed and analyzed.

RESULTS: A total of 9 patients had a EUS-GJ done for malignant Gastric Outlet Obstruction. All patients had a Naso-jejunal tube inserted pre-procedure and EUS GJ was done using the free hand technique with an infusion of normal saline with methylene blue and contrast via the naso-jejunal tube. 8 patients (88.9%) had a HOT AXIOS™ stent inserted and 1 patient (11.1%) had a HOT SPAXUS™ stent inserted. Size of stents used were either 20mmx10mm or 15mmx10mm. Technical success was achieved in 8 patients (88.9%) with one case of Type 3 Mal-deployment (11.1%) which was salvaged successfully using a fully covered metal stent. One patient (11.1%) developed delayed bleeding 3 days post procedure requiring endoscopic therapy. Clinical success was 100% as all patients were tolerating soft diet 1 week post procedure and were all discharged well. 8 patients (88.9%) survived beyond 6 weeks; and 1 patient (11.1%) succumbed to the disease. There was no reported recurrence of GOO, procedure related long term adverse events or death.

CONCLUSION: EUS-GJ has excellent clinical success in patients with malignant GOO. The procedure does have a learning curve which can be achieved with proper guidance and mentorship.

ID 078

A RANDOMISED CONTROLLED TRIAL USING MULTI-STRAIN PROBIOTICS SUPPLEMENTATION WITH STANDARD CARE IN ULCERATIVE COLITIS PATIENTS

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OBJECTIVE: To assess the impact of multi-strain probiotics alongside standard care on gut microbiota composition, disease activity and surrogate markers for mucosal healing in ulcerative colitis (UC) patients.

METHODOLOGY: Fifty patients UC were recruited and randomly assigned to receive either multi-strain probiotics or placebo, labelled as G and J, alongside standard care for 12 weeks. A healthy control group was also included in the study. Stool samples were collected at baseline and post-treatment for 16S rRNA sequencing and the faecal calprotectin test, clinical assessment using the Partial Mayo Score, and blood samples for mucosal healing surrogate markers, including C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), and white blood cell (WBC) count.

RESULTS: After the 12-week intervention, alpha diversity using Fisher index revealed significant within-group differences ($p=0.029$). Core microbiome analysis also showed positive modulation of microbial composition in Group G compared to baseline. Additionally, linear discriminant analysis effect size (LEfSe) further identified significant microbial markers in Group G, with a positive association of *Bifidobacterium adolescentis* and *Ruminococcus bromii*. Clinically, Group G showed a significant reduction in the Partial Mayo Score ($p<0.001$) and CRP levels ($p<0.05$). In contrast, no significant differences were observed in Group J.

DISCUSSION AND CONCLUSION: Microbial diversity in Group G improved following the intervention, marked by an increase in the abundance of beneficial bacteria species, including two that are known to produce short chain fatty acids, which are essential in maintaining gut health. This was accompanied by significant clinical outcomes, which were most likely modulated by these bacterial taxa, aiding in symptom relief, and reducing inflammatory response. In conclusion, this data suggests that the group that showed significant improvements is most likely the probiotics group.

ID 089

METABOLOMIC PROFILING OF GUT MICROBIOME IN STUNTED CHILDREN BELOW FIVE YEARS IN ASIA: A SYSTEMATIC REVIEW

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OBJECTIVES: The review aims to investigate the association between gut microbiome metabolomic profile and stunting in children aged 0-59 months.

METHODOLOGY: Literature searches were performed following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol across MEDLINE (via PubMed), Scopus, Embase, and ProQuest databases. Based on predefined inclusion and exclusion criteria, 4 studies were included in the final analysis from an initial 881 studies, with quality assessed using Risk of Bias in Non-randomized Studies - of Exposures (ROBINS-E) tool. The metabolomic profile of the gut microbiome in stunted populations under five were collected and analyzed.

RESULTS: 4 studies evaluated metabolomic outcome related to gut health in stunted groups against non-stunted groups. One study reported a significantly higher total fecal short chain fatty acid (SCFA) concentration in stunted (14.03 ± 17.48 mM) versus non-stunted children (7.97 ± 9.72 mM), with differentially expressed acetate and n-valerate while another study paradoxically reported a significantly lower total fecal SCFA concentration in stunted (49.17 ± 13.98 mM) versus non stunted Indonesian children (55.40 ± 19.00 mM), with differential levels of acetate and propionate. In the study, genera *Lachnoclostridium*, *Faecalibacterium* and *Veillonella* were observed to be higher in stunted children. Seven metabolic pathways were significantly upregulated in stunting cases, namely oxidative phosphorylation, protein export, mismatch repair, Caulobacter cell cycle, pyrimine metabolism, ubiquinone and terpenoid quinone biosynthesis, and lipopolysaccharide biosynthesis. Phosphotransferase system, galactose, fructose and mannose metabolism were depleted in stunted children. For metabolic related hormone, insulin like growth factor-1 (IGF-1) showed significantly reduced concentration in stunted group (48.6 ng/ml, vs control 139.8 ng/ml).

DISCUSSION AND CONCLUSION: This study furthered the scientific understanding of microbiome metabolomics contribution to general picture of stunting in children. The gut microbiome metabolomic data provides a basis for updating child nutrition guidelines and community health strategies, for stunting prevention programs across nations.

ID 099

EXPLORING THE DYNAMICS OF GUT MICROBIOME DURING RAMADAN FASTING

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Fasting during Ramadan is a core practice for Muslims, observed during the holy month. It involves abstaining from oral intake and other physical needs from dawn until sunset. Beyond its spiritual significance, this practice has been shown to offer health benefits, including modulation of gut microbiota, which may support metabolic and immune health. The aim of this study is to investigate the impact of fasting practices on the gut microbiome and its role in influencing metabolic health parameters.

Methodology: A total of 98 healthy participants were recruited for this study. Stool samples were collected at three time points, namely prior to fasting (baseline), during the fasting period, and one month after fasting (post-fasting). The V3 region of the 16S rRNA gene was targeted for microbiota sequencing. Blood samples were collected both prior to and following the fasting period for biochemical analysis. This includes total cholesterol, fasting glucose, triglycerides (TG), high-density lipoprotein (HDL), and low-density lipoprotein (LDL) levels.

Results: Alpha diversity assessed using the Chao1 index revealed no significant difference between baseline and during fasting ($p=0.185$). Beta diversity analysis showed a significant difference in gut microbiota composition between baseline and fasting samples ($p=0.023$). Furthermore, linear discriminant analysis effect size (LEfSe) showed *Faecalibacterium* and *Prevotella stercorea* were significantly enriched at the baseline, while *Ruthenibacterium lactatiformans* was enriched during fasting.

Discussion and conclusion: This study showed fasting induces significant shifts in gut microbial community structure when comparing between the baseline and fasting period. The enrichment of *Faecalibacterium* and *Prevotella stercorea* at the baseline showed gut microbiota with fiber degrading and butyrate producing capacity. The increased abundance of *Ruthenibacterium lactatiformans* and Proteobacteria during fasting reflect shifts to altered nutrient availability. In conclusion, nutrient deprived period when fasting leads to changes in gut microbiota, and increasing beneficial bacteria composition.

ID 004

FREQUENCY, PREDICTORS, AND BURDEN OF GASTROINTESTINAL SYMPTOMS IN ASIAN PATIENTS WITH TYPE 2 DIABETES

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OBJECTIVES: To determine the prevalence, predictive factors and healthcare burden of gastrointestinal (GI) symptoms in Asian adults with type 2 diabetes (T2D).

METHODOLOGY: A cross-sectional study of diabetes patients from primary physician clinic and diabetes specialized clinic in an institution was conducted. Demographic and clinical data were obtained using validated questionnaires and electronic medical records.

RESULTS: Among 297 patients, 245 (82.5%) reported GI symptoms, 207 (69.7%) had upper GI symptoms and 183 (61.6%) had lower GI symptoms. Anxiety and depression were identified in 11.4% and 8.1% of patients, respectively. Women had nearly two-fold increased risk of upper GI symptoms (OR 2.02; 95% CI 1.22–3.33; p=0.01). Anxiety was linked to upper GI symptoms (88.2% vs. 67.3%; p=0.018), with adjusted analysis showing a threefold increased risk (OR 3.45; 95% CI 1.17–10.16; p=0.03). Participants older than 50 had more lower GI symptoms (64.3% vs. 47.9%; p=0.035), with multivariate analysis indicating a trend towards independent risk (OR 1.92; 95% CI 0.10–3.69; p=0.051). Antiplatelet therapy was also associated with lower GI symptoms (OR 1.74; 95% CI 1.00–3.01; p=0.047). Diabetes patients with GI symptoms were more likely to undergo upper GI endoscopy (18.8% vs. 9.6%; p=0.07), lower GI endoscopy (13.9% vs. 5.8%; p=0.07), abdominal ultrasound (20.4% vs. 15.4%; p=0.26) and require proton pump inhibitor (22.9% vs. 7.7%; p=0.007).

DISCUSSION AND CONCLUSION: This study highlights the considerable healthcare burden of gastrointestinal symptoms among Asian patients with type 2 diabetes. Female gender, advancing age, and anxiety were key predictors, while antidiabetic medications were not. These findings support a more integrated, patient-centred approach to care.

ID 005

PREVALENCE OF INCOMPLETE RESPONSE TO URSODEOXYCHOLIC ACID AMONG PATIENT WITH PRIMARY BILIARY CHOLANGITIS AND THE USE OF FIBRATE AS ADD-ON THERAPY: A SINGLE CENTRE RETROSPECTIVE STUDY

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INTRODUCTION: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease characterized by progressive destruction of intrahepatic bile ducts, leading to cholestasis, cirrhosis, and eventually liver failure. Ursodeoxycholic acid (UDCA) is the first-line treatment and is effective in delaying disease progression and improving survival. Incomplete response to UDCA is associated with worse outcomes.

OBJECTIVES: This study aimed to determine the prevalence of incomplete response to UDCA in patients with PBC and to evaluate the efficacy and safety of fenofibrate as add-on therapy.

METHODS: We conducted a retrospective analysis of 56 patients diagnosed with PBC at Universiti Malaya Medical Centre from January 2019 to June 2024. Incomplete response was defined as failure to achieve normal level of alkaline phosphatase (ALP) after one year of UDCA. These patients were further categorised based on their subsequent treatment: continued UDCA monotherapy versus fenofibrate add-on therapy. Liver biochemical parameters, clinical outcomes and adverse events were monitored over subsequent one year.

RESULTS: Of the 56 patients, 30 (53.6%) showed an incomplete response to UDCA. Among these, 22 patients continued UDCA monotherapy, while 8 received fenofibrate add-on therapy. The addition of fenofibrate significantly improved biochemical response compared to UDCA monotherapy ($p<0.001$) with no significant differences in adverse events.

CONCLUSION: It is not uncommon for patients with PBC to have incomplete response to UDCA, and fenofibrate add-on therapy can significantly improve biochemical response in these patients and is generally safe and well tolerated.

ID 007

INTESTINAL ASCARIASIS AND SIGMOID COLON CANCER IN AN ELDERLY: COINCIDENCE OR CONNECTION?

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INTRODUCTION: Intestinal parasitic infections remain a global public health concern. Ascaris lumbricoides, one of the most prevalent human intestinal nematodes, causes ascariasis. While ascariasis is common, its relationship with colorectal cancer (CRC) remains unclear. We report a rare case of concurrent intestinal ascariasis and sigmoid colon cancer in an elderly patient.

CASE DESCRIPTION: A 65-year-old Malay woman with hypertension, diabetes, hyperlipidemia, and previous pulmonary tuberculosis presented with chronic diarrhea, constitutional symptoms, and upper abdominal pain for three months. Laboratory tests revealed iron deficiency anemia (hemoglobin 9 g/dL), while liver and renal function were normal.

Abdominal ultrasound and contrast-enhanced CT revealed a heterogeneous enhancing lesion in the sigmoid colon. Upper and lower GI endoscopy were performed for further evaluation. Gastroscopy identified two adult worms in the duodenal bulb and descending duodenum, confirmed histologically as Ascaris lumbricoides. Colonoscopy revealed a fungating mass in the sigmoid colon. The patient was treated with albendazole and subsequently underwent anterior resection. Histopathology confirmed a well-differentiated adenocarcinoma. The patient recovered well postoperatively.

DISCUSSION: Ascariasis presents with nonspecific GI symptoms that can mimic colorectal malignancy. Although chronic parasitic infections have been implicated in the pathogenesis of certain cancers - Schistosoma haematobium, for example, is linked with bladder cancer - the role of Ascaris lumbricoides in colorectal carcinogenesis is still unclear. Recent studies suggest that Ascaris excretory/secretory antigens may have inhibitory effects on CRC cell lines, indicating a possible therapeutic role, though more research is needed.

CONCLUSION: Ascaris lumbricoides infection may complicate the diagnosis of CRC due to overlapping symptoms. Its incidental detection during endoscopy highlights the importance of a broad differential diagnosis, especially in endemic areas. Further investigation is required to clarify the interaction between Ascaris and colorectal cancer.

ID 009

AN UNUSUAL CASE OF PROLONGED CHOLESTATIC JAUNDICE IN AN ADOLESCENT FOLLOWING INFLUENZA VACCINATION

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OBJECTIVE: To report a rare case of prolonged cholestatic jaundice in an adolescent following influenza vaccination, and to discuss the diagnostic approach and further management.

METHODOLOGY: A case report of a 16-year-old previously healthy male who developed cholestatic jaundice 3 days after receiving an inactivated quadrivalent influenza vaccine. Clinical course, laboratory investigations, imaging, histopathology findings, and treatment outcomes were analysed.

RESULTS: Three days after vaccination, the patient developed pruritus, jaundice, nausea, vomiting, diarrhoea, pale stools and dark-coloured urine. Laboratory investigations revealed conjugated hyperbilirubinaemia with a cholestatic pattern - elevated alkaline phosphatase and mildly raised aminotransferases. Infective, autoimmune, and metabolic liver workups were unremarkable. Abdominal ultrasonography and magnetic resonance cholangiopancreatography showed no biliary obstruction. Liver biopsy demonstrated cholestatic pattern of injury with no features of primary biliary cirrhosis and primary sclerosing cholangitis. He was treated with ursodeoxycholic acid and ademetionine, with significant improvement in pruritus and gradual biochemical recovery over the next 4 months.

DISCUSSION AND CONCLUSION: This case highlights a rare but important consideration of vaccine-associated cholestatic liver injury. Although causality remains unproven, the temporal association, prolonged course and exclusion of other causes suggest an idiosyncratic reaction. While vaccine-associated liver injury remains a diagnostic consideration, it is crucial to systematically exclude other potential causes through appropriate investigations.

ID 010

WHEN REFLUX ISN'T JUST REFLUX: A HIDDEN GASTRIC VOLVULUS IN TYPE III HIATAL HERNIA

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INTRODUCTION: Type III hiatal hernia, defined by the herniation of both the stomach and gastroesophageal junction into the thoracic cavity, is an uncommon condition, accounting for less than 5% of all hiatal hernias. It typically arises from progressive widening of the oesophageal hiatus and laxity of the gastrosplenic and gastrocolic ligaments. A known but rare complication is gastric volvulus, which may be organo-axial, mesentero-axial, or mixed, depending on the axis of gastric rotation. We report a rare case of a large type III hiatal hernia complicated by organo-axial gastric volvulus.

CASE PRESENTATION: A 73-year-old female with a history of hypertension presented with a two-month history of postprandial epigastric pain radiating to the back, progressive dysphagia, recurrent non-bilious vomiting, and unintentional weight loss of 11 kg. Physical examination revealed epigastric tenderness. Laboratory investigations demonstrated microcytic anaemia. Chest radiograph suggested a large hiatal hernia, and oesophagogastroduodenoscopy was limited due to scope looping within the hernia. Contrast-enhanced CT of the thorax, abdomen, and pelvis confirmed a type III hiatal hernia with organo-axial gastric volvulus. The patient underwent successful laparoscopic hernia reduction, sac excision, crural repair, anterior fundoplication, and gastropexy. She made a full recovery with complete resolution of symptoms and no evidence of recurrence.

CONCLUSION: Gastric volvulus is a rare but serious complication of large paraesophageal hernias and can result in strangulation or perforation if not promptly diagnosed and managed. Organo-axial volvulus is the most common form and often presents with nonspecific gastrointestinal and respiratory symptoms, contributing to delayed diagnosis. Cross-sectional imaging is crucial for diagnosis, particularly when endoscopic evaluation is limited. Elective surgical repair remains the definitive treatment in chronic, non-emergent cases and is associated with favourable outcomes when performed early.

ID 011

FROM OVERLAP TO CLARITY: UNCOVERING THE AUTOIMMUNE ORIGIN OF GRANULOMATOUS HEPATITIS

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BACKGROUND: Granulomatous hepatitis is characterized by the presence of granulomas in liver tissue. Causes include infections, autoimmune diseases, drug reactions, metal exposure, and idiopathic. In Western countries, primary biliary cholangitis (PBC), sarcoidosis are common causes, whereas tuberculosis is more prevalent in developing regions. Identifying the underlying cause is crucial for appropriate management.

CASE REPORT: A 47-year-old woman with iron deficiency anaemia presented with right hypochondriac discomfort, fatigue, and a year-long history of elevated liver enzymes, predominantly cholestatic (ALP 686, ALT 129, AST 111, total bilirubin 9). Liver ultrasound was normal. Viral hepatitis markers were negative.

Autoimmune panel revealed positivity for ANA, anti-dsDNA, Ro52, Ro60, SSB, gp210, and M2-3E. IgG was elevated (41 g/L), while AMA, ASMA, and anti-LKM were negative. Initially she was managed as autoimmune hepatitis-primary biliary cholangitis (AIH–PBC) overlap with ursodeoxycholic acid (UDCA) and prednisolone, but her liver enzymes did not improve.

Liver biopsy revealed ductopenia and non-caseating epithelioid granulomas throughout the liver, consistent with granulomatous hepatitis with ductopenia. Tuberculosis screening was negative. Serum ACE sent was pending.

Her diagnosis was revised to AMA-negative primary biliary cholangitis (PBC) with granulomatous hepatitis. UDCA was optimized, and application for obeticholic acid initiated.

DISCUSSION & CONCLUSION: This case presents a diagnostic challenge with cholestatic liver injury, AMA negative, ANA and anti-DsDNA positive. Possible differential diagnoses are autoimmune hepatitis, primary biliary cholangitis, AIH-PBC overlap, drug induced liver injury and hepatic tuberculosis.

With liver biopsy that shows granulomatous hepatitis with ductopenia, tuberculosis workup negative, coupled with specific liver antibodies like gp210 and M2-3E positivity, AMA-negative PBC is the most likely cause. In view of gp210 positivity which prognosticate a rapid disease progression of PBC, this patient should be considered for second line therapy.

ID 012

ACHALASIA IN ADOLESCENTS: A CASE SERIES HIGHLIGHTING DIAGNOSTIC CHALLENGES AND SYMPTOM RESOLUTION WITH PERORAL ENDOSCOPIC MYOTOMY (POEM)

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INTRODUCTION: Achalasia cardia is a rare cause of esophageal outflow obstruction in adolescents. Its clinical features often overlap with gastroesophageal reflux disease (GERD), resulting in delayed diagnosis and inappropriate treatment. We report two adolescent cases of achalasia, initially misdiagnosed as reflux-related disorders, who subsequently underwent successful peroral endoscopic myotomy (POEM).

CASE 1: A 10-year-old boy presented with a one-year history of post-prandial regurgitation and vomiting, associated with 2 kg weight loss. He was initially treated as GERD with proton pump inhibitors by a private practitioner, without improvement. Barium swallow demonstrated a bird-beak tapering at the gastroesophageal junction. OGDS showed food stasis and proximal esophageal dilatation. CT thorax ruled out external compression. High-resolution manometry confirmed achalasia. His baseline Eckardt score was 5. POEM was performed with myotomy from 27-35 cm ab oral. Post-procedure imaging showed no leak and improved flow. He was discharged with syrup omeprazole and remained asymptomatic with an Eckardt score of 0 at one-month follow-up.

CASE 2: A 17-year-old male presented with a one-year history of dyspepsia, dysphagia, and regurgitation. He was initially managed as functional dyspepsia and later admitted for aspiration pneumonia. Barium swallow and OGDS confirmed features of achalasia. He underwent pneumatic dilatation (30 mm) in April 2017 but experienced recurrent symptoms. POEM was performed in August 2017. Post-procedure imaging showed no leak. At one-month follow-up, he was tolerating solid food, gained 0.7 kg, and his Eckardt score improved from 6 to 0.

CONCLUSION: This case series highlights the importance of recognising achalasia in adolescents with refractory upper gastrointestinal symptoms. POEM is a safe and effective therapeutic option in this age group and can be considered early in the treatment pathway.

ID 013

POLYPOID SOLITARY RECTAL ULCER SYNDROME IN AN ADOLESCENT: A DIAGNOSTIC CHALLENGE

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INTRODUCTION: Solitary Rectal Ulcer Syndrome (SRUS) is an uncommon benign disorder representing less than 5% of adolescent rectal bleeding cases. Its rarity in younger patients often leads to diagnostic delays and potential mismanagement. This case illustrates the diagnostic challenges in recognizing SRUS.

CASE PRESENTATION: A 16-year-old male presented with one-year history of rectal bleeding, mucus discharge, and significant 20kg weight loss. Physical examination revealed pallor and reduced exercise tolerance. Laboratory investigations demonstrated severe iron-deficiency anemia (hemoglobin 7.2 g/dL, ferritin 2 ng/mL) with notably normal inflammatory markers (CRP <0.6 mg/L, ESR 4 mm/hr). Colonoscopy revealed circumferential rectal masses with polypoid lesions raising suspicion for malignancy. Histopathological examination demonstrated polypoid mucosa with erosion, granulation tissue, and regenerative epithelium with villiform changes. No dysplasia, malignancy, or inflammatory bowel disease features were identified, confirming polypoid variant SRUS.

DISCUSSION: This case is an exceptionally rare presentation of SRUS in adolescence. The polypoid variant with circumferential involvement mimicking malignancy is highly unusual in younger patients, who typically present with classic ulcerative lesions when SRUS occurs. The severe constitutional symptoms including severe anemia and significant weight loss are remarkably atypical for adolescent SRUS, which usually manifests with milder, localized symptoms. Normal inflammatory markers despite severe clinical findings provided crucial diagnostic differentiation from inflammatory bowel disease, the more common cause of rectal bleeding in this age group.

CONCLUSION: SRUS should be considered in adolescent rectal bleeding when polypoid lesions are present with normal inflammatory markers, as early recognition prevents misdiagnosis and unnecessary interventions.

ID 014

COMPARISON OF ATTENUATION PARAMETER AND LIVER STIFFNESS MEASUREMENT BETWEEN HEPATUS AND FIBROSCAN IN PATIENTS WITH CHRONIC LIVER DISEASE: A PROSPECTIVE STUDY

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BACKGROUND: We compared controlled attenuation parameter (CAP) and liver stiffness measurement (LSM) obtained using Hepatus® (HP, Mindray, Shenzhen, China) and Fibroscan (FS, Echosens, Paris, France). Additionally, we evaluated intra- and inter-observer variability and compared examination times using the two devices.

METHODOLOGY: HP and FS examinations were performed on patients with chronic liver disease by two operators from different departments, twice on each patient, at two different time points, independent of each other.

RESULTS: The data for 158 patients with 1264 examinations was analyzed (mean age 58.8 ± 13.8 years, male 47.5%, mean body mass index 26.6±5.3 kg/m^2). There was moderate correlation between HP and FS for CAP (Spearman's rho 0.67, p<0.001) and strong correlation for LSM (Spearman's rho 0.74, p<0.001). The mean difference (95% confidence interval, CI) between CAP obtained by HP and FS was 15 (-69-99) dB/m, and for LSM, this was 1.2 (-5.0-7.2) kPa. There was substantial agreement between HP and FS when using 10kPa and 15kPa LSM cut-offs, moderate agreement when using 20kPa and 248dB/m and 268dB/m CAP cut-offs, and fair agreement when using 280dB/m. The IQR for CAP and IQR/median for LSM were lower for HP compared with FS (12 vs 33dB/m, p<0.001, and 13 vs 14, p<0.001, respectively). The intra- and inter-observer reliability of CAP and LSM using HP and FS were good to excellent with intraclass correlation coefficients of 0.86–0.97. HP had shorter examination time (43s vs 62s, p<0.001) and less invalid measurements (0 vs 1, p<0.001).

CONCLUSION: Measurements obtained with HP and FS are moderate to strongly correlated, but differences in their absolute values, consistency, and examination time were observed. However, the differences do not appear to be clinically significant. Either device can be used by healthcare personnel of different training backgrounds when sufficiently trained.

ID 015

AZATHIOPRINE INDUCED MELANONYCHIA: A RARE 'BEAUTY' COMPLICATION

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INTRODUCTION: The mechanism of action of Azathioprine is by inhibiting the synthesis of purines. This disruption of purine synthesis impacts the proliferation of white blood cells, thus causing immunosuppression. Known sides effects associated with Azathioprine include hematologic toxicity, liver dysfunction and etc. However we report a rare side effect, Azathioprine induced Melanonychia.

CASE PRESENTATION: A 62 year old housewife, with underlying Diabetes Mellitus, hypertension, Chronic Hepatitis B infection on Tenofovir was diagnosed with Primary Biliary Cholangitis overlap with Autoimmune Hepatitis and was started on oral Azathioprine 50mg OD for the past 3 months. Other medications include T Folic Acid 5mg OD, T Multivitamin 1 tablet OD and Syrup Lactulose 15ml PRN.

She presented with fever and vomiting for 3 days and nail bed discolouration for 1month. Clinically, she has stigmata of chronic liver disease and nail discolouration over bilateral upper and lower limb. Otherwise, no joint pain or swelling. Patient was concerned with the worsening of the nail discolouration after initiation of Azathioprine.

CONCLUSION: Melanonychia is a rare side effect of Azathioprine use and likely underreported. It is postulated that Azathioprine stimulated focal melanocytes and causing increase in melanin production and subsequently discoloration of the nail. The symptoms will resolve with the discontinuation of Azathioprine.

Awareness of this rare complication may enable us to address patient concerns and prevents unnecessary investigations.

ID 016

HEART FAILURE COMPLICATING INFLIXIMAB THERAPY IN CROHN'S DISEASE: A CASE REPORT

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OBJECTIVE: Anti-TNF(tumor necrosis factor) agents remain as mainstay treatment for Crohn's disease. Multiple adverse effects have been identified. The objective of this study is to report a case of a patient with Crohn's disease who developed heart failure after the use of infliximab.

CASE DESCRIPTION: A 26 years old lady with no known comorbid presented with diarrhea past 3 years with significant weight loss of 77kg to 40kg. Fecal calprotectin was markedly elevated (1568.1µg/g). Ileocolonoscopy revealed chronic ileitis. Abdominal CT showed diffuse ileal wall thickening. Diagnosis of small bowel Crohn's disease was made. She responded well to induction phase of infliximab, and was maintained on infliximab 5mg/kg 8weekly. Six months later, she experienced recurrent vomiting and diarrhea, with hemoglobin level of 8.1g/dL, platelet count of $580x10^9$/L and albumin level of 18g/L, indicative of active Crohn's disease. Echocardiogram showed ejection fraction of 35% with global hypokinesia. High-sensitivity Troponin I was elevated. Chest X ray revealed right lung consolidation. She was initiated on antibiotics and thiamine supplementation in anticipation of potential micronutrient deficiencies. Myocarditis viral panel was unremarkable. Cardiac MRI had been scheduled.

DISCUSSION: Heart failure in Crohn's disease can have a multifactorial etiology, including infectious causes, nutritional deficiencies (such as thiamine), drug-induced cardiotoxicity, autoimmune mechanisms, and chronic inflammation associated with active disease. ATTACH trial reported high doses of infliximab was associated with increased hospitalisation and worsening heart failure in patient with preexisting moderate-to-severe heart failure. In contrast, reports of new-onset heart failure in patients without prior cardiac disease receiving anti-TNF are primarily limited to case reports.

CONCLUSION: Clinicians must thoroughly evaluate multiple contributing factors when a patient on anti-TNF therapy presents with new-onset heart failure, in order to determine whether continuing the therapy is appropriate.

ID 017

FAINTING IN EVERY BITE: A CASE OF DEGLUTITION SYNCOPE

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Swallowing or deglutition syncope is a rare cause of syncope, resulting from hyperstimulation of vagus nerve during swallowing. Early recognition is challenging; however, once diagnosed, it is a treatable condition. We report a case of a 76-year-old gentleman who experienced near-fainting episodes and dysphagia while swallowing solid food over the past three years. His medical history included a stroke diagnosed ten years prior and paroxysmal atrial fibrillation for which he was on anticoagulation therapy. During a gastroscopy, an episode of presyncope with bradycardia (heart rate dropping to 40 beats per minute) was recorded. However, the findings were unremarkable. The manometry results were normal. Additional investigations including Computed tomography (CT) scan of head and neck, barium meal, echocardiogram (ECHO), and tilt-table test, were normal. An atropine stimulation test showed a positive response: his heart rate increased by 32% within the first 15 minutes, rising from baseline 68 beats per minute to a plateau of 86 to 90 beats per minute after a total of 1 mg atropine. He was subsequently treated successfully with cardioneural ablation (CNA) targeting the parasympathetic ganglion plexus of the superior vena cava (SVC). Post-treatment, his symptoms were well controlled, with no further syncopal episodes reported. This case highlights the importance of awareness of swallowing syncope, its clinical presentation, and the potential for effective treatment to prevent life-threatening events.

ID 018

A NOVEL MAGNETIC CLIP FOR PRECISE INTRAOPERATIVE LOCALIZATION OF COLORECTAL TUMORS UNDER LAPAROSCOPY: VALIDATION IN EX VIVO SIMULATION AND ANIMAL MODELS

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BACKGROUND: Accurate intraoperative localization of colorectal tumors during laparoscopic surgery remains challenging, particularly when mucosal lesions lack visible markers. Common techniques such as carbon nanoparticle injection are time-consuming and costly, while conventional soft-tissue clips lack intraoperative recognition capability. This study aimed to develop and validate a novel magnetic clip for real-time intraoperative localization.

METHODS: The study was conducted in three phases: (1) Magnetic clips were tested in an ex vivo colon model with simulated intestinal fluid to evaluate magnetic detectability; (2) Colonoscopy and laparoscopic simulators were used to assess path recognition; (3) In a live porcine model, the magnetic clip was compared with traditional clips and carbon nanoparticle tattooing for intraoperative visibility, localization success rate, and operation time.

RESULTS: The magnetic clip showed stable recognition in both ex vivo and simulated laparoscopic settings. In vivo, magnetic localization succeeded in 100% of cases. The average implantation time was 38.12±1 seconds, and magnetic recognition time was 15.33±3 seconds - significantly shorter than carbon injection (120±2 seconds). Traditional clips failed to achieve reliable intraoperative identification.

CONCLUSION: The novel magnetic clip enables rapid and precise localization of gastrointestinal lesions under minimally invasive surgery (MIS), including laparoscopy and robotic-assisted procedures. It eliminates the need for dyes, reduces procedure time, and avoids allergic risks. Compared to existing methods, it demonstrates superior efficiency, stability, and ease of use. The device has been granted two national utility model patents in China (ZL2023 2 3376520.0; ZL2023 2 1867167.3), supporting its clinical translation potential.

ID 020

CLINICAL APPLICATION AND TRANSLATIONAL POTENTIAL OF A NOVEL PATENTED FECAL EVACUATION DEVICE IN THE TREATMENT OF RECTAL FECAL IMPACTION

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OBJECTIVE: To evaluate the feasibility, safety, and clinical applicability of a novel fecal evacuation device (FED) with independent intellectual property rights in the management of rectal fecal impaction.

METHODS: This descriptive case series included 42 patients (aged 18–80) diagnosed with rectal fecal impaction and treated at Deyang People's Hospital from July 2020 to April 2023. Eligible patients had compact fecal masses confirmed by examination and minimal contraindications. Clinical data were retrospectively analyzed, including demographics, symptoms, suppository formulation, defecation assistance, and treatment outcomes. Key endpoints were operation time, single-session success rate, treatment-related pain, and adverse events.

RESULTS: All 42 patients successfully completed treatment using the novel FED, achieving a 100% single-session success rate. The median operation time was 11.0 (IQR 9.0-13.3) minutes. Moderate-to-severe anal pain occurred in 20 cases (47.6%), with one case of minor anal fissure bleeding (2.4%). Six patients (14.3%) reported discomforts such as palpitations and sweating. No severe complications (e.g., intestinal perforation) were observed. Patient feedback indicated high satisfaction with ease of use and tolerability, with a preliminary satisfaction rate of 87.5%.

CONCLUSION: The novel fecal evacuation device demonstrated high efficacy and safety in treating acute rectal fecal impaction, offering a viable alternative to traditional manual disimpaction. Its user-friendly design enhances patient comfort and reduces infection risks, supporting its potential for clinical adoption and patent commercialization.

PATENTS:
Invention Patent: "A Fecal Evacuation Device" (ZL2016 1 0548307.4; CN105962991B)
Utility Patent: "A Spiral Fecal Evacuation Device" (ZL2023 2 1604473.3; CN220459390U)

ID 021

GASTROINTESTINAL BLEEDING IN DUODENAL AMYLOIDOSIS: STOP THE BLEED, HUNT THE TRIBUTE

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CASE REPORT: Amyloidosis is a systemic disorder characterised by extracellular deposition of misfolded protein fibrils that disrupt organ architecture and function. Gastrointestinal (GI) involvement occurs in approximately 3-8% of systemic amyloidosis cases. Duodenal amyloidosis is rare and often presents with non-specific symptoms such as malabsorption, diarrhoea, or gastrointestinal bleeding. Among amyloid subtypes, AA amyloidosis arises secondary to chronic inflammatory states and is infrequently reported in association with pancreaticobiliary malignancies.

We report an 80-year-old woman with diabetes, hypertension, and dyslipidemia who presented with a two-day history of melaena, lethargy, and painless progressive jaundice. She was cachectic and icteric on examination. Laboratory tests showed anaemia (Hb 6.4 g/dL) and cholestatic liver enzyme elevation (TB 132 µmol/L, ALP 336 IU/L). Urgent oesophagogastroduodenoscopy revealed bleeding nodular lesions up to D3 of the duodenum. Hemostasis was achieved using gold probe thermal therapy and hemostatic powder. Duodenal biopsies demonstrated eosinophilic amorphous material deposited within the lamina propria, staining positively with Congo red and displaying apple-green birefringence under polarized light, consistent with amyloidosis. Immunohistochemistry favoured AA-type deposits.

Computed tomography of the pancreas showed long segment enhancing common bile duct (CBD) wall thickening with soft tissue encasement at the porta hepatis, resulting in intrahepatic biliary dilatation, raising suspicion of cholangiocarcinoma as the underlying chronic inflammatory stimulus. Given her frailty and advanced disease, the patient opted for palliative care.

DISCUSSION: AA (secondary) amyloidosis is a rare but important differential diagnosis in elderly patients presenting with gastrointestinal (GI) bleeding. In this case, the clinical presentation was notable for GI bleeding in the context of suspected pancreaticobiliary malignancy. This case underscores the importance of a multimodal diagnostic approach, particularly in frail patients, where therapeutic goals often shift from curative intent to palliative care. Early recognition of AA amyloidosis in the context of underlying malignancy can help guide appropriate and patient-centred management strategies.

ID 022

THE HIDDEN BLEED: UNMASKING HEMOSUCCUS PANCREATICUS IN A YOUNG ADULT

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INTRODUCTION: Hemosuccus pancreaticus (HP) is a rare and underdiagnosed cause of upper gastrointestinal (GI) bleeding, defined as hemorrhage into the pancreatic duct with drainage into the duodenum via the ampulla of Vater. It is most commonly associated with chronic pancreatitis and arterial pseudoaneurysms, particularly involving the splenic artery. Due to its intermittent nature and obscure source, diagnosis is often delayed.

CASE REPORT: We present the case of a 21-year-old male with no prior comorbidities, who was admitted multiple times over ten months with symptomatic anemia. His initial hemoglobin was 4.7 g/dL, with complaints of fatigue, exertional dyspnea, and significant weight loss. Initial investigations were consistent with iron deficiency anemia.

Two initial upper endoscopies (OGDS) were unremarkable. However, five months later, a repeat OGDS revealed fundal varices with active bleeding from the ampulla of Vater. Infective screening and second-line investigations, including viral, autoimmune, and connective tissue work-up, were negative. Abdominal ultrasound showed features of portal hypertension and splenic vein thrombosis. Initial CT angiography showed no pseudoaneurysm or active extravasation but confirmed the presence of varices and splenic vein thrombosis.

He re-presented again within a month with symptomatic anemia. A repeat endoscopy revealed fresh blood oozing from the ampulla. A CT abdomen with pancreatic protocol demonstrated a newly formed saccular aneurysm in the splenic artery, consistent with hemosuccus pancreaticus.

He subsequently underwent distal pancreatectomy and splenectomy following a multidisciplinary team discussion. Intraoperatively, dense adhesions, multiple varices, and a fibrotic pancreas consistent with chronic pancreatitis were observed.

CONCLUSION: This case highlights the importance of considering hemosuccus pancreaticus in patients with obscure or recurrent upper GI bleeding, especially when endoscopic findings are inconclusive. Dedicated imaging with pancreatic protocol CT or angiography is often necessary, and a multidisciplinary approach is crucial. While endovascular embolization is typically first-line, surgery remains a vital option in selected cases.

ID 023

DEADLY STRICTURES: WHEN STRONGYLOIDES MASQUERADES AS MALIGNANT OBSTRUCTION IN NASOPHARYNGEAL CARCINOMA

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INTRODUCTION: Strongyloidiasis is a parasitic infection that can lead to life-threatening hyperinfection in immunocompromised individuals. We report a rare and fatal case of Strongyloides-induced gastric outlet obstruction (GOO) in a patient with advanced nasopharyngeal carcinoma (NPC).

CASE PRESENTATION: A 60-year-old male with metastatic NPC post chemotherapy presented with persistent vomiting, abdominal discomfort and hematemesis. Gastroscopy with GIF-HQ190 showed a narrow D1/D2 stricture with distended, fluid-filled stomach and unable to pass through the scope. Histopathology evaluation of duodenal stricture biopsy demonstrated presence of Strongyloides larvae and eggs embedded within the tissue, confirming the diagnosis. The patient developed septic shock and succumbed shortly after admission.

DISCUSSION: This case illustrates an extraordinarily rare presentation of strongyloidiasis resulting in mechanical obstruction of the duodenum. Parasitic infections typically involve the lower gastrointestinal tract; however, structural compromise of the upper GI tract is rare and predominantly documented in immunocompromised patients. The chronic larval invasion induces persistent submucosal inflammation, leading to fibrosis and stricture formation that causes obstruction. The pathophysiology differs from malignant or peptic strictures. This case underscores few critical clinical paradoxes: (1) the absence of peripheral eosinophilia despite tissue-invasive parasitosis, a phenomenon not uncommon in immunocompromised patients; (2) the rapid progression from chronic infection to fatal hyperinfection within days, is characteristic of Strongyloides' autoinfective cycle. The patient rapidly deteriorated, likely from Strongyloides hyperinfection with superimposed infection.

CONCLUSION: Strongyloidiasis should be considered in the differential diagnosis of upper gastrointestinal obstruction in immunocompromised patients. A high index of suspicion and routine screening for Strongyloides should be considered part of pre-chemotherapy workup in patient from endemic area to mitigate the risk of severe hyperinfection.

ID 024

PEDUNCULATED-LIKE SESSILE SERRATED LESION: AN UNEXPECTED MORPHOLOGY

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INTRODUCTION: Sessile serrated lesions (SSLs) are precancerous colorectal polyps with serrated crypt architecture, often subtle and flat, and commonly located in the right colon. Large pedunculated polyps manifesting as SSLs are rare.

CASE PRESENTATION: A 54-year-old man with underlying hypertension, compensated liver cirrhosis, and chronic kidney disease underwent panendoscopy for iron deficiency anemia. Gastroscopy was unremarkable. Colonoscopy revealed pancolonic diverticulosis with multiple polyps, which were resected using cold snare polypectomy. One of the polyps, located in the transverse colon, measured 20mm with a long and wide stalk. On narrow-band imaging (NBI), the lesion was classified as NICE type 2 and JNET type 2A. Endoscopic mucosal resection (EMR) was performed via the Polyloop application, followed by hot snare polypectomy. The histopathological examination revealed a sessile serrated lesion without dysplasia.

DISCUSSION: SSLs are often subtle in appearance due to their flat morphology, making them challenging to detect during endoscopy. Flat morphology was observed in 98.1% of SSLs, whereas pedunculated forms were exceedingly uncommon. This case is noteworthy due to the unusual presentation of SSL with a pedunculated morphology, closely resembling a conventional adenoma. This case underscores the importance of maintaining a high index of suspicion for SSLs, regardless of their endoscopic appearance or anatomical location. Although pedunculated SSLs are rare, they should be considered in the differential diagnosis of stalked colorectal polyps. Comprehensive histopathological evaluation is essential for the accurate diagnosis and appropriate management, thereby helping to reduce the risk of interval colorectal cancer.

ID 025

DOES THE GAAD SCORE IMPROVE THE DETECTION OF EARLY HCC COMPARED WITH THE COMBINATION OF ULTRASONOGRAPHY AND AFP?

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INTRODUCTION: Hepatocellular carcinoma (HCC) surveillance is crucial, leading to increased early-stage detection, eligibility for curative treatment, and improved overall survival.[1] However, in Malaysia, most HCC cases present at later stages.[2] The GAAD score, a model incorporating Gender, Age, AFP, and Des-gamma-carboxy prothrombin (DCP/PIVKA-II), has been proposed to enhance HCC detection. This study aims to compare the diagnostic performance of the GAAD score against the standard combination of ultrasound (US) plus AFP for the detection of early HCC.

METHODOLOGY: This is an interim analysis of a multi-centre case-control study. Cases comprised patients with newly diagnosed early-stage HCC (single nodule ≤5cm or 2-3 nodules <3cm). Controls were at-risk patients undergoing HCC surveillance without evidence of HCC. Exclusion criteria included previous HCC or warfarin use. Established cut-offs were used for AFP (>20 ng/mL), PIVKA-II (>28.4 ng/mL), and GAAD (>2.57).

RESULTS: The interim data from 22 cases and 161 controls were analyzed. Cases had a mean age of 65 (±9) and were predominantly male (72.7%). Metabolic dysfunction-associated fatty liver disease (MAFLD) was the leading etiology in cases (36.4%), whereas Chronic Hepatitis B was dominant in controls (78.9%). The GAAD score demonstrated the highest diagnostic accuracy with an Area Under the ROC Curve (AUC) of 0.945 (95% CI: 0.898-0.992), outperforming AFP (AUC 0.862) and PIVKA-II (AUC 0.836). Looking at individual markers, GAAD had a sensitivity of 68% and specificity of 98%. In comparison, AFP had a sensitivity of 41% (specificity 99%) and PIVKA-II had a sensitivity of 59% (specificity 99%). The combination of US plus AFP and US plus GAAD both achieved a high sensitivity of 91%, with specificity of 96% and 94%, respectively.

CONCLUSION: The GAAD score as a standalone marker outperformed both AFP and PIVKA-II for the detection of early HCC. Combining US with either AFP or GAAD resulted in excellent sensitivity, much higher than that reported in the literature, which may have been a result of our study design.

ID 027

NEW INSIGHTS INTO HOW MICROPLASTICS INFLUENCE THE RISK AND PROGRESSION OF COLORECTAL CANCER

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OBJECTIVES: Colorectal cancer (CRC) is a major cause of cancer-related illness and death globally. Microplastics are increasingly detected in the human food chain, raising concerns about their impact on human health. While microplastics are known to induce oxidative stress, inflammation, and cellular damage, their role in CRC carcinogenesis remains unclear. This current work aims to evaluate existing evidence on the potential association between microplastic exposure and CRC, based on in vitro, animal, and human studies.

METHODS: Searches were conducted in PubMed, MEDLINE, and EMBASE (inception to 30th April 2025) using terms related to microplastics and colorectal cancer, following PRISMA guidelines. Titles and abstracts were screened using inclusion and exclusion criteria. Studies focusing on microplastics in relation to CRC were included; those without microplastic exposure or with unrelated interventions were excluded.

RESULTS AND CONCLUSION: Out of 31 studies, 9 met inclusion criteria. In vitro studies (n=5) showed that microplastics reduced cell viability and altered signalling in colon cancer cell lines. Animal studies (n=3) reported increased tumour burden and inflammation following exposure. Human studies (n=4) detected higher levels of microplastics in tumour tissues of CRC patients than healthy control samples. Microplastics may contribute to colorectal carcinogenesis via oxidative stress, inflammation, and gut disruption. These findings highlight the need for both fundamental and translational research to understand underlying mechanisms. Multidisciplinary collaboration is crucial, particularly involving health professionals, to investigate microplastic prevalence and its clinical relevance in CRC patients and guide future diagnostic or preventive strategies.

ID 028

HIGH-RESOLUTION MANOMETRY IN AUTOIMMUNE CONDITIONS: SPECTRUM OF SYMPTOMS AND MOTILITY ABNORMALITIES

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OBJECTIVES: To identify the spectrum of oesophageal symptoms and evaluate manometric abnormalities in patients with autoimmune diseases using high-resolution oesophageal manometry (HRM). Methods: This retrospective study included 13 patients with confirmed autoimmune diseases referred for HRM between 2021 and 2025 at two tertiary centers (Hospital Pakar USM and Hospital UiTM). Clinical data were collected from referral letters, HRM tracings, and follow-up records. HRM was performed using 36-channel solid-state systems (Diversatek and Laborie) and interpreted according to the Chicago Classification v4.0. Statistical analysis was performed using SPSS version 29 with p-value < 0.05 as significant.

Results: The mean age was 39 years; 77% were female. Scleroderma was the most common autoimmune diagnosis (33.8%). Dysphagia was the predominant symptom (76.9%). The most common manometric abnormalities were absent contractility (30.8%) and oesophagogastric junction outflow obstruction with ineffective oesophageal motility (23.1%).

DISCUSSION: High-resolution oesophageal manometry assesses oesophageal motility and sphincter function, commonly used in dysphagia and reflux evaluation. Autoimmune diseases like systemic sclerosis, Sjogren's, SLE, and rheumatoid arthritis frequently cause oesophageal dysfunction. Typical findings include ineffective or absent peristalsis, hypotensive lower oesophageal sphincter, and varied motility disorders, with systemic sclerosis showing classic features of aperistalsis and reduced LES pressure.

CONCLUSION: Dysphagia is the most common symptom, scleroderma the most common diagnosis, and absent contractility the most common manometric abnormality in a cohort of patients with autoimmune diseases.

ID 029

BEYOND THE KIDNEY: WHEN RENAL CELL CARCINOMA STRIKES THE PANCREAS

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INTRODUCTION: Metastatic renal cell carcinoma (mRCC) is a heterogeneous disease with a five-year overall survival of approximately 14%. Pancreatic metastases are rare, comprising 2-5% of all malignancies. RCC uniquely shows a pancreatic tropism, often presenting with an indolent course and favorable prognosis.

CASE SUMMARY: A 67-year-old man with a history of right-sided RCC treated by nephrectomy in 2024 presented in 2025 with one month of abdominal distension and discomfort. Contrast-enhanced CT showed a bulky pancreas with an ill-defined mass, ductal dilatation, possible liver involvement, and ascites. Endoscopic ultrasound (EUS) revealed a pancreatic lesion with aberrant vasculature and portal hypertension. Fine needle biopsy (FNB) using 22G Acquire needle yielded several white core tissues, and histopathology showed clear cell nests with arborizing vessels and desmoplasia. Immunohistochemistry was PAX8-positive and negative for CK7, CK20, Melan-A, TTF-1, and Calretinin, therefore confirming metastatic clear cell RCC.

DISCUSSION: Unlike other malignancies, pancreatic metastasis from RCC can be isolated. These lesions can appear years after nephrectomy and are associated with a more indolent progression.

CONCLUSION: This case highlights the efficacy and accuracy of EUS-FNB in diagnosing uncommon pancreatic malignancy.

ID 030

STATINS AND FATTY LIVER: FRIEND, NOT FOE? INSIGHTS FROM A 12-MONTH STUDY

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OBJECTIVES: Metabolic dysfunction-associated fatty liver disease (MAFLD) is the most prevalent chronic liver condition globally and is strongly linked with metabolic comorbidities such as diabetes mellitus, hypertension, and dyslipidemia. Statins, key agents in reducing cardiovascular risk, are frequently underused in this population due to concerns about potential hepatotoxicity. This study aimed to evaluate the longitudinal impact of statin therapy on liver enzyme trends in MAFLD patients and explore whether statin type or dose influences these outcomes.

METHODOLOGY: We conducted a retrospective analysis of 104 patients with MAFLD attending outpatient clinics between January 2023 and December 2024. Patients on statins for 12 months or more were included; those with viral hepatitis, autoimmune liver disease and significant alcohol intake were excluded. Data collected included demographics, comorbidities, statin type/dose, and liver enzyme levels at baseline and at 3, 6, and 12 months. Friedman's test was used to assess enzyme trends. Kruskal-Wallis and multivariate analyses explored associations with statin type/dose.

RESULTS: The mean age was 53.97 years, and mean BMI was 34.26 kg/m². The majority had diabetes (86%), hypertension (88.5%), and dyslipidemia (98.1%). The mean ALT and AST were 31.84 U/L and 30.34 U/L respectively. ALT and AST levels showed no significant change over 12 months (ALT $\chi^2(3)=0.340$, $p=0.952$; AST $\chi^2(3)=0.342$, $p=0.926$). No significant differences were observed between statin types or doses in their effects on liver enzymes or LDL-C levels, though higher doses trended towards greater LDL-C reduction.

DISCUSSION AND CONCLUSION: Our findings confirmed that statin therapy does not significantly alter liver enzymes in MAFLD patients, supporting their safe use in this population. We observed no significant differences in ALT/AST trends when comparing different statin types or doses. Clinicians should feel confident in prescribing statins to patients with MAFLD who meet criteria for lipid-lowering therapy.

ID 031

COINCIDENCE OR ASSOCIATION: A CASE OF ACUTE PANCREATITIS AS INITIAL MANIFESTATION OF ACUTE LYMPHOBLASTIC LEUKEMIA WITH CONCURRENT HEPATITIS B INFECTION

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INTRODUCTION AND OBJECTIVE: Acute pancreatitis is a life-threatening condition involving sudden inflammation of the pancreas. The commonest underlying causes include gallstones and alcoholism. Rarer causes of acute pancreatitis, such as acute leukemia, can be challenging in both diagnosis and management. We report a case of severe acute pancreatitis with acute leukemia in a patient with undiagnosed hepatitis B infection.

RESULT / DESCRIPTION OF CASE: A 42-year-old foreigner male with underlying hypertension was admitted for generalised abdominal pain, fever, shortness of breath and constipation. The abdomen was generalized tender. Blood investigations were consistent with acute pancreatitis complicated with severe metabolic acidosis with oliguric acute renal failure, hypoglycemia, and hypercalcemia. He was intubated and admitted to the intensive care unit, and commenced on haemodialysis. A contrast-enhanced computerised tomography of the abdomen showed acute interstitial pancreatitis with extensive inflammation, otherwise no calculus seen. A peripheral blood film was sent due to persistent high monocytes count and it showed 3% suspicious mononuclear cells. Bone marrow aspiration and trephine biopsy was done and confirmed B-cell acute lymphoblastic leukemia with 14% B-lymphoblast. Further investigation revealed hepatitis B surface antigen positive. Hepatitis B virus PCR was less than 10 IU/ml (log <1.0). No other viral co-infection detected. He developed upper gastrointestinal bleeding and emergency oesophagogastroduodenoscopy showed multiple large mass with overlying ulcer at antrum and body. Histopathological examination of the mass showed findings consistent with chronic gastritis and was negative for malignancy. He deteriorated further and eventually he succumbed to his illness.

DISCUSSION AND CONCLUSION: Acute pancreatitis in this case might be a manifestation of acute lymphoblastic leukemia which might also be associated with chronic hepatitis B infection. High index of suspicion and timely commencement of treatment/chemotherapy might be potentially lifesaving.

ID 032

THE SUGAR-LOADED LIVER: A CASE OF GLYCOGENIC HEPATOPATHY

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INTRODUCTION: Glycogenic hepatopathy is a rare complication of poorly controlled type 1 diabetes mellitus, and less commonly type 2 diabetes. It involves reversible accumulation of glycogen in hepatocytes, resulting in hepatomegaly and transient elevation of liver enzymes. It is often underdiagnosed and difficult to distinguish from Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) without biopsy. Differentiation is crucial, as glycogenic hepatopathy is reversible with good glycaemic control, while MASLD may progress to cirrhosis.

CASE REPORT: We report a case of an 18-year-old female with poorly controlled type 1 diabetes and multiple admissions for diabetic ketoacidosis (DKA). During each admission, she was noted to have significant transaminitis (ALP 240 U/L, ALT 3665 U/L, AST 900 U/L). At initial presentation, she reported consuming traditional medication *(Teh Cambidia)*. Viral hepatitis and extensive autoimmune workups were negative.

Given recurrent severe transaminitis, a liver biopsy was performed. Liver biopsy was diagnostic of glycogenic hepatopathy. The hepatocyte showed frequent glycogenated nuclei, and some enlarged and binucleated nuclei are also noted. PAS stain showed diffuse cytoplasmic staining, particularly intense in corresponding to the enlarged and swollen hepatocytes. The staining disappear after digestion with diastase, compatible with accumulation of glycogen.

With improved glycaemic control, her liver enzymes significantly improved (ALP 115 U/L, ALT 134 U/L, AST 185 U/L). Glycaemic optimization was emphasized and communicated to her endocrinology team.

DISCUSSION AND CONCLUSION: This case highlights the need to consider glycogenic hepatopathy in patients with uncontrolled type 1 diabetes. It also illustrates fluctuations in transaminases particularly during episodes of hyperglycaemia. Proper and strict glycaemic control is the mainstay of treatment.

ID 033

GOLGI PROTEIN 73 AND LAMININ-γ2 MONOMER-BASED SCORE FOR THE DIAGNOSIS OF ADVANCED LIVER FIBROSIS IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE

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BACKGROUND: This study evaluated the diagnostic performance of Golgi protein 73 (GP73), laminin-γ2 monomer (LG2m), and the GLAS score in detecting advanced fibrosis in patients with metabolic dysfunction-associated steatotic liver disease (MASLD).

METHODS: This study included patients with MASLD who underwent liver biopsy. The performance of serum levels of GP73 and LG2m and the GLAS score to diagnose advanced fibrosis was evaluated using area under receiver operating characteristic curves (AUROC).

RESULTS: The data for 209 patients with MASLD were analyzed [median age 52 (42-58) years, 53.1% men, 71.3% had steatohepatitis, 18.1% had advanced fibrosis]. The serum levels of GP73 and LG2m and the GLAS score were significantly higher in patients with advanced fibrosis compared to patients without advanced fibrosis [GP73: 83±50 ng/ml vs 61±35 ng/ml, p=0.013; LG2m: 31 (14-48) pg/ml vs 17 (12-23) pg/ml, p<0.001; GLAS score: 0.89 (0.49-0.97) vs 0.47 (0.15-0.78), p<0.001]. The AUROC of serum levels of GP73 and LG2m and GLAS for diagnosing advanced fibrosis was 0.63 (0.52-0.74), 0.73 (0.62-0.83), and 0.72 (0.61-0.82), respectively. Using the optimal cut-off of 27 pg/ml, the sensitivity, specificity, positive predictive value and negative predictive value of LG2m for diagnosing advanced fibrosis were 60.5%, 86.0%, 48.9% and 90.7%, respectively. Using the optimal cut-off of 0.75, the corresponding values for the GLAS score were 65.8%, 73.7%, 35.7% and 90.6%, respectively.

CONCLUSION: Serum LG2m level and the GLAS score have a potential role for the diagnosis of advanced fibrosis in patients with MASLD.

Keywords: *GP73; LG2m; GLAS score; MASLD; MAFLD*

ID 034

BLEEDING CLUE, PANCREATIC TRUTH: THE CURIOUS CASE OF A DUODENAL POLYP

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INTRODUCTION: Heterotopic pancreas (HP) is a rare congenital anomaly characterized by presence of ectopic pancreatic tissue, with no anatomical or vascular connection to the pancreas. The common locations include stomach, duodenum and jejunum. The majority of patients are asymptomatic but rarely some may present with gastrointestinal bleeding.

CASE PRESENTATION: We report the case of a 33-year-old gentleman with underlying end stage renal failure on regular hemodialysis, who was referred to us for decrease in haemoglobin level from his baseline of 8 g/dl to 4g/dl in the last 3 months. He remained asymptomatic. He denied any bleeding tendencies. Gastroscopy revealed a bleeding subepithelial lesion with central ulceration in the duodenum. The lesion arose from the second later of the mucosa on endoscopic ultrasound. We proceeded with a conventional hot snare polypectomy and the defect was closed with hemoclip. Histology revealed an ectopic pancreatic tissue consistent with heterotopic pancreas. Post procedure, patient remain well and was discharge home. On clinic follow up, his hemoglobin was stable at 8g/dl.

CONCLUSION: This case highlights the rare presentation of heterotopic pancreas as upper gastrointestinal bleeding, mimicking a bleeding duodenal polyp. Such presentations pose a significant diagnostic challenge due to the rarity of the condition and the often nonspecific endoscopic appearance of the lesion. When HP is confirmed or strongly suspected as the source of persistent, recurrent, or severe bleeding, surgical or endoscopic resection is typically indicated to prevent further complications and confirm the diagnosis.

ID 036

OUR JOURNEY TOWARDS A DEDICATED TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT STENT SERVICE (TIPSS): TEAMWORK MAKES THE DREAM WORK

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BACKGROUND: TIPSS is a well-recognised intervention for managing portal hypertension and its complications. While TIPSS is an available treatment option at many developed countries, resource constraints, limited expertise, and infrastructural challenges have traditionally hindered this from becoming a reality in Malaysia. A dedicated TIPSS service requires a multidisciplinary approach to ensure optimal patient selection, procedural success, and post-procedural care.

METHODS: This case series includes five patients with varying etiologies of portal hypertension and complications requiring TIPSS. The first patient, a 48-year-old with alcoholic liver cirrhosis, Child-Pugh (CP) B7, experienced recurrent torrential variceal bleeding and underwent pre-emptive TIPSS. The second patient, a 56-year-old with Hepatitis B cirrhosis, CP A6, had recurrent variceal bleeding and received elective TIPSS. Next was a 37-year-old with alcoholic liver cirrhosis, CP B9, presented with recurrent small bowel (SB) variceal bleeding and rare O negative blood type, underwent salvage TIPSS. The fourth patient, a 21-year-old with cryptogenic liver cirrhosis, CP B7, had refractory ascites and underwent elective TIPSS. Next, a 55 year-old who had recurrent SB variceal bleeding with portal vein thrombosis, underwent elective TIPSS.

RESULTS: All patients underwent successful TIPSS placement, with subsequent resolution of the acute complications for which they were referred. One patient required post-procedural optimization and follow-up interventions for procedure-related complications, but the others had a smooth recovery. A collaborative effort involving hepatologists, interventional radiologists, intensivists, cardiologists and nurses was instrumental in optimizing patient care. A dedicated TIPSS service, which included pre-procedural evaluation, real-time procedural support, and post-procedural monitoring, ensured consistent success.

CONCLUSION: Our experience demonstrates that a dedicated TIPSS service, driven by effective teamwork, can provide significant improvements in the management of complex portal hypertension complications. This multidisciplinary collaboration made the possibility of having TIPSS as a treatment option for optimising patient outcomes in Malaysia, from dream, into reality.

ID 038

TB OR NOT TB: THE ROLE OF INTESTINAL ULTRASOUND (IUS)

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INTRODUCTION: Intestinal tuberculosis (ITB) and Crohn's disease (CD) are chronic granulomatous disorders that share many overlapping clinical, endoscopic, and imaging features, making it difficult to distinguish between the two. IUS has emerged as a valuable, non-invasive tool for assessing and monitoring inflammatory bowel disease, but its role in diagnosing and monitoring ITB and differentiating it from CD is not yet well established.

METHODS: We report a case series of three patients who were treated as ITB . All three patients had IUS performed in addition to colonoscopy evaluations.

RESULTS: First case is a 57 year-old who presented with abdominal pain, constitutional symptoms and iron deficiency anemia. Her computed tomography of thorax, abdomen and pelvis (CTTAP) revealed large mesenteric lymph nodes. Her colonoscopy revealed large and deep circumferential caecal ulcers. IUS demonstrated increased bowel wall thickness (BWT) of caecum and terminal ileum, without hyperaemia. Next is a 61 year-old who presented with diarrhea and abdominal pain, with colonoscopy showing semi-circumferential ascending colon (AC) ulcers and HPE reported positive for acid-fast bacilli (AFB). IUS demonstrated prominent submucosa at AC without hyperaemia. The third patient is 65 year-old who presented with abdominal pain and constitutional symptoms. Her colonoscopy had semi-circumferential caecal ulcers while CTTAP showed large mesenteric lymph nodes. IUS revealed increased BWT at caecum with mild hyperaemia. In all three patients, despite presence of increased BWT, there was low-grade or absent vascularity on Doppler imaging, which is in contrast with that found in CD, which is associated with increased mural vascularity.

CONCLUSION: IUS is a valuable, non-invasive imaging modality for evaluating ITB and can help differentiate it from CD based on its distinct sonographic features. Incorporating IUS into diagnostic algorithms, particularly in TB-endemic populations such as Malaysia, can help improve diagnostic accuracy and guide in providing appropriate treatment strategies.

ID 039

CLINICAL, BIOCHEMICAL AND INTESTINAL ULTRASOUND RESPONSE TO THALIDOMIDE IN A CHILD WITH REFRACTORY VEO-IBD: A CASE REPORT

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BACKGROUND: Very early Onset inflammatory bowel disease (VEO-IBD) presents significant challenge in both diagnosis and therapeutic management. We report a child with refractory VEO-IBD, Crohn's disease phenotype (VEO-CD), who demonstrated clinical, biochemical and sonographic improvement following initiation of thalidomide.

CASE: A 9.5-year-old girl was diagnosed with VEO-CD (Paris classification: A1a, L2, B1, G1) at the age of 3 years-old, following a history of chronic bloody diarrhoea and faltering growth since 9 months of age. Whole Exome Sequencing did not reveal any pathogenic variants linked to monogenic IBD. She experienced an iatrogenic sigmoid colon perforation requiring an exteriorized sigmoid colostomy. Initial therapy with infliximab (IFX) led to good clinical and biochemical response. Disease progression led to multiple colonic strictures (distal rectum and sigmoid), perianal fistula and phenotypic progression to Paris A1a, L2, B2p, rendering endoscopic reassessment to be impossible. She developed secondary loss of response to IFX, necessitating a switch to adalimumab, which also failed to achieve durable remission.

RESULTS: Thalidomide was initiated. After four months, she achieved clinical remission (wPCDAI score 7.5) and marked biochemical improvement: CRP reduced from 18.4 to <0.5 mg/L. Intestinal ultrasound (IUS) performed at baseline and 4 months showed reduced bowel wall thickness at inflamed segment (ascending colon 0.69cm → 0.43cm [- 36%]) and improved bowel wall stratification at transverse and descending colon.

CONCLUSION: This case illustrates the potential of thalidomide as an effective rescue therapy in paediatric Crohn's disease refractory to anti-TNF. It also demonstrated that IUS played a valuable role in non-invasive monitoring of her disease activity.

ID 040

A SINISTER CAUSE OF IRON DEFICIENCY ANAEMIA - A CASE REPORT

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INTRODUCTION: Iron deficiency anaemia (IDA) affects up to one third of the worldwide population and is usually multifactorial. In the elderly population, it is shown to be more likely linked to chronic illnesses rather than nutritional deficiency. Hence, there should be a high index of suspicion as it being the first presentation of an underlying malignancy.

CASE PRESENTATION: Here we present a case of a 67-year-old independent gentleman, with no known medical illness, who was admitted for pneumonia. His haemoglobin level was found to be only 7.3g/dL which dropped further to 5.4g/dL later on. He denied melaenic stools and per rectal examination showed brownish stools. Further workup confirmed IDA. Oesophagodudenoscopy (OGDS) done showed a large friable fungating tumour, originating from the gastro-oesophageal junction. Histopathological examination of targeted biopsies showed a high-grade diffuse large B-cell lymphoma. He was referred to the haematology team and chemotherapy commenced.

DISCUSSION: Gastric lymphoma constitutes about 5% of gastric carcinomas and IDA can be the first and only sign of the disease. In this patient, there is no preceding B symptoms or overt gastrointestinal complaints, the only significant finding is the severe IDA, and, in the setting of limited resources, may very well lead to a delayed diagnosis. This case highlights the critical role of OGDS in evaluating unexplained IDA, especially in older adults, and to err physicians from attributing IDA to simply nutritional causes. Two other case reports on gastric lymphoma presenting with IDA were found, one in an adult patient with follicular lymphoma, and one in an adolescent girl with Burkitt lymphoma.

CONCLUSION: New onset of iron deficiency anaemia is a red flag sign and should be investigated for gastrointestinal malignancy. OGDS remains an important investigation to be done.

ID 041

ENDOSCOPIC ULTRASOUND AS A DIAGNOSTIC MODALITY IN PRIMARY LUNG ADENOCARCINOMA: A CASE REPORT

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INTRODUCTION: Lung cancer remains a leading cause of cancer-related morbidity and mortality globally. Accurate diagnosis and staging are vital for appropriate treatment While bronchoscopy and endobronchial ultrasound (EBUS) are the standard for evaluating intrathoracic lesions, endoscopic ultrasound (EUS) has emerged as a valuable adjunct, offering real-time, minimally invasive access to mediastinal structures—particularly posterior lesions and lymph nodes less accessible via the airway.

CASE PRESENTATION: A 64-year-old male smoker presented with a three-week history of persistent cough, haemoptysis, and constitutional symptoms. CT imaging of the neck, thorax, abdomen, and pelvis revealed a lobulated, hypodense, heterogeneously enhancing mass at the right lung apex (4.9 x 8.2 x 8.8 cm), extending from the supraclavicular region to the T5 level. The mass displaced the trachea and compressed the oesophagus. Bronchoscopy and EBUS-guided fine-needle aspiration cytology (FNAC) revealed benign bronchial epithelium with inflammatory cells. Bronchioalveolar lavage (BAL) and tuberculosis screening were non-diagnostic. Given ongoing uncertainty and oesophageal compression, EUS was performed. A hypoechoic, heterogeneous mass abutting the proximal oesophagus was identified. Fine-needle biopsy (FNB) with 19G TridentTM needle (Micro-Tech, Nanjing, China) yielded core tissue samples. Histopathology confirmed non-small cell lung carcinoma, favouring adenocarcinoma. Immunohistochemistry was positive for TTF-1 and Napsin A, and negative for p63.

DISCUSSION: This case illustrates the limitations of bronchoscopy and EBUS in diagnosing certain posterior mediastinal or lung lesions. EUS allowed safe and effective sampling, enabling a definitive diagnosis.

CONCLUSION: EUS serves as a valuable complementary diagnostic tool when bronchoscopy and EBUS are inconclusive, particularly for posterior mediastinal lesions in suspected lung adenocarcinoma.

ID 042

A LIFE-SAVING SALVAGE TIPSS IN A CIRRHOTIC PATIENT WITH TORRENTIAL SMALL BOWEL VARICEAL BLEEDING AND CRITICAL BLOOD TYPE SHORTAGE: A CASE REPORT

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BACKGROUND: Small bowel variceal bleeding is a rare but potentially life-threatening complication of portal hypertension. The management of such bleeding can be challenging, especially in cases where resources such as blood supply and specialized treatments are limited. This case report describes a patient who presented with recurrent torrential small bowel variceal bleeding, requiring timely intervention and a multidisciplinary approach to treatment.

CASE PRESENTATION: A 37-year-old male with liver cirrhosis was referred from interstate, presenting with recurrent torrential small bowel variceal bleeding. On admission, he was hypotensive, tachycardic, and in severe shock despite receiving high-dose intravenous terlipressin and multiple blood transfusions. His hemoglobin was critically low at 3 g/dL, and his blood type was O negative, which was in short supply nationally. Various diagnostic workups, including an esophagogastroduodenoscopy, colonoscopy and computed tomography angiography (CTA) did not determine source of bleeding, however, capsule endoscopy revealed the presence of small bowel varices.

RESULTS: Given the patient's ongoing hemorrhagic shock and the unavailability of sufficient O negative blood, he underwent a salvage TIPSS procedure. The procedure itself was successful but post-procedural recovery was complicated by transfusion-related acute lung injury (TRALI) due to the administration of over 20 bags of O positive blood products, as well as hospital-acquired pneumonia (HAP). Despite these complications, the patient's bleeding ceased, and his vital signs, hemoglobin levels, and clinical status stabilized. He was discharged home in stable condition.

CONCLUSION: This case highlights the critical role of TIPSS as a life-saving intervention for patients with refractory variceal bleeding, particularly in the setting of limited blood supply. Although complications such as TRALI and HAP can arise in such high-risk cases, early intervention and multidisciplinary management can significantly improve patient outcomes. This case also underscores the importance of timely access to specialized treatments and resources in managing complex portal hypertension-related bleeding.

ID 045

PREVALENCE AND RISK FACTORS OF METABOLIC ASSOCIATED FATTY LIVER DISEASE (MAFLD) IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS IN A TERTIARY RESPIRATORY CENTER IN MALAYSIA

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OBJECTIVE: To determine the prevalence of MAFLD and liver fibrosis in COPD patients via transient elastography, and the factors associated between MAFLD and COPD.

METHODOLOGY: In this cross-sectional study conducted at a tertiary centre, COPD patients who fulfilled inclusion criteria were enrolled and subjected to spirometry and transient elastography measurement in addition to routine demographic, clinical and biochemical evaluation. COPD symptom burden was assessed using COPD Assessment Tool (CAT) questionnaire. Liver stiffness measurement (LSM) and Controlled Attenuated Parameter (CAP) were obtained via transient elastography.

RESULTS: 70 patients were recruited in the study. The mean age years was 70.69 (±9) with majority of the patients were male (95.7%) and Malay (90%). The prevalence of MAFLD in COPD was 67.1% and the prevalence of liver fibrosis within the COPD MAFLD population was 38.6%. High BMI was found to be a significant risk factor for MAFLD in COPD, compared to individuals with normal BMI, overweight and obese individuals had higher odds of having MAFLD (OR= 6.33, 95% CI 1.79-22.39, P=0.004).

DISCUSSION AND CONCLUSION: This study found a high prevalence of MAFLD (67.1%) and liver fibrosis (30.4%) in COPD patients which was higher than other studies. BMI was the only independent risk factor for MAFLD, regardless of other metabolic conditions with 6.3 times increase risk of developing MAFLD compared to non-obese or overweight COPD patients. Non-invasive MAFLD screening could be considered in COPD management but requires further validation. Early detection allows for comprehensive care, including weight loss strategies through dietary, physiotherapy, medical, or surgical interventions.

ID 046

SINGLE CENTRE EXPERIENCE WITH SPY CHOLANGIOSCOPY: ONE YEAR REVIEW

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OBJECTIVE / INTRODUCTION: The advent of single-operator Cholangioscopy with the SpyGlass™ system has improved the outcome of patient management over the past few years. This retrospective study was done to evaluate the usage of SpyglassTM over a period of 1 year.

METHODOLOGY: Records of all patients who underwent ERCP between 1st of May 2024 to 1st of June 2025 were reviewed. Clinical data, endoscopic reports and outcomes of all patients who had a spy cholangioscopy were extracted and analyzed.

RESULTS & DISCUSSION: A total of 868 patients had ERCP (Endoscopic Retrograde Cholangiopancreatography) performed during this time. Out of these 868 patients; 30 patients underwent Spy Cholangioscopy during their ERCP. The indication for SpyglassTM was for large biliary stones in 26 patients (86.7%) and biliary strictures in 4 patients (13.3%). Mean procedure time was 104 minutes. Average size of biliary stones was 20mm and number of stones ranged from 1-6.

All patients with stone disease underwent treatment with Laser Lithotripsy with Spy Cholangioscopy. Successful stone clearance was achieved in 24 out of 26 patients (93.3%). 2 patients required 2 sessions of ERCP with Spy Cholangioscopy and Laser Lithotripsy to achieve stone clearance. For patients with biliary strictures 3 out of 4 (75%) obtained a definite diagnosis with Spybite™ biopsy.

As is standard practice, all patients were given a stat dose of antibiotics upon insertion of Spy Cholangioscopy. There were no reported cases of post procedure cholangitis or pancreatitis.

CONCLUSION: Single-operator Cholangioscopy using Spyglass™ has a significant impact on the management of biliary diseases with good outcomes and safety profile.

ID 047

ENDOSCOPIC ULTRASOUND GUIDED FNB IN ADRENAL HISTOPLASMOSIS: A RARE CASE PRESENTATION

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Histoplasmosis is a systemic fungal infection caused by Histoplasma capsulatum, commonly involving the lungs but capable of disseminating to other organs, including the adrenal glands. Diagnosis of adrenal lesions can be challenging, particularly in complex and rare cases, and endoscopic ultrasound (EUS) with fine needle biopsy (FNB) has emerged as a minimally invasive and highly effective diagnostic tool.

We present a case of a 66-year-old male with a history of ischemic heart disease, hypertension, diabetes mellitus, and new onset adrenal insufficiency. The patient presented with dysphagia, weight loss, and cough for one month. Radiological evaluations led to the discovery of bilateral hypodense adrenal lesions measuring 4.9 cm x 3.4.x 2.2 cm on the right and 3.1 x 2.8cm x 3.7 cm on the left. Clinical parameters did not suggest possibility of a phaemochromocytoma and a EUS evaluation was planned.

EUS was performed and the left adrenal gland was examined from the stomach which revealed enlarged adrenal gland measuring 2cm x 6cm. FNB was performed using a 22G Boston Scientific Acquire FNB needle and several good white cores were obtained. The procedure was well tolerated and there was no immediate or delayed complication encountered.

Histopathological evaluation revealed necrotic tissue with granulomatous inflammation and fungal bodies consistent with histoplasmosis.The patient was subsequently treated with Intravenous Amphotericin B and oral itraconazole and achieved a good clinical outcome.This case highlights the efficacy and safety of EUS FNB in the evaluation of complex and rare adrenal lesions.

ID 048

EXPLORING THE ROLE OF ENDOSCOPIC ULTRASOUND FNB IN DIAGNOSING DEEP SEATED LYMPHADENOPATHIES: A SINGLE CENTER ANALYSIS

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OBJECTIVES: Endoscopic ultrasound-guided fine needle biopsy (EUS FNB) is increasingly used as a minimally invasive technique for diagnosing deep seated lymphadenopathies.. This study aimed to evaluate the technical success, diagnostic yield, and clinical utility of EUS FNB for lymph node sampling in our tertiary care centre.

MATERIALS AND METHODS: We conducted a retrospective analysis of patients who underwent EUS FNB for mediastinal and abdominal lymphadenopathies at Hospital Al-Sultan Abdullah, UiTM between 2023 and 2024. Lymph nodes inaccessible by conventional percutaneous biopsy were targeted using 22G FNB needles(Acquire by Boston Scientific, Sharkcore by Medtronic, Trident by Microtech). Data collected included patient demographics, indications, lymph node locations, technical success, diagnostic yield, and complications.

RESULTS: Nine patients (median age 70 years, range 23-81; 6 males) underwent EUS-FNB for suspected malignancy, lymphoma, tuberculosis, or metastatic disease. Lymph node locations included mediastinal, periportal, and peripancreatic. Technical success was achieved in 89% (8/9). An actionable diagnosis was obtained in 56% (5/9), including adenocarcinoma of lung and GIT origin, metastatic prostate carcinoma, benign findings, and reactive lymphadenopathy. One patient required repeat sampling due to initial non-diagnostic yield. No procedure-related complications were reported.

CONCLUSION: EUS-FNB is a safe and effective modality for the evaluation deep-seated lymphadenopathies, providing high technical success and good diagnostic yield. Our experience supports the integration of EUS-FNB into the diagnostic pathway for mediastinal and abdominal lymphadenopathies, enabling timely and accurate tissue diagnosis to guide patient management.

ID 049

A RARE CASE OF EOSINOPHILIC GASTROENTEROCOLITIS: SYMPTOMATIC AND ENDOSCOPIC REMISSION DESPITE PERSISTENT HISTOLOGIC ACTIVITY FOLLOWING CORTICOSTEROID AND AZATHIOPRINE THERAPY

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OBJECTIVE: To highlight a rare case of Eosinophilic Gastroenterocolitis(EGE) and the treatment outcome following systemic corticosteroid and Azatioprine therapy.

METHODOLOGY / CASE REPORT: We report a case of 20 year old lady presenting with recurring symptoms of lower abdominal pain, multiple episodic vomiting, loss of appetite and weight for 1 month. She had 1 week of unable to pass motion prior to admission. A diagnosis of EGE was established based on endoscopic biopsy findings. Initial investigation revealed elevated eosinophil count of 3558 cell/uL. Previous CECT abdomen showed features of enteritis and colitis. Endoscopic examination showed patchy inflamed mucosa and edema. Histology revealed dense eosinophilic infiltration throughout, consistent with eoninophilic gatroenterocolitis. The patient was initiated on oral prednisolone with symptomatic improvement. However, due to incomplete response and symptoms recurred during tapering dose, azathioprine was added. Over several months, patient achieved completed resolution of symptoms, normalized eosinophil counts and endoscopic findings. Repeat biopsy, however, continued to showed active eosinophilic infiltration, indicating persistent histologic disease despite clinical and macroscopic remission.

RESULTS: the patient demonstrate a clinical and endoscopic remission following corticosteroid and Azatioprine therapy, but the histological findings showed active disease.

DISCUSSION: The case emphasize on complex behavior of the condition, where clinical and endoscopic improvement may not reflect underlying histologic activity. This also highlights the response of disease following steroid and azathioprine therapy in achieving symptoms control.

CONCLUSION: This case emphasize the discordance between clinical,endoscopic and histologic responses following therapy. The need for ongoing histological monitoring and individualized therapy even in clinically remission patients. Long term follow up is a crutial element to prevent complication.

ID 051

CASE SERIES: CAN INTESTINAL ULTRASOUND (IUS) REVEAL THE UNREVEALED IN CROHN'S DISEASE?

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BACKGROUND: Intestinal ultrasound (IUS) is a non-invasive, real-time, transabdominal imaging technique performed at the point of care by gastroenterologists. It has been shown to be highly effective in detecting inflammation and complications associated with inflammatory bowel disease (IBD), with results comparable to CT and MRI. IUS offers the added advantage of providing immediate results. This case series explores how IUS revealed abnormalities not detected by conventional diagnostic methods.

METHODOLOGY: A retrospective observational study was conducted on three patients diagnosed with Crohn's disease at our institution. These patients underwent serial evaluations using intestinal ultrasound (IUS) in addition to traditional diagnostic tools, including CT scans, magnetic resonance enterography, and colonoscopy. Clinical data, including demographics, presenting symptoms, radiologic findings, and treatment responses, were reviewed for all patients.

RESULTS: All three patients exhibited positive findings on IUS that were not identified by other diagnostic methods. The first patient showed active inflammation in the proximal small bowel on IUS, whereas colonoscopy with deep terminal ileum intubation indicated a normal small bowel. The second patient underwent a CT scan, which did not show any strictures, while intestinal ultrasound revealed a stricture in the terminal ileum along with small bowel dilatation. The third patient had a CT scan that failed to identify a small bowel stricture, whereas IUS was able to detect it. All patients subsequently underwent MRE which confirmed these findings.

CONCLUSION: This case series highlights the value of IUS in the diagnosis and management of IBD. Despite the availability of other diagnostic and monitoring methods, IUS is a good adjunct that can reveal crucial findings in improving disease detection, management and long-term patient outcomes.

ID 052

BIOLOGICS ON HOLD: MANAGING ULCERATIVE COLITIS WITH LINEAR IgA BULLOUS DERMATOSIS AND TUBERCULOSIS RISK: A CASE REPORT

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BACKGROUND: Linear IgA bullous dermatosis (LABD) is a rare extraintestinal manifestation (EIM) of ulcerative colitis (UC), with only few cases described in the literature. The presence of tuberculosis (TB) further complicates treatment decisions, especially the initiation of biologics. This case showcases the complexity of treating UC with LABD and pulmonary TB.

CASE PRESENTATION: A 38-year-old female presented in December 2023 with a one-month history of bullous eruptions over the face, scalp, and body. Histopathology confirmed LABD. She also reported watery diarrhoea exceeding 10 episodes daily for six months. Colonoscopy revealed pancolitis with multiple scattered aphthous ulcers, and histopathology findings were consistent with UC. High-dose corticosteroids and azathioprine were selected as her induction therapy with good initial response, but failure to taper down doses had deemed her steroid-refractory. Commencement of biologic therapy was planned but delayed due to a positive T-SPOT.TB. Chest imaging showed a tree-in-bud appearance at the apical segment of both lungs, while bronchoscopy with GeneXpert testing was negative. A discussion with the respiratory team concluded the diagnosis of possible smear-negative pulmonary TB. After two months of anti-tubercular therapy (ATT), a repeated colonoscopy showed persistent disease activity. Vedolizumab was initiated, resulting in marked clinical improvement of both gastrointestinal and cutaneous symptoms.

DISCUSSION: The use of biologics in LABD and UC remains controversial with no standardised treatment pathways. Further research is required to establish the efficacy and safety of different biologics in this population.

CONCLUSION: LABD can be an initial manifestation of UC. Vedolizumab demonstrated effectiveness in managing both UC and LABD, while offering a safer profile in the context of TB risk.

ID 054

LUSEOGLIFLOZIN EFFICACY IN MAFLD WITH TYPE 2 DIABETES: A 6-MONTH RANDOMIZED DOUBLE-BLINDED CONTROLLED TRIAL OF BIOCHEMICAL AND IMAGING OUTCOMES

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BACKGROUND: Metabolic Associated Fatty Liver Disease (MAFLD) is highly prevalent among individuals with type 2 diabetes mellitus (T2DM), yet no specific pharmacological therapy has been approved. Sodium-glucose co-transporter-2 inhibitors (SGLT2i), including luseogliflozin, have demonstrated potential hepatometabolic benefits.

METHODS: This study evaluated the impact of luseogliflozin on hepatic steatosis and fibrosis in T2DM patients with MAFLD using biochemical and imaging assessments over 6 months. In a prospective, double-blinded, randomized controlled trial, 60 adults with T2DM and MAFLD were randomized to receive either luseogliflozin (5 mg daily) plus standard therapy or standard therapy alone. Diet and physical activity were stabilized. Biochemical markers (HbA1c, AST, ALT, lipid profile, Fib-4 index) were assessed at baseline, 3, and 6 months. Hepatic steatosis was graded via ultrasound, and fibrosis by shear wave elastography (SWE). Fifty-five participants completed the study (Luseogliflozin n = 27; Conventional n = 28). Outcomes were analyzed using paired t-tests and categorical comparisons.

RESULTS: (Table 1) The luseogliflozin group showed significant improvement in Fib-4 index from 2.24±0.79 to 1.30±0.75 at 6 months ($P<0.001$), while the conventional group had a non-significant change (2.41±1.61 to 2.18±1.76). HbA1c improved from 9.9 ± 2.04% to 8.4 ± 1.64 ($P<0.001$), while the conventional group showed no significant change. AST decreased significantly in the luseogliflozin group (41.4 to 29.3 U/L, $P<0.001$) but not in the conventional group. Between-group comparisons were significant at 3 and 6 months for Fib-4, HbA1c, and AST ($P<0.01$). ALT and triglyceride reductions were not statistically significant. Cholesterol showed a modest, non-significant reduction with luseogliflozin but increased in the conventional group.

Imaging findings supported clinical improvements. Ultrasound showed an increase in Grade 0 steatosis from 44.4% to 55.5% in the luseogliflozin group, while the conventional group declined from 46.4% to 39.9%. No progression to Grade 3 was observed in either group. SWE revealed an increase in F0–F1 fibrosis from 44.4% to 59.2% in the luseogliflozin group, while the conventional group declined from 32.1% to 25.0%. No patients progressed to F4 in the luseogliflozin group, whereas one remained in F4 in the conventional group.

CONCLUSIONS: Luseogliflozin added to standard therapy significantly improved liver fibrosis scores, glycemic control, and liver enzymes in MAFLD patients with T2DM. Ultrasound and SWE confirmed reduction in hepatic steatosis and fibrosis progression. Larger, longer-term trials with histological endpoints are warranted.

Table (1)

Parametres	Luseogliflozin Group (*n*=27)	Conventional Group (*n*=28)	*P* Value
Fibrosis-4 Index Score	2.24 ± 0.7	2.41 ± 1.61	0.611
- Baseline	1.56 ± 0.75	2.88 ± 2.26	**0.006**
- At 3 months	1.3 ± 0.75	2.18 ± 1.76	**0.017**
- At 6 months	-0.9 ± 0.62	-0.09 ± 0.5	
Change from baseline	**(P<0.001)**	(P=0.178)	
HbA1c (%)	9.9 ± 2.04	8.31 ± 1.54	**0.002**
- Baseline	8.66 ± 1.69	8.39 ± 1.93	0.585
- At 3 months	8.4 ± 1.64	8.4 ± 1.6	0.476
- At 6 months	-1.5 ± 0.85	0.08 ± 1.6	
Change from baseline	**(P<0.001)**	(P=0.354)	
AST (Units/L)	41.41 ± 19.16	42.50 ± 16.61	0.822
- Baseline	29.81 ± 42.93	42.39 ± 15.52	**0.001**
- At 3 months	29.3 ± 17.1	38.7 ± 13.4	**0.004**
- At 6 months	-12.27 ± 15	-3.96 ± 14.2	
Change from baseline	**(P<0.001)**	(P= 0.17)	
ALT (Units/L)	42.52 ± 30.28	42.86 ± 23.52	0.963
- Baseline	34.15 ± 19.51	37.04 ± 23.11	0.619
- At 3 months	33.86 ± 26.3	31.7 ± 16.1	0.384
- At 6 months	-5.34 ± 21.3	-7.7 ± 22	
Change from baseline	(P = 0.107)	(P = 0.9)	

Total Cholesterol (mmol/L) - Baseline - At 3 months - At 6 months Change from baseline	4.55 ± 0.94 4.15 ± 0.81 4.28 ± 1.14 -0.25 ± .9 (P = 0.09)	4.63 ± 1.12 4.87 ± 1.37 4.72 ± 1.3 0.23 ± 1.06 (P = 0.14)	0.779 **0.012** **0.016**
Triglyceride (mmol/L) - Baseline - At 3 months - At 6 months Change from baseline	1.85 ± 1.36 1.51 ± 0.55 1.7 ± 1.35 -0.13 ± 1.2 (P = 0.28)	1.41 ± 0.71 1.68 ± 1.13 1.44 ± 0.85 0.27 ± 0.57 (P = 0.4)	0.103 0.474 0.154

ID 056

EFFICACY AND SAFETY OF POSTBIOTICS IN IRRITABLE BOWEL SYNDROME: THE FIRST SYSTEMATIC REVIEW AND META-ANALYSIS

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BACKGROUND: Postbiotics, non-viable microbial components with health benefits, may offer potential advantages in the management of IBS but literatures are limited. This very first systematic review and meta-analysis evaluates the efficacy and safety of postbiotics in treatment of IBS.

METHODS: We searched PubMed, Scopus, Embase, and Web of Science from inception to April 2025 for randomized controlled trials (RCTs) assessing efficacy and safety of postbiotics in IBS diagnosed based on Rome III/IV criteria. Primary outcomes were IBS Symptom Severity Scale (IBS-SSS) scores and pain intensity reduction; secondary outcomes include quality of life (QoL) and treatment emergent adverse events (TEAE). Risk of bias was assessed using Cochrane RoB 2.0. Random-effects meta-analysis was performed using RevMan 5.4.

RESULTS: Of 1,053 records, 768 duplicates removed, 281 articles were excluded, and eventually four RCTs were analysed (Figure 1. PRISMA Flow Diagram). All studies were parallel-group RCTs conducted in Europe (2020-2024). Postbiotic formulations varied: heat-killed bacteria (2 studies), bacterial lysates (1), fermented preparations (1). Administration routes included oral capsules (3 studies) and enema (1) (Table 1. Characteristics of included studies). Risk of bias was low overall (Cochrane RoB 2.0), except for one study with unclear allocation concealment. (Figure 2. Risk of bias assessment)

Postbiotics significantly improved IBS symptom severity ($P<0.001$) with moderate heterogeneity ($I^2=69\%$; $P=0.07$). For pain intensity, postbiotics also showed significant reduction ($P=0.02$) with substantial heterogeneity ($I^2=87\%$; $P = 0.0005$). QoL improvement was significant after excluding one study using postbiotic enema preparation ($P<0.001$) with no residual heterogeneity ($I^2=0\%$). Safety analysis found no significant difference in TEAE between postbiotics and placebo (RR 0.68, 95% CI 0.35-1.34; $P=0.26$; $I^2=54\%$).(Figure 3. Meta-analyses of outcomes)

CONCLUSIONS: Postbiotics are efficacious in alleviating IBS symptom severity and intensity, QoL is better and exhibit a favorable safety profile. Heterogeneity in study outcomes is due to variability in formulations and study protocols.

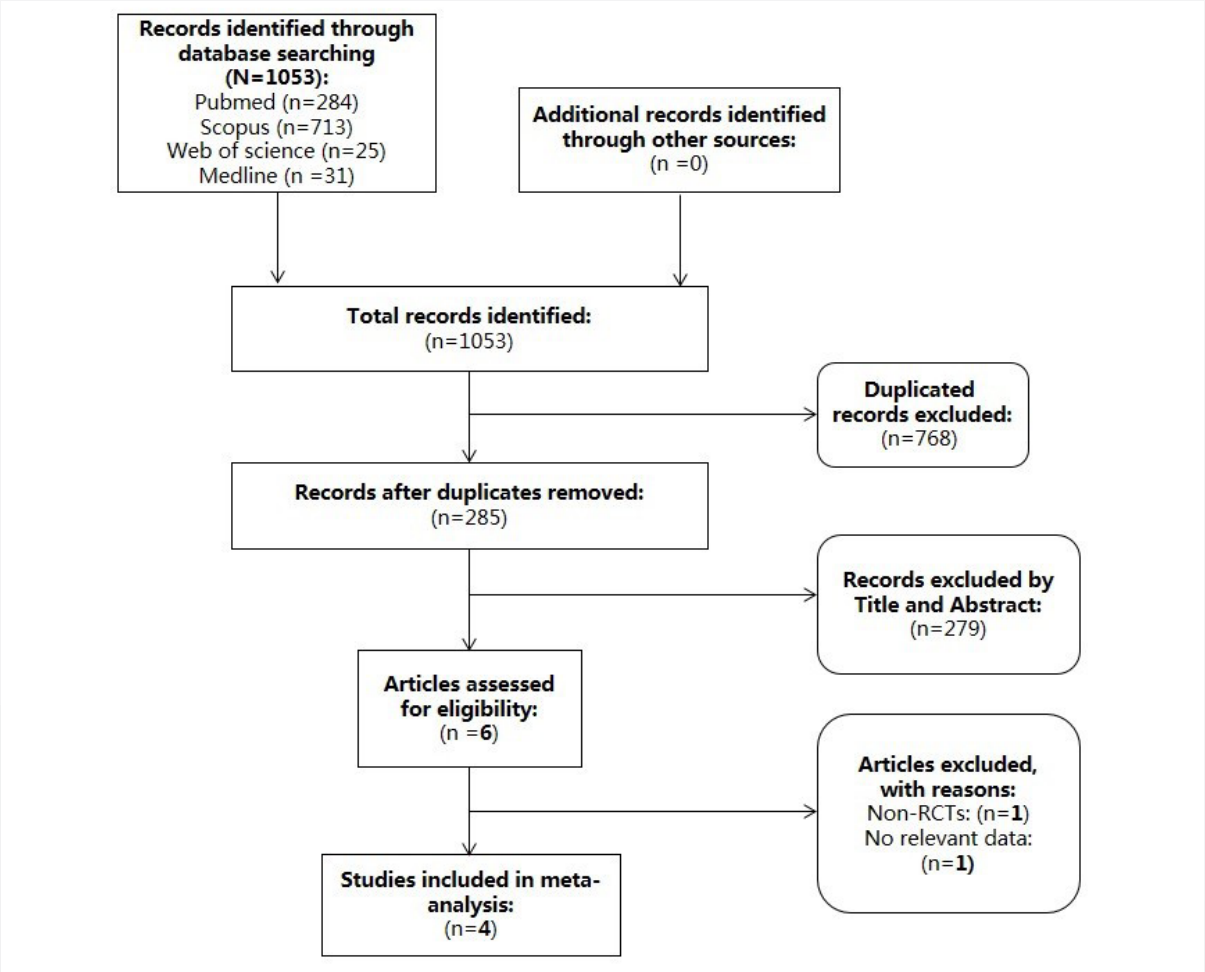

Figure 1

Table 1

				POPULATION		INTERVENTION				COMPARATOR		
Author/year	Location	Year	Design	Rome Criteria	IBS subtype	Sample Size	Age	Postbiotic used	Dose&Duration	Sample Size	Age	MA
Andersen 2020	Germany	2020	RCT	ROME Ⅲ	all types	221	40·1 (12·8)	Non-viable B bifidum HI-MIMBb75 cells	2 capsules once daily for 8 weeks	222	42·6 (13·8)	A,B,C,D
Mack 2021	Germany	2021	RCT	ROME Ⅲ	all types	191	47.47(15.66)	Suspension of Nonviable bacterial lysate of E coli(DSM17252) and E faecalis (DSM16440)	10 drops*3/day for week then m20*3/day for week then 30 *3/day for 24 weeks (total 26weeks)	198	45.86(15.90)	B,D
Bednarska 2022	Seweden	2022	RCT	ROME Ⅳ	IBS-D, mixed	18	37 (19–55)	Referm oat gruel fermented with Lactobacillus plantarum 299v	Enema , 250 ml twice daily, for 2 weeks	12	37(19–55)	C
Srivastava 2024	India	2024	RCT	ROME Ⅳ	IBS-D	68	34.88 (9.56)	Heat-treated Bifidobacterium longum CECT 7347 (HT-ES1)	2 capsules once daily for 12 weeks	probiotic:65, placebo:67	Probiotic: 37.28 (11.04), placebo:35.73 (11.42)	A,B,C,D

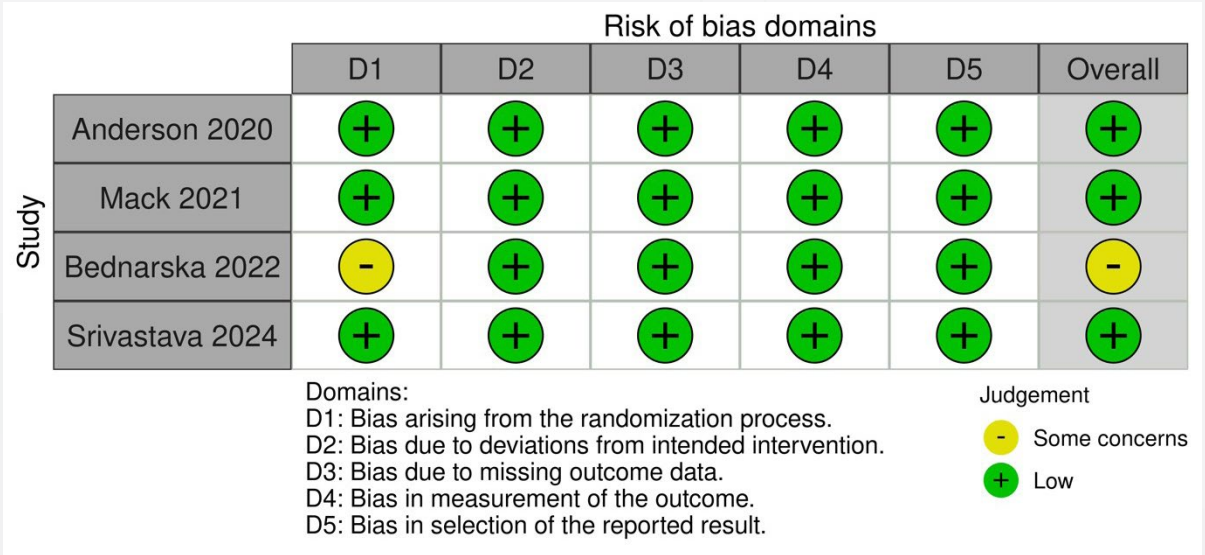

Figure 2

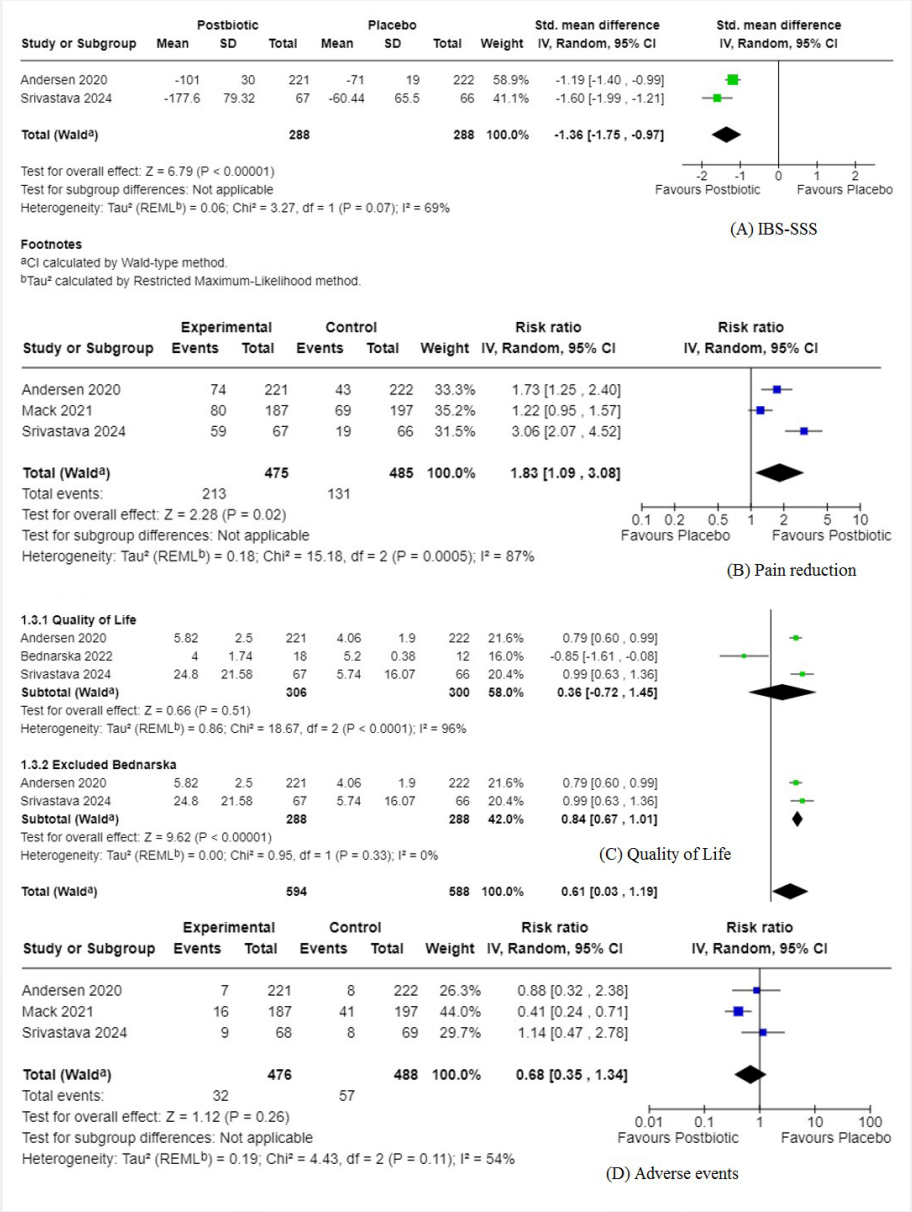
Postbiotic
Placebo
Std. mean difference
Std. mean difference
Study or Subgroup Mean SD Total Mean SD Total Weight IV, Random, 95% CI
IV, Random, 95% CI
Andersen 2020 -101 30 221 -71 19 222 58.9% -1.19 [-1.40 , -0.99]
Srivastava 2024 -177.6 79.32 67 -60.44 65.5 66 41.1% -1.60 [-1.99 , -1.21]
Total (Wald[a]) 288 288 100.0% -1.36 [-1.75 , -0.97]
Test for overall effect: Z = 6.79 (P < 0.00001)
Test for subgroup differences: Not applicable
Heterogeneity: Tau² (REML[b]) = 0.06; Chi² = 3.27, df = 1 (P = 0.07); I² = 69%
-2 -1 0 1 2
Favours Postbiotic
Favours Placebo
(A) IBS-SSS
Footnotes
[a]CI calculated by Wald-type method.
[b]Tau² calculated by Restricted Maximum-Likelihood method.
Experimental
Control
Risk ratio
Risk ratio
Study or Subgroup Events Total Events Total Weight IV, Random, 95% CI
IV, Random, 95% CI
Andersen 2020 74 221 43 222 33.3% 1.73 [1.25 , 2.40]
Mack 2021 80 187 69 197 35.2% 1.22 [0.95 , 1.57]
Srivastava 2024 59 67 19 66 31.5% 3.06 [2.07 , 4.52]
Total (Wald[a]) 475 485 100.0% 1.83 [1.09 , 3.08]
Total events: 213 131
Test for overall effect: Z = 2.28 (P = 0.02)
Test for subgroup differences: Not applicable
Heterogeneity: Tau² (REML[b]) = 0.18; Chi² = 15.18, df = 2 (P = 0.0005); I² = 87%
0.1 0.2 0.5 1 2 5 10
Favours Placebo
Favours Postbiotic
(B) Pain reduction
1.3.1 Quality of Life
Andersen 2020 5.82 2.5 221 4.06 1.9 222 21.6% 0.79 [0.60 , 0.99]
Bednarska 2022 4 1.74 18 5.2 0.38 12 16.0% -0.85 [-1.61 , -0.08]
Srivastava 2024 24.8 21.58 67 5.74 16.07 66 20.4% 0.99 [0.63 , 1.36]
Subtotal (Wald[a]) 306 300 58.0% 0.36 [-0.72 , 1.45]
Test for overall effect: Z = 0.66 (P = 0.51)
Heterogeneity: Tau² (REML[b]) = 0.86; Chi² = 18.67, df = 2 (P < 0.0001); I² = 96%
1.3.2 Excluded Bednarska
Andersen 2020 5.82 2.5 221 4.06 1.9 222 21.6% 0.79 [0.60 , 0.99]
Srivastava 2024 24.8 21.58 67 5.74 16.07 66 20.4% 0.99 [0.63 , 1.36]
Subtotal (Wald[a]) 288 288 42.0% 0.84 [0.67 , 1.01]
Test for overall effect: Z = 9.62 (P < 0.00001)
Heterogeneity: Tau² (REML[b]) = 0.00; Chi² = 0.95, df = 1 (P = 0.33); I² = 0%
(C) Quality of Life
Total (Wald[a]) 594 588 100.0% 0.61 [0.03 , 1.19]
Experimental
Control
Risk ratio
Risk ratio
Study or Subgroup Events Total Events Total Weight IV, Random, 95% CI
IV, Random, 95% CI
Andersen 2020 7 221 8 222 26.3% 0.88 [0.32 , 2.38]
Mack 2021 16 187 41 197 44.0% 0.41 [0.24 , 0.71]
Srivastava 2024 9 68 8 69 29.7% 1.14 [0.47 , 2.78]
Total (Wald[a]) 476 488 100.0% 0.68 [0.35 , 1.34]
Total events: 32 57
Test for overall effect: Z = 1.12 (P = 0.26)
Test for subgroup differences: Not applicable
Heterogeneity: Tau² (REML[b]) = 0.19; Chi² = 4.43, df = 2 (P = 0.11); I² = 54%
0.01 0.1 1 10 100
Favours Postbiotic
Favours Placebo
(D) Adverse events

Figure 3

ID 058

SOLITARY RECTAL ULCER VS. ULCERATIVE COLITIS: HRAM FINDINGS AND RESPONSE TO BIOFEEDBACK

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BACKGROUND: SRUS and UC can both affect the anorectum, yet no study has directly compared HRAM findings and the efficacy of biofeedback therapy in these two conditions.

METHODS: A total of 20 SRUS, 5 UC, and 20 healthy controls were included. HRAM was performed using a solid-state catheter following the London Protocol, with analyses conducted via the Laborie MMS system. Biofeedback therapy was delivered using a solid-state probe via the GatlTec system. Data of HRAM parameters, biofeedback, demographics, symptoms, and diagnoses were analyzed.

RESULTS: Among SRUS patients, 9 (45%) were female, with a median age of 22.5 years (IQR: 15-73). UC patients included 3 (60%) females, with a median age of 28 years (IQR: 21-73). Healthy controls comprised 10 (50%) females, with a mean age of 25 years (±10 years). HRAM revealed that 14 (70%) SRUS patients had hypertensive, hypercontractile anal sphincters, while 3 (60%) UC patients exhibited hypotensive, hypocontractile anal sphincters. Mean squeeze anal pressure and endurance squeeze time were significantly higher in SRUS than in UC (**132±14.5 mmHg vs. 63.7±20.1 mmHg; p<0.024** and **14.3±3 sec vs. 3.5±2.5 sec; p<0.018**, respectively). Push relaxation percentage of the anal sphincter was significantly greater in SRUS than in UC (**10±6% vs. -7±1.5%; p<0.011**). Both groups exhibited defecation dyssynergy. 15 (75%) SRUS patients displaying rectal hypersensitivity, while 4 (80%) UC patients exhibited rectal hyposensitivity. Sensory thresholds for the first constant sensation volume and defecatory desire volume were significantly lower in SRUS than in UC (**19.5±3 mL vs. 30±15 mL; p<0.03** and **70.6±6 mL vs. 80±23 mL; p<0.04**, respectively). Biofeedback therapy led to significant improvements across the anorectal motor and sensory functions in both groups, however, SRUS patients demonstrated a greater overall responsiveness.

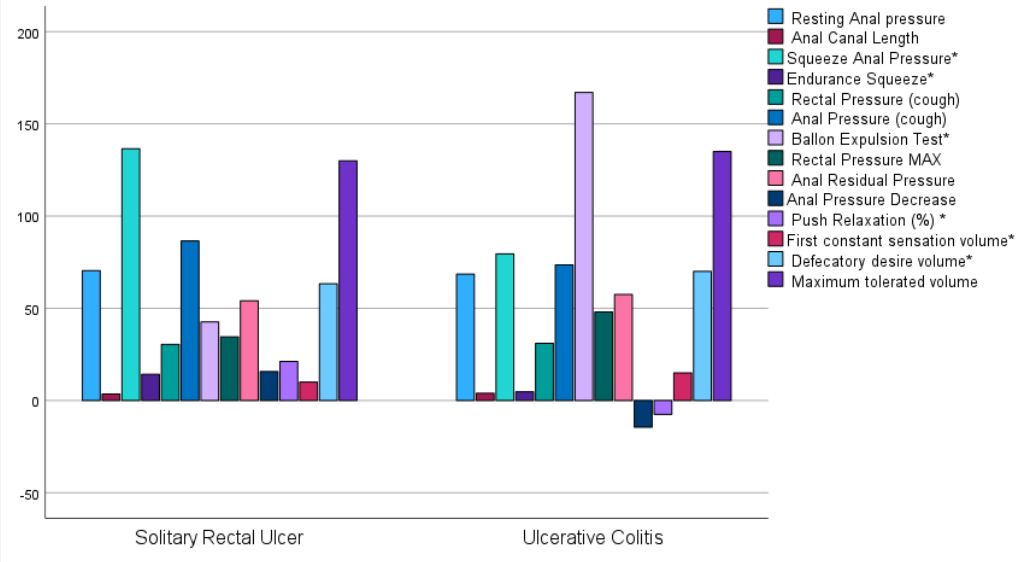
CONCLUSION: SRUS and UC affect anorectal motor and sensory functions in different ways, which can be detected by HRAM. Biofeedback is an effective therapy in both conditions.

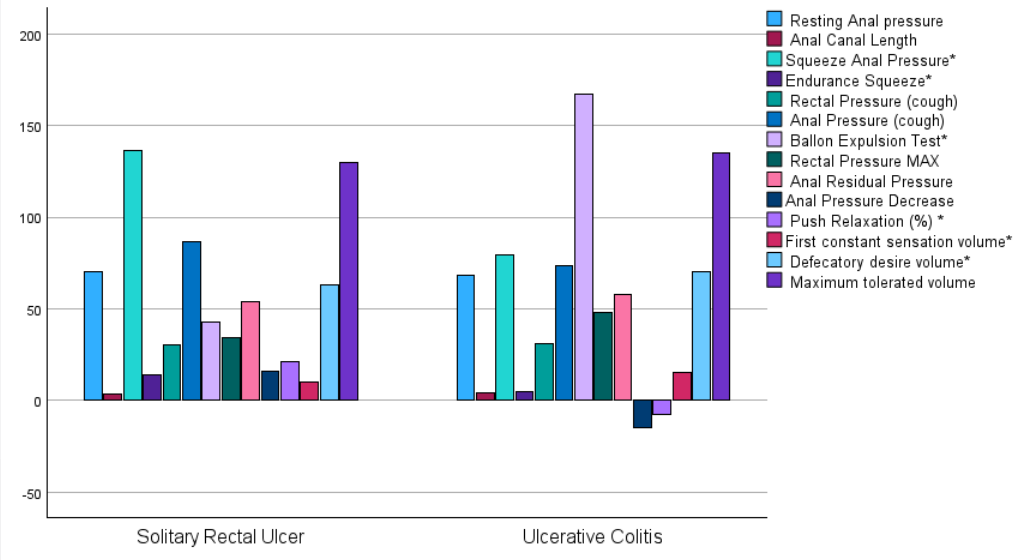
Table 1: Mean values of High Resolution Ano-Rectal Manometry metrics for Solitary Rectal Ulcer Syndrome, Ulcerative Colitis, and healthy controls

	Solitary Rectal Ulcer Syndrome (SRUS)	Ulcerative Colitis (UC)	P	Healthy Controls
Anal Tone & Contractility				
Resting Anal pressure (mmHg)	71.7 (6.8)	57.3 (11.8)	0.16	65 (15.2)
Anal Canal Length (cm)	3.7 (0.19)	3.8 (0.11)	0.48	4 (0.4)
Squeeze Anal Pressure (mmHg)	132 (14.5)	63.7 (20)	**0.02**	122(15)
Endurance Squeeze (Sec)	14.2 (3.2)	3.3 (2.8)	**0.01**	25(5.6)
Cough Test				
Rectal Pressure (mmHg)	42.8 (7)	37.3 (9)	0.31	41 (8)
Anal Pressure (mmHg)	101 (13)	78.7 (7)	0.07	90 (7.6)
Ballon Expulsion Test (Sec)	42.6 (8)	167 (103)	**0.05**	32 (3.5)
Push (Defecation)				
Rectal Pressure (mmHg)	45 (5.8)	51 (5.5)	0.23	78 (9)
Anal Residual Pressure (mmHg)	64.5 (8.6)	51 (6.8)	0.13	59 (10.8)
Anal Pressure Decrease (mmHg)	4.67 (6.2)	_ 10.3 (8.3)	0.11	26 (6.5)
Push Relaxation (%)	9.5 (6.6)	_ 7.3 (1.4)	0.01	32 (7.8)
Sensation				
First constant sensation volume (ml)	19.4 (3)	30 (15.3)	0.02	23 (6.4)
Defecatory desire volume (ml)	70.5 (6)	80 (23)	0.03	73 (9.2)
Maximum tolerated volume (ml)	142.2 (10)	150 (15.2)	0.35	190 (39.4)

Table 2: Differences in anorectal motor and sensory functions pre and post biofeedback therapy

	Pre Vs Post Biofeedback difference	
	Solitary Rectal Ulcer Syndrome (SRUS)	Ulcerative Colitis (UC)
Ability to perform abdominal breathing	0.002	0.03
Ability to hold breath during push	0.002	0.03
Rectal pressure > anal sphincter pressure with no paradoxical contraction during bearing down	0.02	0.06
Ability to perceive anal sphincter relaxation in response to rectal ballon distension	0.04	0.06
Ability to perceive squeezing sensation when paradoxical anal contraction is present	0.18	0.03
Ability to perceive relaxation sensation when anal sphincter relaxes during bearing down	0.03	0.21
Ability to perceive a desire to defecate sensation response to rectal ballon distension	0.05	0.03
First constant sensation volume	0.004	0.04
Defecatory desire volume	0.016	0.5
Maximum tolerated volume	0.11	0.1


200
150
100
50
0
-50
Solitary Rectal Ulcer
Ulcerative Colitis
Resting Anal pressure
Anal Canal Length
Squeeze Anal Pressure*
Endurance Squeeze*
Rectal Pressure (cough)
Anal Pressure (cough)
Ballon Expulsion Test*
Rectal Pressure MAX
Anal Residual Pressure
Anal Pressure Decrease
Push Relaxation (%) *
First constant sensation volume*
Defecatory desire volume*
Maximum tolerated volume


200
150
100
50
0
-50
Solitary Rectal Ulcer
Ulcerative Colitis
Resting Anal pressure
Anal Canal Length
Squeeze Anal Pressure*
Endurance Squeeze*
Rectal Pressure (cough)
Anal Pressure (cough)
Ballon Expulsion Test*
Rectal Pressure MAX
Anal Residual Pressure
Anal Pressure Decrease
Push Relaxation (%) *
First constant sensation volume*
Defecatory desire volume*
Maximum tolerated volume

ID 059

IMPACT OF PSYCHOLOGICAL DISORDERS ON METRICS OF ESOPHAGEAL HIGH RESOLUTION IMPEDANCE MANOMETRY (HRIM) AND 24-HR PH-IMPEDANCE STUDIES

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BACKGROUND: Psychological disorders, particularly anxiety and depression, are increasingly recognized as contributors to gastrointestinal dysfunction, yet their specific effects on esophageal motility remain understudied. This study aimed to investigate the correlation between anxiety/depression and objective metrics from high-resolution impedance manometry (HRIM) and 24-hour pH-impedance monitoring, addressing a critical gap in the gut-brain axis literature.

METHODS: We retrospectively analyzed 202 patients who underwent HRIM and pH-impedance studies (Jan 2024 - Mar 2025). The Hospital Anxiety and Depression Scale (HADS) was used as a tool to assess anxiety and depression. HRIM metrics included Upper Esophageal Sphincter (UES) and Lower Esophageal Sphincter (LES) resting pressure, Peristalsis Breaks (PBs), Distal Latency (DL), % of fragmented swallows, % of hyper-contractile swallows, % of ineffective swallows, % of premature contractions, median Integrated Relaxation Pressure (IRP) and Distal Contractile Integrity (DCI) (10 swallows), median IRP and DCI (Multiple Rapid Swallows (MRS), distal baseline impedance, and % of complete transit. PH-impedance metrics were Acid Exposure Time (AET), number of total refluxes, and Mean Nocturnal Baseline Impedance (MNBI). Univariate and multivariate analyses were performed to explore the relationship between psychological variables and these metrics.

RESULTS: Of the cohort, 55% had anxiety (HADS-A $\geq$8) and 39% had depression (HADS-D $\geq$8). Females exhibited higher anxiety prevalence (38.1% vs. 16.8% males), and higher depression scores compared to males (p=0.01, p=0.03 for moderate and severe depression respectively) (Tab.1). Anxiety significantly correlated with fragmented swallows (β=0.279, p<0.001) and higher AET (β=0.205, p=0.049). **Depression** was associated with fragmented swallows (β=0.209, p=0.004) and reduced DCI (β=−0.16, p=0.048). (Tab.2,3)

CONCLUSIONS: Anxiety and depression are strongly linked to esophageal dysmotility, evidenced by fragmented swallows and altered acid exposure. These findings underscore the need for integrated psychological assessment in managing esophageal disorders. Our study is the first to demonstrate these associations using HRIM and pH metrics, highlighting the gut-brain axis's role in esophageal function, and advocating for targeted mental health interventions to improve outcomes in motility disorders.

Table 1

	Male	Female	P value
HADS Anxiety Score, Mean ± SD	**8.67 ± 4.9**	**9.1 ± 4.6**	**0.27**
Anxiety (HADS >8), n (%)	34 (16.8%)	77 (38.1%)	0.2
Mild Anxiety (HADS 8–11), n (%)	**13 (6.4%)**	**28 (13.9%)**	**0.41**
Moderate Anxiety (HADS 12–15), n (%)	15 (7.4%)	31 (15.3%)	0.46
Severe Anxiety (HADS 15–21), n (%)	**6 (3.0%)**	**18 (8.9%)**	**0.18**
HADS Depression Score, Mean ± SD	6.7 ± 4.1	3.8	0.46
Depression (HADS >8), n (%)	**24 (11.9%)**	**55 (27.2%)**	**0.25**
Mild Depression (HADS 8–11), n (%)	17 (8.4%)	33 (16.3%)	0.44
Moderate Depression (HADS 12–15), n (%)	**3 (1.5%)**	**20 (9.9%)**	**0.01**
Severe Depression (HADS 15–21), n (%)	4 (2.0%)	2 (1.0%)	**0.03**

Table 2

	UNIVARIATE ANALYSIS							
	ANXIETY				DEPRESSION			
HRIM Metrics	**F**	**R2 adj**	**ΔR2**	**P value**	**F**	**R2 adj**	**ΔR2**	**P value**
UES RP	0.777	-0.001	0.004	0.379	0.025	-0.005	0	0.874
LES RP	**1.394**	**-0.002**	**0.007**	**0.239**	**1.307**	**0.002**	**0.006**	**0.254**
PBs	2.899	0.009	0.014	0.09	1.245	0.001	0.006	0.266
DL	**1.209**	**0.001**	**0.006**	**0.273**	**1.513**	**0.003**	**0.008**	**0.22**
% of Fragmented Swallows	18.548	0.08	0.085	**< 0.001**	11.236	0.048	0.053	**0.001**
% of Premature Contractions	**1.919**	**0.005**	**0.01**	**0.168**	**0.21**	**-0.004**	**0.001**	**0.647**
% of Hypercontractile swallows	0.094	0.005	0	0.76	2.153	0.006	0.011	0.144
% of Ineffective swallows	**1.922**	**0.005**	**0.01**	**0.167**	**0.727**	**-0.001**	**0.004**	**0.395**
Median IRP (10 swallows)	2.421	0.007	0.012	0.121	1.111	0.001	0.006	0.293
Median IRP (MRS)	**1.721**	**0.004**	**0.009**	**0.191**	**0.98**	**0**	**0.005**	**0.323**
Median DCI (10 swallows)	1.192	0.001	0.006	0.276	3.886	-0.014	0.019	**0.05**
Median DCI (MRS)	**0.832**	**0.001**	**0.004**	**0.363**	**1.93**	**0.005**	**0.01**	**0.166**
Baseline Distal Impedance	0	-0.005	0	0.995	1.372	0.002	0.007	0.243
% of Transit Complete	**0.014**	**-0.005**	**0**	**0.905**	**0.563**	**-0.002**	**0.003**	**0.454**
24-hr pH-impedance metrics								
AET	4.345	0.018	0.023	**0.038**	0.232	-0.004	0.001	0.63
Number of Total Refluxes	**0.361**	**-0.003**	**0.002**	**0.549**	**1.358**	**0.002**	**0.007**	**0.245**
MNBI	0.297	-0.006	0.003	0.587	0.316	-0.006	0.003	0.575

Table 3

	MULTIVARIATE REGRESSION ANALYSIS							
	ANXIETY				DEPRESSION			
	Unstandardized Coefficient		Standardized Coefficient	P value	Unstandardized Coefficient		Standardized Coefficient	P value
	β	SE	β		β	SE	β	
% of Fragmented swallows	0.139	0.035	0.279	**<.001**	0.8	0.027	0.209	**0.004**
AET	**0.095**	**0.008**	**0.205**	**0.049**				
Median DCI (10 swallows)					-6.8	4.2	-0.16	**0.048**

ID 060

BILE ACID METABOLISM AND MICROBIOTA MODULATION: THE DUAL MECHANISMS OF *Lactiplantibacillus plantarum* Probio87 IN ALLEVIATING CONSTIPATION

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BACKGROUND: Constipation is a pervasive gastrointestinal disorder with multifactorial etiology and limited therapeutic options. *Lactiplantibacillus plantarum (L. plantarum)*, is recognized for its wide-ranging health benefits. *L. plantarum* Probio87, a novel probiotic, has been recently reported that it enhances immunomodulation and neurotransmitter activity in the gut-brain axis.

METHODS: This study is the first to investigate *L. plantarum* efficacy in constipation relief and elucidate its underlying mechanisms through a multi-omics approach.

RESULTS: In this randomized, double-blind, placebo-controlled trial, 101 patients with functional constipation were assigned to receive either *L. plantarum* Probio87 (EG, n=51) or placebo (CG, n=50) daily for 12 weeks. Fecal samples were collected at W0, W8, and W12. Metagenomic sequencing was used to assess microbial diversity, composition, LEfSe-based differential taxa, and species-level correlations. Metabolomic profiling was conducted using liquid chromatography-mass spectrometry (LC-MS). Differential metabolites were identified based on VIP >1, $p < 0.05$, and fold change >1.5 or <0.67, and annotated using KEGG pathway enrichment analysis. Microbiome-metabolite interactions were evaluated using Spearman correlation.

CONCLUSION: *L.Plantarum* Probio87 alleviates constipation through two mechanisms: (1) strain-specific gut microbiota modulation and (2) bile acid-mediated motility enhancement. This study provides the first evidence of *L.Plantarum* Probio87 clinical efficacy and mechanistic causality, positioning it as a targeted therapeutic for functional constipation.

ID 061

CO-MORBIDITIES AND PATHOLOGY OF COLONIC POLYPS AT THE GASTROENTEROLOGY UNIT, UiTM PUNCA ALAM

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OBJECTIVE: Assessment of Co-morbidities and Pathological Features of Colonic Polyps Among Multiracial Patients Undergoing Colonoscopy at the Gastroenterology Unit, Hospital Al-Sultan Abdullah, UiTM Puncak Alam, Malaysia.

MATERIALS AND METHODS: This retrospective study analyzed patients who underwent colonoscopy at the Gastroenterology Unit, Hospital Al-Sultan Abdullah, Universiti Teknologi MARA (UiTM), Puncak Alam, from 2018 to 2021. Indications for colonoscopy included routine colorectal cancer screening, per rectal bleeding, anaemia, abdominal pain, and positive faecal occult blood tests. Data were collected on age, gender, ethnicity, co-morbidities, and polyp pathology. Continuous variables were expressed as mean ± standard deviation (SD) and analyzed using T-tests. Categorical variables were presented as percentages and analyzed using Fisher's exact test and Chi-square test. A p-value of <0.05 was considered statistically significant.

RESULTS: Among 978 patients who underwent colonoscopy, colonic polyps were identified in 492 individuals (300 males, 192 females). Polyp detection was significantly higher among patients aged over 50 years ($p < 0.001$) and among males ($p < 0.001$). No statistically significant difference in polyp detection rates was observed across different ethnic groups. Patients with polyps demonstrated significantly higher associations with cardiovascular disease, renal disorders, endocrine disorders, and haematological conditions compared to those without polyps ($p < 0.001$). However, there were no significant differences in the gross or microscopic features of polyps when stratified by gender or ethnicity ($p > 0.05$).

CONCLUSION: Colonic polyps were more frequently detected in patients with underlying co-morbidities, particularly cardiovascular, renal, endocrine, and haematological disorders. The morphological and histopathological characteristics of the polyps did not vary significantly across gender or ethnic groups.

ID 062

PARADOXICAL PSORIASIFORM ERUPTION FOLLOWING INFLIXIMAB THERAPY IN A PATIENT WITH CROHN'S DISEASE: A CASE REPORT

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BACKGROUND: Tumor necrosis factor-alpha (TNF-α) inhibitors, such as infliximab, are effective therapies for inflammatory bowel disease (IBD), including Crohn's disease. However, paradoxical dermatologic reactions, particularly psoriasiform eruptions, are increasingly recognized adverse effects in patients without prior history of psoriasis.

CASE PRESENTATION: We report the case of a 18-year-old male with Crohn's disease who developed a psoriasiform rash involving the upper limbs, trunk, and face approximately 4 months after initiating infliximab therapy. The rash presented as thick, erythematous and mildly edematous plaques. Nail involvement, peripheral arthritis, and ocular manifestations were absent. The patient had no personal or family history of psoriasis or other dermatologic disorders. Laboratory findings were unremarkable. Dermatologic consultation excluded fungal infection, and a medication-induced reaction was confirmed by skin biopsy. The skin lesions regressed significantly following withdrawal of infliximab and initiation of topical corticosteroids.

DISCUSSION: Paradoxical psoriasis is a well-documented adverse effect of anti-TNF therapy, with a reported incidence of up to 5% in IBD patients receiving these agents.1 The pathogenesis remains unclear but may involve a shift in cytokine balance, particularly increased interferon-alpha activity following TNF-α blockade. Despite the therapeutic role of TNF inhibitors in psoriasis, paradoxical skin reactions may occur de novo. Management typically involves topical or systemic corticosteroids, and in some cases, switching to an alternative biologic such as ustekinumab or vedolizumab may be required.2 In our case, cessation of infliximab alone, along with corticosteroid treatment, led to clinical resolution.

CONCLUSION: This case underscores the importance of recognizing anti-TNF-induced psoriasiform reactions, even in patients without predisposing risk factors. Early diagnosis and appropriate management are essential to prevent unnecessary discontinuation of effective therapy or misdiagnosis.

ID 063

CLINICAL EXPERIENCE WITH ENDOSCOPIC ULTRASOUND-GUIDED LIVER BIOPSY

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OBJECTIVES: Liver biopsy is a key diagnostic tool traditionally performed via percutaneous, transjugular, or surgical approaches. Endoscopic ultrasound (EUS)-guided liver biopsy has emerged as a minimally invasive alternative. This study aimed to evaluate the safety, technical success, and diagnostic adequacy of EUS-guided liver biopsy at a high-volume tertiary care center.

METHODS: This retrospective study included all patients who underwent EUS-guided liver biopsy between January 2024 and May 2025 at a tertiary care center. Primary outcomes were technical success, specimen adequacy (measured by total specimen length and number of complete portal tracts), and procedure-related adverse events.

RESULTS: A total of 25 patients underwent EUS-guided liver biopsy, with a technical success rate of 100%. Adequate histological samples were obtained in 22 patients (88%), with a mean specimen length of 2.5 cm and an average of 10 complete portal tracts. No major adverse events were observed.

DISCUSSIONS: Our technical success rate of 100% and specimen adequacy of 88% align closely with those reported in recent literature, where technical success rates typically r ange from 95% to 100%, and adequacy rates from 80% to 95%. 1 The mean specimen length of 2.5 cm and an average of 10 complete portal tracts in our study meet the criteria for diagnostic adequacy as defined in prior guidelines.[2]

CONCLUSIONS: EUS-guided liver biopsy is a technically feasible and safe procedure that provides adequate tissue for histopathological evaluation. These findings support its use as a reliable alternative to conventional liver biopsy techniques.

ID 064

AN UNEXPECTED COMPLICATION FROM PANCREATIC FLUID COLLECTION

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OBJECTIVE: To report a rare case of pancreatic pseudocysto-colonic fistula managed conservatively.

CASE DESCRIPTION: A 39-year-old man with alcohol related chronic pancreatitis presented with abdominal pain and was found to have large multiloculated pancreatic pseudocyst (13.7x11.0x17.1cm). He underwent percutaneous drainage followed with transgastric cystogastrotomy with two double pigtail stents and improved clinically post procedure. Three days later, he was hypotensive with blood-stained discharge from percutaneous drain. A CT angiogram confirmed a bleeding pseudoaneurysm, which was successfully coiled.

Subsequently, he experienced intermittent hematochezia. Colonoscope revealed a fistula at the sigmoid colon, with both pigtail stents seen. As the patient afebrile and inflammatory marker improved with antibiotics, he was managed conservatively. He was discharged on day 45. Follow up colonoscope and CT confirmed closure of fistula and resolution of the pseudocyst

DISCUSSION: Pseudocysto-colonic fistula are extremely rare and may result from increased intracystic volume and pressure due to bleeding pseudoaneurysm along with enzymatic degradation of adjacent colonic wall by pancreatic enzyme. This was typically treated surgically or endoscopic closure. Conservative management may be appropriate in stable patients.

CONCLUSION: Conservative management with close surveillance of systemic inflammatory response of the pseudycysto-colonic fistula is feasible in selected patient.

ID 065

"EAST COAST EXPERIENCE: UNVEILING NON-CIRRHOTIC PORTAL HYPERTENSION": A CASE SERIES

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INTRODUCTION: Non-cirrhotic portal hypertension (NCPH) is clinically defined as the presence of portal hypertension in the background of non-cirrhotic liver, and is a heterogeneous group of liver disorders of vascular origin, leading to portal hypertension.

CASE PRESENTATION: Here we report four patients with different backgrounds and different manifestations. First case is 24 year-old lady with Retro Viral Disease initially investigating for cirrhotic liver, however a thorough investigation showed she had NCPH likely secondary to primary portosinusidal disorder or likely HAART-induced. The second case is 23 year old male presented with recurrent bleeding fundal varices without cirrhosis, was found secondary to complication of chronic pancreatitis and improved after splenectomy. The third case is 25 year-old lady presented with recurrent lower gastro-intestinal bleeding since childhood, found to has NCPH likely secondary to congenital portal vein anomaly, plan for splenectomy after elective lower section Caesarian section. The last case is 31 year-old female was diagnosed NCPH since childhood, found to has congenital port-systemic shunt Type 1A, now complicated with right-sided heart failure and severe pulmonary hypertension. All cases showed normal liver biochemistry and echotexture. The diagnosis were made by extensive investigations including ultrasound hepatobiliary system, esophagogastroduodenoscopy, CT abdominopelvis and liver biopsy.

CONCLUSION: Clinicians should maintain a high index of suspicion for the diagnosis of NCPH, as it is an under-recognized condition. In all four cases that we reported, NPCH occur in young age group and mostly presented with gastro-intestinal bleeding. A thorough investigations should not be stopped even after cirrhosis is ruled out. Management of NCPH should focus on optimizing therapy for underlying diseases and treating complications of portal hypertension.

ID 067

QUALITY INDICATOR ADHERENCE AND CLINICAL OUTCOMES IN HOSPITALIZED PATIENTS WITH DECOMPENSATED CIRRHOSIS

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OBJECTIVES: Managing decompensated cirrhosis is complex, and despite existing guidelines, adherence remains suboptimal. This study aimed to assess adherence to quality indicators (Qis) and their relationship with patient outcomes.

METHODOLOGY: We analyzed 187 admissions (Oct 2021 – Dec 2022). QIs included care for ascites, SBP, varices, hepatic encephalopathy (HE), HCC screening, and etiology-specific treatment. QI adherence was assessed as a score and analyzed as categorical and continuous variables. Associations with outcomes were evaluated using GEE and survival analysis.

RESULTS AND DISCUSSION: The mean QI adherence was 66.4% (SD 28.6). HE and variceal bleed had the highest adherence (93.8% and 82.5% respectively); ascites was lowest (53.2%). Increased QI adherence was significantly associated with 7-day readmissions (AOR = 1.035, p=0.013) but reduced mortality (OR=0.934 per 1% increase, 95% CI:0.90-0.96).

CONCLUSION: Despite suboptimal overall adherence, higher QI scores were associated with reduced mortality, underscoring the need to improve quality-driven cirrhosis care.

ID 069

A CASE OF IMPORTED CHOLERA INFECTION IN A 39 YEAR OLD ADULT

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INTRODUCTION: Cholera is a potentially life-threatening diarrheal disease caused by Vibrio cholerae, transmitted via contaminated water or food. While rare in Malaysia, imported cases can present diagnostic and public health challenges, particularly in non-endemic regions with low clinical suspicion.

CASE PRESENTATION: We report a case of a 39-year-old Malaysian woman with underlying epilepsy, asthma, and iron deficiency anemia, who presented with profuse watery diarrhea and vomiting for two days following a 10-day trip to South India. She was dehydrated, tachycardic, and had electrolyte imbalances along with mild acute kidney injury and normal anion gap metabolic acidosis. Initially treated as acute gastroenteritis with empiric antibiotics and fluid replacement, her symptoms and acidosis persisted. On day two, classical rice water stools were observed, and stool cultures confirmed the presence of Vibrio cholerae. She was then given a single dose of oral doxycycline and aggressive intravenous fluid resuscitation, resulting in marked clinical improvement. She was discharged after resolution of symptoms and three negative rectal swabs. Her husband had transient symptoms; her children remained asymptomatic and all contacts tested negative.

DISCUSSION: This case highlights the importance of maintaining high suspicion for cholera in patients with severe diarrhea and a travel history to endemic regions. The delay in definitive diagnosis underscores the diagnostic challenges in low-incidence settings like Malaysia. Classic signs such as rice water stools, persistent acidosis, and inadequate response to empirical therapy should prompt early microbiological investigations. Public health measures, including contact tracing and preventive education, are vital to prevent secondary transmission.

CONCLUSION: Imported cholera remains a diagnostic and public health concern in non-endemic areas. Early recognition, antibiotic therapy, aggressive fluid management, and contact screening are critical to ensure patient recovery and prevent outbreaks.

ID 070

SEVERE PROCTOCOLITIS IN PEMBROLIZUMAB THERAPY: CLINICAL MIMICRY OF INFLAMMATORY BOWEL DISEASE

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Pembrolizumab, a PD-1 immune checkpoint inhibitor, has demonstrated significant efficacy in the treatment of advanced non-small cell lung cancer (NSCLC), particularly in tumors with high PD-L1 expression. However, it is associated with immune-related adverse events, including at the gastrointestinal tract. We describe the case of a 75 year-old gentleman with stage 4a lung adenocarcinoma (PD-L1: 65%) who developed severe proctocolitis during palliative pembrolizumab monotherapy.

Following two cycles of pembrolizumab, the patient developed progressive gastrointestinal symptoms of abdominal pain and per rectal bleed. Laboratory studies showed normocytic anemia (Hb 8.8 g/dL), elevated CRP (102 mg/L), and hypoalbuminemia without transaminitis.

Colonoscopy revealed severe continuous proctitis with deep ulcerations, cobblestoning, spontaneous bleeding, and friable mucosa extending to 40 cm from the anal verge. Histopathology showed marked ulceration with fibrinopurulent exudates, crypt loss, and reactive epithelial changes. There was extensive lamina propria inflammation composed of neutrophils, lymphocytes, and plasma cells. Neutrophilic cryptitis and crypt abscesses were observed without crypt apoptosis, nuclear pseudostratification, or dysplasia. No granulomas or viral inclusion bodies were seen. Fungal stains (PAS and GMS) were negative, and CMV was negative.

The patient responded well to intravenous hydrocortisone and mesalazine (oral and enema) therapy, with resolution of symptoms.

This case underscores the clinical and pathological overlap between immune checkpoint inhibitor induced colitis and IBD. Symptoms, signs and colonoscopy features are remarkably similar, but the the acute histological features, absence of chronic changes such as Paneth cell metaplasia or basal plasmacytosis, and temporal association with immunotherapy favored pembrolizumab induced colitis. Correlation with clinical history is of paramount importance. Although treatment is similar, accurate diagnosis is crucial, as mis-classification can lead to unnecessary long-term immunosuppression or discontinuation of effective cancer therapy.

ID 071

LIVER AMYLOIDOSIS - A CASE REPORT

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INTRODUCTION: Liver amyloidosis or clinically dominant hepatic amyloidosis is unusual.It is a pathological process resulting from the extracellular deposition of fibrillar amyloid protein, which can involve any organ in isolation or in conjunction with other organs and can do so in the form of a focal, tumour-like lesion, or an infiltrative process. Hepatic involvement in both primary (AL) and secondary (AA) forms of systemic amyloidosis is common. Accumulation of amyloids in the liver produces hepatomegaly in 33%-92% of patients, as well as moderate jaundice and moderate to severe cholestasis.

CASE REPORT: This 47 years old Man with underlying Ischemic heart disease and Chronic kidney disease stage 3B, presented with abdominal distension x 1 year associated jaundice. He is also complaining loss of appetite and weight (79-72kg in 3 months). There was no history of joint pain, rash, oral ulceration, cough, skin tightness, peripheral tingling, and weakness in limbs or breathlessness.

Her initial workout show her Hb is 14.3g/dl, platlet 349. and albumin of 37.4, alp:163, alt:28.9, ast:40, total bilirubin:20.4, total protein 82.6,serum Ig G:24.38. His viral hepatitis screening is negative. Autoimmune markers including anti-nuclear antibodies, anti-Liver Kidney Microsome type 1 antibody (anti-LKM 1), anti-smooth muscle antibodies, anti-mitochondrial antibodies were negative and beta Hcg:<0.6 iug/ld and AFP is 2.5. Ultrasonography abdomen revealed hepatomegaly (15.3cm) with increase in echogeniciy and irregular margin .MRI primovist liver shows heterogeneous hypoenhancement post contrast, no other liver lesion,patent vasculature, spleen not enlarged (12.7cm) - splenic parenchyma exhibits signal similar to right liver lobe pre and post contrast.OGDS revealed 4 columns grade 1 eosophageal varices. Liver biopsy shows liver tissue replaced by extensive areas of amourphous eosinophilic material.

Interspersed within this material are some residual benign hepatocytes and bile ducts. Some of thisamorphous material is also seen within the walls of blood vessels. This amorphous material appears salmon-pink on Congo Red stain with areas of apple-green birefringence appreciable on polaised light. Amyloid A stain is positive. There is no obvious malignancy seen.

ID 072

YOU LOOK, BUT DO NOT SEE - IMPROVING MUCOSAL VISIBILITY DURING UPPER GASTROINTESTINAL ENDOSCOPY

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OBJECTIVE: To evaluate whether anti-foaming agent, Simethicone was effective in improving mucosal visualization during upper gastrointestinal (UGI) endoscopy.

METHODOLOGY: This is a retrospective audit involving fifteen patients undergoing diagnostic UGI endoscopy. The patients were assigned randomly by a medical officer to 3 groups pre-procedure; to 20mg simethicone dilute in 50ml water (n=7), water 50ml (n=4), and nil (no preparation; n=4). The assigned preparation was taken half an hour before the procedure. All patients were consented to either of these three modalities. A standard endoscopic examination was performed for all patients. Digital images were taken at four anatomical sites: esophagus, antrum, corpus, and fundus by a single endoscopist. Mucosal visibility was assessed independently by three experienced endoscopists based on the scoring system (4 point scale, 1 - clearest and 4 - obscured view) adapted from Basford et al. The primary outcome was the average mucosal visibility score of the four sites.

RESULTS: The simethicone group demonstrated the lowest mean total visibility score (6.14), indicating the highest mucosal visibility, followed by the water group (6.83) and the nil group (9.58). Simethicone consistently outperformed in all four anatomical sites. Site-specific mean visibility scores were consistently lowest in the simethicone group across the esophagus (1.24), antrum (1.43), corpus (2.00), and fundus (1.48).

DISCUSSION: Adequate mucosal visualization is essential for early lesion detection. Although pre-procedure practices vary, our preliminary data, though not statistically significant, may show the benefit of the use of simethicone to enhance mucosal clarity. Nonetheless, conducting a study with a larger sample size and appropriate blinding is essential to minimize potential sources of bias.

CONCLUSION: Anti-foaming agents may improve mucosal visibility during UGI endoscopy. This may be crucial in enhancing lesion detection such as early gastric cancer.

ID 073

UNRAVELLING THE MYSTERY OF AN OBSCURE GI BLEED: A RARE CASE OF JEJUNAL ADENOCARCINOMA WITH A CONCURRENT BLADDER TUMOUR

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OBJECTIVE: Small bowel neoplasms are rare gastrointestinal (GI) malignancies.. Due to vague clinical presentation and limitations in screening, diagnosis is often delayed. We describe a case of jejunal adenocarcinoma presenting with intermittent abdominal pain and obscure gastrointestinal bleeding for two years, with an incidental finding of a concurrent bladder tumour.

CASE PRESENTATION: A 56-year-old male with hypertension presented with intermittent epigastric pain, melena, and anaemia for three days. Initial oesophagogastroduodenoscopy (OGDS) and colonoscopy were non-contributory. There was no history of altered bowel habit, constitutional symptoms, or family history of GI cancer. Symptoms recurred after 10 months, prompting referral to our centre. A push enteroscopy was performed which revealed a nearly circumferential ulcerating lesion in the proximal jejunum; histopathological evalution (HPE) was consistent with adenocarcinoma. Computed tomography of thorax, abdomen and pelvis (CT TAP) demonstrated an irregular intraluminal hypodense lesion in the proximal jejunum measuring 3.0 x 3.0 x 2.4 cm, and an incidental fungating bladder lesion (3.2 x 3.8 x 3.4 cm). Cystoscopy showed a large fungating bladder mass; HPE revealed papillary urothelial neoplasm with low malignant potential (PULMP). The patient underwent transurethral resection of bladder tumour (TURBT) and small bowel resection, followed by 12 cycles of adjuvant FOLFOX chemotherapy. Post-treatment OGDS showed no residual or recurrent jejunal mass. Repeat CT TAP two months post-chemotherapy showed no evidence of recurrence, and a smaller bladder lesion.

DISCUSSION: Small bowel adenocarcinoma accounts for <2% of gastrointestinal cancers, with the jejunum affected in ~29% of cases. Non-specific symptoms delay diagnosis. Push enteroscopy plays a crucial role in detecting proximal small bowel lesions. Comprehensive imaging also detected an incidental bladder tumour, highlighting the importance of holistic evaluation.

ID 075

GENETIC COUNSELLING AND TESTING FOR FAMILIAL ADENOMATOUS POLYPOSIS (FAP) IN A YOUNG PATIENT WITHOUT FAMILY HISTORY OF THE CONDITION

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OBJECTIVE: This case study describes the clinical presentation, genetic diagnosis, and management implications of Familial Adenomatous Polyposis (FAP) with extracolonic manifestation arising from a germline pathogenic variant in the APC gene. The case also reports on the consideration for genetic counselling and testing for young patients in the absence of a family history.

METHODOLOGY: An 18-year-old young woman presenting with >100 colonic polyps and craniopharyngioma was referred for genetic testing. After genetic counselling, she proceeded with germline genetic testing using next-generation sequencing on a multi-gene panel that included the APC gene.

RESULTS: The genetic test revealed a heterozygous gross deletion of exon 16 in the APC gene. This pathogenic variant results in a truncated protein product and confirms a molecular diagnosis of FAP in the absence of family history.

Discussion: FAP is an autosomal dominant inherited condition caused by germline pathogenic variant(s) in the APC gene, leading to multiple adenomatous polyps, variable extracolonic manifestations and nearly complete penetrance for colorectal cancer if left untreated. The presence of craniopharyngioma in FAP patients, especially those with ectopic locations, suggests a possible, albeit rare, association between the two conditions. While most patients with FAP would have inherited the variant from either parent, up to 25% may occur de novo. Confirming if the variant is inherited or not is important for counselling family members about their risk for FAP.

CONCLUSION: This case study highlights the importance of genetic counselling and testing to confirm FAP for risk management, family cascade testing and reproductive options in young patients with polyps, regardless of family history. The genetic diagnosis also significantly impacts genetic counselling and accurate familial risk assessment.

ID 076

AN UNEXPECTED CAUSE FOR LUMPS AND BUMPS: CUTANEOUS METASTASIS OF PANCREATIC ADENOCARCINOMA

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INTRODUCTION: Pancreatic ductal adenocarcinoma (PDAC) is highly aggressive and is often diagnosed late. Cutaneous metastases are rare, and if present typically with spread to the umbilicus (Sister Mary Joseph's nodule). Non-umbilical metastasis is extremely uncommon.

CASE: We report a case of a 69-year-old chronic smoker who presented with palpable masses on his left chest wall and lower back, along with unintentional weight loss, anorexia, and fatigue. Physical examination revealed a non-fluctuant swelling of 4x5cm over anterior chest wall and another 2x2cm swelling over right lower back, along with reduced air entry in the right lower lung. Imaging showed a right lower lobe lung mass with pleural nodules and a pancreatic body mass with ductal dilation. CA 125 was elevated while other blood investigations were not significant. Biopsies from the pancreatic lesion, subcarinal node, and subcutaneous mass confirmed poorly differentiated metastatic adenocarcinoma. Follow-up imaging showed disease progression with metastases to multiple organs, along with portal vein thrombosis. A final diagnosis of stage IV pancreatic adenocarcinoma was made. After multidisciplinary review, palliative chemo-radiotherapy was planned. The patient was later admitted for pain control but deteriorated, and the family opted for home-based comfort care after consulting the palliative team.

DISCUSSION: The pathogenesis of cutaneous metastasis in pancreatic cancer remains unclear, with theories including lymphatic spread, direct invasion, and the increasingly supported chemotaxis hypothesis. Cutaneous metastases are more often linked to tumors of the pancreatic body and tail, but due to late diagnosis and limited eligibility for surgical resection, the overall 5-year survival rate remains low at around 10%.

CONCLUSION: Cutaneous metastasis of PDAC is rare and associated with poor prognosis. Increased awareness can lead to timely diagnosis and optimal treatment for a better outcome in the future.

ID 077

IMPACT OF FUNCTIONAL DYSPEPSIA AND ITS OVERLAP SYNDROME ON SYMPTOM SEVERITY, PSYCHOLOGICAL BURDEN, AND HEALTHCARE UTILIZATION: A SINGLE-CENTRE PROSPECTIVE STUDY

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OBJECTIVES: Functional dyspepsia (FD) is frequently associated with higher healthcare utilization compared to other disorders of gut-brain interaction (DGBI), but the underlying factors remain unclear. This study aimed to determine the frequency of FD-overlap with other DGBI or gastroesophageal reflux disease (GERD), and to compare symptom severity, psychosocial burden, quality of life, and healthcare utilization between FD alone and FD-overlap groups.

METHODOLOGY: This was a single-centre, prospective study that recruited consecutive adult patients with FD from 2021 to 2024. Patients were classified into FD alone and FD-overlap groups (overlapping with IBS, functional constipation, functional diarrhea, functional bloating, or GERD). Symptom severity, health-related quality of life (HRQOL), and psychological status were evaluated using the Patient Assessment of Gastrointestinal Symptoms (PAGI-SYM), EuroQoL EQ-5D, and the Hospital Anxiety and Depression Scale (HADS), respectively. Healthcare utilization was assessed by the frequency of upper gastrointestinal (GI) endoscopies.

RESULTS: A total of 117 patients were recruited: 72 (61.5%) had FD alone, and 45 (38.5%) had FD with overlap. The FD-overlap group reported significantly more severe upper GI symptoms, including vomiting, stomach fullness, early satiety, postprandial fullness, appetite loss, bloating, upper abdominal pain, and discomfort (all $p<0.05$). The mean PAGI-SYM score was significantly higher in the FD-overlap group (1.85±0.9) compared to FD alone (1.14±0.9, $p<0.001$). Although HRQOL did not differ significantly between groups, patients in the FD-overlap group had a higher prevalence of anxiety and underwent more upper GI endoscopies (mean 1.33±0.12 vs. 1.11±0.47, $p=0.05$).

CONCLUSION: FD with overlap syndrome is associated with more severe symptoms, increased psychological comorbidity, and higher healthcare utilization. Recognizing overlap syndromes in FD patients is essential for tailoring more effective and comprehensive management strategies.

ID 079

REAL-WORLD EXPERIENCE WITH CAPSOCAM PLUS: A PANORAMIC CAPSULE ENDOSCOPY FOR SUSPECTED SMALL BOWEL PATHOLOGY

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INTRODUCTION: Traditional capsule endoscopy (CE) has enabled the investigation of small bowel pathology before more invasive procedures. However, its limited field of view may hinder a comprehensive assessment of mucosal lesions. CapsoCam Plus is a CE system equipped with four cameras to provide a panoramic (360-degree) view of the small intestine. Its utility in our region remains uncertain. This study evaluates the real-world clinical experience of using CapsoCam Plus in patients with suspected small bowel pathology.

METHODS: This prospective study was conducted at our institution from January 2024 to June 2025.

RESULTS: Sixteen patients (median age: 65years; 37.5% female; predominant ethnicity: Chinese) were included. Eight patients presented with obscure overt gastrointestinal (GI) bleeding, six with unexplained iron deficiency anemia (IDA), and one with refractory abdominal pain. The mean small bowel transit time was 372±196 minutes. CapsoCam Plus successfully identified the source of bleeding or significant pathology in 10 of 16 cases (67%). Among patients with obscure overt GI bleeding, a source was identified in 50% (two with small bowel ulcers, one with distal ileal varices with stigmata of recent hemorrhage, and one with angiodysplasia), facilitating targeted interventions. In all patients with unexplained IDA, CapsoCam Plus identified relevant pathology (three with small bowel ulcers, two with angiodysplasia, and one with multiple petechiae). No adverse events, including capsule retention, were reported.

CONCLUSION: CapsoCam Plus demonstrated promising diagnostic capability in evaluating small bowel pathology, particularly in identifying the cause of unexplained IDA. Larger, multicentre studies are warranted to validate these findings and further define its clinical utility.

ID 081

A RARE CULPRIT IN BUDD-CHIARI SYNDROME REQUIRING TARGETED VENOPLASTY

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INTRODUCTION: Budd-Chiari syndrome (BCS) is a rare hepatic vascular disorder caused by obstruction of hepatic venous outflow, involving the hepatic veins or the inferior vena cava (IVC). Although epidemiological data in Malaysia are limited, regional studies estimate its prevalence to be approximately 5 per million.

CASE: We present a 55-year-old female with diabetes mellitus and chronic kidney disease (CKD), who presented with progressive abdominal distension, bilateral lower limb swelling and intermittent dyspnoea for one month. Physical examination revealed ascites and pedal edema without stigmata of chronic liver disease. Initial laboratory investigations revealed an ALP 282 U/L, ALT 17 U/L, AST 29 U/L, albumin 16 g/L, INR 1.34, platelets 173×10³/μL, and anaemia. Viral hepatitis serology and tumour markers were negative. A serum-ascites albumin gradient (SAAG) of 11 g/L on ascitic fluid analysis was suggestive of portal hypertension. Upper endoscopy was unremarkable. A four-phase contrast-enhanced computed tomography (CECT) of the liver revealed suprahepatic IVC stenosis with aberrant hepatic venous drainage, dilated portal veins, intrahepatic biliary dilatation, and preserved liver architecture, with no evidence of thrombosis or obstruction. Venography confirmed approximately 75% stenosis of the hepatic/suprahepatic IVC. Percutaneous transluminal angioplasty (PTA) using a 14 mm × 4 cm balloon was performed, resulting in post-procedure improvement with 50% residual stenosis. She improved clinically post-intervention and was discharged home in stable condition.

CONCLUSION: BCS should be suspected in cases of non-cirrhotic portal hypertension. Early recognition and timely intervention, such as angioplasty, can significantly improve outcomes.

ID 082

TUBERCULOUS SPLENIC ABSCESS

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Malaysia remains endemic for tuberculosis (TB), with extrapulmonary TB accounting for approximately 14% of cases. While splenic TB typically occurs as part of miliary disease, isolated splenic tuberculosis is exceptionally rare.

CASE DESCRIPTION: A 75 year old man with diabetes, hypertension, dyslipidemia, and prior papillary thyroid carcinoma presented with symptomatic anemia and constitutional symptoms. Malignancy screening - including OGDS and colonoscopy - was unremarkable. Contrast-enhanced CT TAP revealed a ruptured splenic abscess of 5.4 × 5.8 × 4.4 cm with subcapsular extension. Empirical broad-spectrum antibiotics yielded no radiologic improvement after one month, prompting percutaneous drainage. Pus analysis was AFB-positive on smear, but GeneXpert and culture were negative. No pulmonary or systemic TB involvement was detected. Considering his risk profile, endemic setting, and a strongly positive Mantoux test (20 mm), empirical anti-TB therapy was initiated.

DISCUSSION: Diagnosis of isolated splenic TB is frequently delayed due to nonspecific presentation - ranging from fever, weight loss, anorexia, to serious complications such as hypersplenism, portal hypertension, splenic rupture, hemorrhage, cytopenias or polycythemia. Abdominal ultrasound typically reveals hypoechoic lesions, abscesses, calcifications, or splenomegaly, while CT offers improved lesion characterization and helps exclude disseminated disease. Definitive diagnosis requires microbiological or histological confirmation - via AFB smear, PCR, culture, FNAC, or core biopsy - demonstrating caseating granulomas with Langhans giant cells. Anti-TB therapy for 6-12 months, with serial imaging, is the mainstay; splenectomy is reserved for complications or treatment failure.

CONCLUSION: In TB-endemic regions like Malaysia, clinicians should consider isolated splenic tuberculosis in patients presenting with splenic lesions and constitutional symptoms. Early diagnosis and timely anti-TB therapy can prevent morbidity and reduce the need for splenectomy.

ID 083

EVALUATING NON-GENETIC HEALTHCARE PROFESSIONALS' BARRIERS IN IDENTIFYING HIGH-RISK COLORECTAL CANCER PATIENTS FOR GERMLINE GENETIC TESTING

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BACKGROUND: About 5% of all colorectal cancers (CRCs) can be attributed to Lynch syndrome and other hereditary CRC syndromes. CRC patients with young diagnoses, positive family history, and/or tumour mismatch repair (MMR) deficiency may benefit from further genetic investigation. While there are existing guidelines to help healthcare professionals identify these patients, the referral rate of CRC cases to genetic services in Malaysia remains low.

OBJECTIVE: Using a mixed-methods approach, we aimed to evaluate barriers of non-genetic healthcare professionals in identifying high-risk CRC patients for germline genetic testing in Malaysia.

METHODS: A cross-sectional survey was disseminated to oncologists and colorectal surgeons. We adapted the Influences on Patient Safety Behaviours Questionnaire (IPSBQ) to determine top barrier domains in identifying high-risk CRC patients. Barriers were further explored with a subset of respondents through semi-structured interviews. All reported barriers were contextually mapped into the Theoretical Domains Framework.

RESULTS: Twelve oncologists and 7 surgeons responded to the survey (N=19), of which 2 respondents from each group participated in semi-structured interviews (N=4). Using the IPSBQ, "skills" and "environmental context and resources" were consistently identified as top barrier domains for both specialist groups. Specifically, the low prevalence of hereditary CRC syndromes, lack of streamlined protocol in the national CRC practice guidelines, and limited accessibility of MMR testing were barriers to incorporating genetics into practice. Additionally, lack of genetics knowledge and self-efficacy, limited oncological therapeutic benefit in identifying carriers, and high patient volume were perceived as other barriers.

DISCUSSION: Our preliminary results suggest the role of targeted educational interventions to improve CRC-related genetics knowledge and self-efficacy among non-genetic specialists. It also highlights the urgent need to develop an evidence-based and streamlined national practice guideline for identifying and managing hereditary CRC cases. Lastly, there should be further efforts to improve accessibility of MMR testing, particularly in the public setting.

ID 084

"SABAH-PBC REGISTRY": LOCAL REGISTRY CREATED AT IMPROVING PRIMARY BILIARY CHOLANGITIS CARE IN SABAH

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INTRODUCTION: The "Sabah-PBC Registry," established in April 2024, is a local registry aimed at improving care and expanding access to second-line treatments and clinical trials for a growing population of 3.6million. We describe our current cohort.

METHODS: We conducted a retrospective, single centre, cohort study involving all Primary Biliary Cholangitis (PBC) patients being treated at Gastrohepatology Department in Queen Elizabeth Hospital, Sabah. All newly diagnosed patients were started on ursodeoxycholic acid (UDCA) at 13-15 mg/kg, existing patients were ensured adequate UDCA dosages while subgroups were classified according to their response to therapy with UDCA as responders or incomplete responders using Paris II criteria. Second line therapies used were Fenofibrate 145 mg (FF-145) or Obeticholic acid (OBCA). Baseline is defined as the start of the registry in April 2024.

RESULTS: The registry includes 61 patients, 49.2% (n=30) were newly diagnosed since baseline due to improved hepatology services and awareness. Mean age was 54±12 years; 86.9% female; 44.3% had cirrhosis upon diagnosis. Eleven patients (18%) had PBC/AIH overlap. All received UDCA, with no intolerance observed. Incomplete UDCA response was noted in 32.8%; 44.3% (N=27) are on second line therapy. Among incomplete responders, 65% received FF-145. Eight patients were initiated on OBCA, but five were later switched to FF-145 due to pruritus or awareness of recent FDA warnings. Only one FF-145 patient discontinued due to elevated liver enzymes. Mean baseline ALP was 431±252 U/L. The FF-145 group had a higher baseline ALP (560±273U/L, p=0.043). A greater percentage of the patients in the FF-145 group than in the UDCA monotherapy group had achieved ALP <1.5 ULN after just 6 months of add-on therapy (54.2% vs. 29.5%; difference, 24.7 percentage points; 95% confidence interval [CI],1.1 to 48.3 , p=0.04).

CONCLUSION: The Sabah-PBC registry has enabled improved screening, diagnosis and treatment locally. FF-145 appears effective as a second-line therapy in this real-world cohort.

ID 086

MICROPLASTICS: A POTENTIAL ENVIRONMENTAL TRIGGER IN THE PATHOGENESIS OF INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Inflammatory bowel disease (IBD) has surged globally, with environmental factors like microplastics (MPs) emerging as potential contributors alongside genetic predisposition. Nonetheless, the precise mechanism of MPs in contributing to the etiology and pathogenesis of IBD remain incompletely elucidated. Therefore, this literature review aims to explore the potential biological fate (absorption, distribution, metabolism, extraction) of MPs in the human body and their possible role in IBD pathogenesis.

METHODOLOGY: A literature search was conducted using Google Scholar with keywords: microplastics, inflammatory bowel disease, intestinal permeability, MPs pharmacokinetics and pharmacodynamics. Priority was given to studies in English-language, full-text available, and their relevance to MPs bioaccumulation patterns in human body and mechanistic pathways linking MPs exposure to IBD pathogenesis.

RESULTS AND DISCUSSION: The pathway of MPs in the body includes absorption via enterocyte transcytosis, persorption or phagocytosis, followed by systemic distribution to key organs (lungs, liver, spleen, brain), where they undergo biodegradation or biotransformation via enzymatic action, or microbial metabolism. Most MPs are eventually excreted in feces. Emerging evidence suggests that MPs disrupt gastrointestinal integrity and immune homeostasis through multiple pathological mechanisms. They physically compromise the intestinal barrier by downregulating key tight junction proteins such as ZO-1 and Claudin-1, altering endocytosis, and inducing oxidative stress. Concurrently, MPs induce gut microbial dysbiosis, often reflected by a reduced Firmicutes/Bacteroidetes ratio, depletion of commensal taxa, and overgrowth of pro-inflammatory bacteria, including *Escherichia coli, Bilophila wadsworthia and Ruminococcus gnavus*. These cumulative effects trigger pro-inflammatory cascades (e.g., interleukin-6/8, tumor necrosis factor-alpha) and exacerbate mucosal damage, potentially initiating or worsening IBD in genetically susceptible individuals.

Conclusion: In summary, this review offers an integrative perspective by connecting the biodistribution and immunotoxicological effects of MPs with their potential immunopathogenic roles, thereby shedding light on a novel and under-investigated environmental factor in the onset and progression of IBD.

ID 087

EXPLORING THE INTENTION AND PRACTICE OF COLORECTAL CANCER SCREENING: A BEHAVIORAL PERSPECTIVE

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OBJECTIVE: Understanding the population's knowledge, attitudes, and practices towards colorectal cancer (CRC) screening is essential for designing targeted interventions and improving screening uptake. Our study aims to assess the level of knowledge, attitudes, and practices regarding CRC screening among Malaysian adults.

METHODOLOGY: A cross-sectional survey was conducted among adults in Malaysia. A total of 507 participants completed the questionnaire and met the inclusion criteria (aged 18 years and above and residing in Malaysia). Ethical approval was obtained, and informed consent was secured prior to participation.

RESULTS: Participants demonstrated high levels of screening intention, positive attitudes, supportive subjective norms and strong perceived behavioral control towards CRC screening. Meanwhile, knowledge about CRC screening and screening challenges were at a moderate level. However, actual screening engagement remained low, revealing a critical gap between screening intentions and behaviour.

DISCUSSION: These findings suggest that while attitudes and intentions toward CRC screening are relatively positive, these alone are not sufficient to ensure actual participation. Despite moderate knowledge levels, perceived barriers, such as fear of results, discomfort, lack of time, or limited access to screening facilities, may inhibit action despite awareness and intention. This reinforces the need for practical, context-specific strategies to reduce these challenges and bridge the gap between knowledge, intention, and behavior.

CONCLUSION: This study highlights a significant intention-behavior gap in CRC screening among Malaysian adults. The findings indicate that moderate knowledge levels and positive attitudes do not automatically translate into screening participation. Targeted interventions that address practical barriers and improve accessibility are essential to bridge the gap between intention and screening behavior. Public health strategies should focus on enhancing access, raising awareness of available services, and reducing perceived obstacles to improve CRC early detection outcomes in Malaysia.

ID 090

GUT MICROBIOME DIVERSITY OF STUNTED CHILDREN UNDER FIVE IN ASIA: A SYSTEMATIC REVIEW

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OBJECTIVE: To elucidate the association between gut microbiome composition and region-specific risk factors on stunting in children under five in Asia.

METHODOLOGY: Literature searches were performed following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol across MEDLINE (via PubMed), Scopus, Embase, and ProQuest databases. From an initial 881 studies screened for eligibility based on predefined inclusion and exclusion criteria, 16 studies were included in the final analysis. Quality assessment of included studies was assessed via Risk of Bias in Non-randomized Studies - of Exposures (ROBINS-E) tool as appropriate for the study designs.

RESULTS: Out of 16 studies, 9 studies reported gut microbiome and metabolomics data, and 7 studies involved in meta-analysis of stunting risk factors. Beta diversity analysis revealed compositional dissimilarities of microbiome colonization between stunted and non-stunted children. Consistent taxonomy shift mentioned across ≥2 studies include depleted *Enterobacter*, *Prevotella*, and *Lachnospiraceae genus*, and enriched *Alloprevotella genus*. In species-level resolution, there was a higher abundance of *Providencia alcalifaciens*, *Prevotella stercorea*, and *Prevotella copri*, and a decreased abundance of *Bifidobacterium longum*, *Bifidobacterium pseudolongum*, and *Lactobacillus mucosae*. Subgroup analysis of stunting risk factors revealed strong association between birthweight and stunting with pooled odd ratio of 4.37 (95% CI 2.05-9.33), followed by handwashing habit after defecation (OR = 2.3; 95% CI 0.36–14.68), residential locale (OR = 1.9; 95% CI 1.35-2.66), delivery mode (OR = 1.72; 95% CI 0.63-4.7), early initiation of breastfeeding within 1 hour after birth (OR = 1.56; 95% CI 1.23-1.99), and maternal employment (OR = 1.11; 95% CI 0.67-1.84).

DISCUSSION AND CONCLUSION: This systematic review revealed differences in gut microbiome profile of stunted children, while emphasizing potential associations with stunting risk factors. These findings demonstrate potential therapeutic microbial-targeted strategies in stunting management, accounting for risk factors.

ID 091

IMPACT OF MICROPLASTICS ON THE HUMAN GUT MICROBIOME: A SYSTEMATIC REVIEW OF MICROBIAL COMPOSITION, DIVERSITY, AND METABOLIC DISRUPTIONS

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OBJECTIVE: To systematically review the effects of microplastics (MPs) on the human gut microbiome, focusing on changes in microbial composition, diversity, and metabolic functions.

METHODOLOGY: A systematic review was conducted based on 12 studies obtained from Scopus and PubMed databases, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Predefined inclusion and exclusion criteria were applied to select primary research studies involving human or human-derived samples, excluding reviews and animal studies.

RESULTS: Most studies were in vitro models using human fecal samples with limited human cohort data. Exposure to MPs was found to cause gut dysbiosis, characterized by reduction in beneficial bacterial genera, enrichment of pathogenic species, impaired short-chain fatty acid (SCFA) production, altered metabolic functions and modulate immune pathways. The extent of microbial disruption varied depending on the type, size, and concentration of MPs.

DISCUSSION: The findings from this systematic review suggest that MPs are emerging environmental risk factors capable of inducing significant alterations in the human gut microbiome with downstream consequences for systemic diseases. These alterations have been associated with a wide range of health conditions, including inflammatory bowel disease (IBD), irritable bowel syndrome (IBS), and metabolic syndrome.

CONCLUSION: Longitudinal human cohort studies are critically needed to assess the long-term impacts of MP exposure on gut microbiota dynamics and their role in disease progression. Standardized methodologies reporting MP characteristics, including particle size distribution, surface chemistry, and environmental concentrations, are urgently needed to define safe exposure levels and guide policies aimed at reducing MP-related health risks.

ID 092

UNCOMMON UPPER GASTROINTESTINAL INVOLVEMENT OF CROHN'S DISEASE IN AN ADULT: A DIAGNOSTIC CHALLENGE

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INTRODUCTION: Crohn's disease (CD) is a chronic inflammatory bowel condition that can affect any segment of the gastrointestinal (GI) tract. While ileocolonic involvement is most common, upper GI (UGI) tract manifestations such as oesophageal, gastric, and duodenal lesions are rare in adults, with reported prevalence ranging from 0.3% to 5%. These atypical presentations can mimic other diseases, such as peptic ulcer disease or gastrointestinal tuberculosis, making diagnosis particularly challenging and requiring a high index of suspicion.

CASE PRESENTATION: We report a case of a 57-year-old male ex-smoker with a history of gout presented with a 6-month history of recurrent oral ulcers, anorexia and significant weight loss (20 kg). He has a 1-week history of per rectal bleeding. Examination revealed multiple aphthous ulcers in the oral cavity and external perianal fistulas at the 5 and 6 o'clock positions. Blood investigations showed leucocytosis, thrombocytosis (478x10^9/L) and elevated C-reactive protein (CRP) at 254 mg/L. Infective screening including Tuberculosis nucleic acid amplification/polymerase chain reaction (GeneXpert) and Interferon-Gamma-Release-Assay (QuantiFERON) was negative. OGDS revealed multiple ulcers in the oesophagus, stomach, and duodenum. Colonoscopy showed ulcerations in the terminal ileum, descending colon, sigmoid colon and rectum. Histopathology demonstrated chronic active inflammation with focal cryptitis, basal plasmacytosis, and neutrophilic infiltration, without granulomas or dysplasia. A diagnosis of Crohn's disease with upper GI involvement was made. The patient was treated with corticosteroids and azathioprine, resulting in marked clinical and biochemical improvement. Subsequent plan will be biologic therapy (i.e. anti-tumor necrosis factor-alpha (TNF-α)).

CONCLUSION: This case underscores the importance of considering UGI Crohn's disease in adults with atypical GI symptoms. Although granulomas were absent, a combination of suggestive histology, typical endoscopic features, and exclusion of other aetiologies led to the correct diagnosis. Early recognition, exclusion of infectious mimics, and prompt immunosuppressive therapy can improve outcomes in this uncommon CD phenotype.

ID 093

EOSINOPHILS IN THE COLON: AN UNUSUAL PRESENTATION OF HYPEREOSINOPHILIC SYNDROME

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BACKGROUND: Hypereosinophilic syndrome (HES) is a rare disorder characterized by persistent eosinophilia and organ involvement, in the absence of secondary causes. Gastrointestinal manifestations are very rarely. We report a diagnostically challenging case of a woman with chronic diarrhoea who was ultimately diagnosed with HES.

CASE REPORT: A Malaysian woman in her 50s with bronchial asthma presented with a 3-week history of persistent non-bloody diarrhoea (up to 10 times daily), abdominal discomfort, vomiting, anorexia, and weight loss. Examination revealed lower abdominal tenderness without hepatosplenomegaly or lymphadenopathy.

Investigations showed persistent eosinophilia (4.01×10^9/L), negative autoimmune markers (ANA, p-ANCA, c-ANCA), and negative stool tests for cultures and parasites. CT abdomen showed ileo-caecal thickening with minimal ascites. OGDS revealed pangastritis but no biopsy was obtained. Colonoscopy was endoscopically normal, multiple biopsies were taken.

She was initially treated as infective gastroenteritis with IV ceftriaxone and later empirically for *Clostridium difficile* (antigen positive, toxin negative) with oral vancomycin, without any improvement. EGPA was considered but deemed unlikely due to lack of systemic features and negative ANCA results.

Colon biopsies later revealed mucosal eosinophilia, consistent with eosinophilic colitis. Further tests ruled out clonal eosinophilia (negative FIP1L1-PDGFRA). Secondary causes like parasite infection, allergies, and drug exposure were excluded. Multidisciplinary team discussion concluded a diagnosis of idiopathic HES with eosinophilic colitis. She was started on oral prednisolone 40 mg daily, with rapid symptom resolution and normalization of eosinophil counts within three days.

DISCUSSION: Based on the refined criteria for HES which shortens persistent peripheral blood eosinophilia to 2 weeks, our patient fulfilled the diagnostic criteria for idiopathic HES, and highlights a very rare presentation with eosinophilic colitis. This case underscores the importance of biopsy even when colonoscopy appears normal. Although upper GI biopsy was not performed, eosinophilic esophagitis remains a possibility. Long-term care involves steroid tapering and monitoring for relapse.

ID 094

PSEUDOCIRRHOSIS IN HIV: UNMASKING NON-CIRRHOTIC PORTAL HYPERTENSION INDUCED BY LONG-TERM HAART

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RESULTS: We present a case of a 24-year-old woman with vertically transmitted HIV on long term HAART, who developed persistently elevated ALP and jaundice. Imaging revealed liver lesions and features suggestive of cirrhosis with portal hypertension. Following lesion ablation she underwent further evaluation where liver biopsy showed portal vein stenosis, irregular architecture, pseudo ground glass hepatocytes and absence of significant fibrosis. FibroScan confirmed low liver stiffness (4.9-4.5kPa). Findings were consistent with non-cirrhotic portal hypertension (NCPH), likely related to prolonged tenofovir disoproxil and efavirenz use. HAART was subsequently modified. This case highlights NCPH as a mimic of cirrhosis in HIV patients on long term antiretroviral therapy

CONCLUSION: Non-cirrhotic portal hypertension should be considered in HIV patients on long-term HAART presenting with portal hypertension signs. Liver biopsy and elastography are key distinguishing it from true cirrhosis, allowing for appropriate management and therapy adjustment.

ID 095

RECURRENT ISOLATED GASTRIC VARICEAL BLEED: RARE MANIFESTATION OF PANCREATIC MALIGNANCY

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INTRODUCTION: The presence of isolated gastric varices (IGV) in a noncirrhotic patient is thought to be highly suggestive of splenic vein thrombosis or obstruction causing segmental portal hypertension. Here we present a case of pancreatic malignancy, manifesting solely as recurrent IGV-1 bleed.

CASE REPORT: A 37-year-old female with no former medical illness presented to hospital with repeated episodes of melaena for 3 days. She was haemodynamically stable, and investigation showed anaemia with haemoglobin 8.9 g/dL. She underwent an upper endoscopy by the district surgical team, showing a bleeding IGV-1 lesion needing histoacryl glue injection followed by terlipressin infusion. The ultrasound of the liver showed no features of liver cirrhosis or portal vein thrombosis, and she was subsequently discharged with a further referral to our tertiary gastrohepatology unit for further work-up and long term management. However, she was re-admitted with a further episode of IGV-1 bleed, and an inpatient transfer of care was arranged following haemostasis secured by repeated endoscopic histoacryl glue injection by the district team. An urgent abdominal CT scan with portal venous phase contrast was carried out, showing a 4 x 6 cm mixed solid-cystic mass at pancreatic body and tail with complete splenic vein obliteration and splenomegaly. Multiple varices are seen at perisplenic, perigastric and left anterior abdomen suggestive of segmental/left-sided portal hypertension with a normal liver margin on imaging and a normal liver stiffness measurement of 6.1kPa by vibration controlled transient elastography. Following a hepato-biliary inpatient consult, she underwent an open radical antegrade modular pancreatosplenectomy (RAMPS). The pathology showed solid pseudopapillary neoplasm of the pancreas (SPEN) with lymphovascular invasion. She was discharged well, with no further bleeding.

CONCLUSION: This is a rare presentation of pancreatic malignancy manifesting as recurrent IGV bleeding and highlights the importance of recognising aetiologies of segmental portal hypertension.

ID 096

"SABAH-HCV PRISON" PROGRAMME: A MODEL OF HCV ELIMINATION AMONGST INMATES IN LOCAL PRISONS

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BACKGROUND: In November 2024, a local taskforce was established between the prison system, local health authority, primary care physicians and hepatology department in Sabah with the common goal of increasing hepatitis C virus (HCV) screening and treatment access amongst this high-risk demographic. Kota Kinabalu Male Prison remains the first prison in Sabah to start the HCV-Prison Elimination Program. Here we outline our screening and treatment programme to date.

METHOD: In February 2025, we performed a one-time mass screening in Kota Kinabalu Male Prison, the largest of Sabah's five prisons, following the task force's creation. Since then, we have instituted a mandatory entry HCV-RTK test for all new inmates in all local prisons. All consented participants were screened using the Rapid Test Kit (RTK, Abbott HCV Bioline) to determine their HCV status, and positive results were followed with reflex testing for confirmatory HCV RNA by real-time polymerase chain reaction (PCR, Roche COBAS 5800). HCV RNA positive participants were further stratified by APRI score and screened for Hepatitis B and HIV co-infection. APRI score <1.5 participants received 12 weeks of Sofosbuvir/Daclatasvir and APRI ≥1.5 received Sofosbuvir/Ravidasvir at tertiary care setting for duration determined by hepatology team and based on local guidelines. In addition to being educated about HCV screening and the potential for Direct Acting Antiviral (DAA) treatment during incarceration, all participants completed an informed consent form to utilise their personal data. Only Malaysian participants were included in this pilot programme.

RESULTS: From the one-off mass screening, only 605 male inmates consented to be screened (32% of the prison population), demonstrating the disease's persistent stigma. The mean age was 39 years old (range 17-75). Overall, ten participants tested positive for RTK HCV (100% anti-HCV immunoassay positive), with a prevalence of 1%. Nine individuals tested positive for HCV-RNA, one of whom had HIV co-infection and one with a past history of infection (HCV RNA negative). Risk factors were evaluated, and 80% were drug-related (either PWID or PWUD), while 20% had unknown risk factors. Nine participants received Sofosbuvir/Daclatasvir for 12 weeks duration, and only one participant received Sofosbuvir/Ravidasvir for 24 weeks for a newly diagnosed compensated liver cirrhosis in which treatment is still ongoing. All participants that have completed treatment will be assessed for SVR12 in September 2025. Since the beginning of this pilot program in February 2025, we have expanded our HCV screening program to all prisons throughout the state including Cure And Care Rehabilitation Centre (CCRC) in Papar. Since the beginning of this pilot program in February 2025, we have successfully screened 2522 inmates in under six months, with 20 (1.94%) positive cases.

CONCLUSION: Though the prevalence of hepatitis C amongst Sabah inmates are lower compared to overall global average, this remains a new screening programme that fosters our aim towards HCV elimination locally. We await our annual data report that will include SVR12 rates and look forward towards mandatory HCV screening that is now locally implemented in all Sabah prisons.

ID 097

EVALUATING ORGANIC GASTROINTESTINAL RISK AND RESOURCE UTILIZATION IN FUNCTIONAL DYSPEPSIA AND IBS PATIENTS IN ASIA: A LONGITUDINAL STUDY

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INTRODUCTION: Functional dyspepsia (FD) and irritable bowel syndrome (IBS) are common disorders of gut-brain interaction (DGBIs). Concerns about DGBI progressing into life-threatening organic gastrointestinal disorders remains. While DGBIs are known to increase healthcare utilization, the direct economic burden has not been thoroughly evaluated. This study aimed to assess the risk of developing organic GI diseases and to quantify healthcare resource utilization (HRU) associated with FD and IBS.

METHODOLOGY: We conducted a single-centre longitudinal study of 279 patients clinically diagnosed with FD or IBS based on Rome III criteria between 2014 and 2017, with a minimum follow-up of two years. We examined subsequent diagnoses of organic GI diseases and calculated annual HRU costs.

RESULTS: Among the 279 patients (62.9% female, 43.2% Chinese, 67.4% with FD) with a mean follow-up of 3.59 ± 2.45 years, none developed life-threatening organic GI diseases. However, 20.7% (n=58) were diagnosed with non-life-threatening conditions - most commonly hemorrhoids (29.3%), colonic polyps ≥1 cm (22.4%), and cholelithiasis (20.7%).

Patients with overlapping FD or IBS subtypes had significantly higher annual healthcare costs than those with a single subtype. These included endoscopy and imaging costs (RM546.11 vs. RM318.82, p=0.029) and total annual HRU (RM954.38 vs. RM659.44, p=0.026). FD-overlap incurred greater costs than FD-only (RM997.36 vs. RM677.31, p=0.028); IBS-overlap exceeded IBS-only (RM1045.05 vs. RM638.24, p=0.045). Annual costs were comparable between FD and IBS groups (RM760.73 vs. RM750.12).

CONCLUSION: FD and IBS do not increase the risk of life-threatening GI disease. However, overlapping subtypes are associated with significantly higher healthcare utilization, underscoring the need for tailored, cost-effective management strategies.

ID 098

BEYOND INFLAMMATION: A HIDDEN JEJUNAL CARCINOMA IN A PATIENT WITH ELEVATED FECAL CALPROTECTIN

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INTRODUCTION: Fecal calprotectin is a calcium-binding protein predominantly released by neutrophils during intestinal inflammation. It is widely used by clinicians as a non-invasive biomarker to diagnose and differentiate inflammatory bowel disease (IBD) from other bowel disorders. Elevated levels may also occur in malignancies, particularly colorectal carcinoma.

REPORT: We report a rare case of jejunal adenocarcinoma that initially presented and was managed as Crohn's disease (CD). The patient, a middle-aged man with chronic myeloid leukemia in remission for 17 years, was referred for dyspepsia and recurrent abdominal pain. Oesophagogastroduodenoscopy (OGDS) was unremarkable, revealing only chronic gastritis with scattered benign polyps. Due to persistent pain, capsule endoscopy was performed and showed multiple small bowel ulcers. Subsequent push enteroscopy revealed circumferential ulceration and stricture in the proximal jejunum with a 7.5 mm opening. Biopsy showed adenomatous changes with focal high-grade dysplasia but no definitive malignancy. Given the rarity of jejunal carcinoma with inflammatory endoscopic features, the patient was initially managed as CD with mesalazine, azathioprine, and infliximab. Fecal calprotectin was markedly elevated at >900 µg/g. Repeated colonoscopies were unremarkable except for mild pancolitis. Due to ongoing symptoms, a repeat push enteroscopy revealed large, deep ulcers at the proximal jejunum, which were subsequently confirmed as adenocarcinoma. He underwent successful laparoscopic resection, 16 months after initial presentation.

CONCLUSION: Jejunal and ileal adenocarcinomas are rare and difficult to diagnose due to nonspecific symptoms. Delays are common unless complications like bleeding or obstruction occur. Despite features mimicking IBD with elevated fecal calprotectin, high index of suspicion is essential for early diagnosis to improve patient outcomes.

ID 100

A RETROSPECTIVE AUDIT OF COLONIC SELF EXPANDING METAL STENT OUTCOMES FOR LARGE BOWEL OBSTRUCTION AT A MALAYSIAN TERTIARY CENTRE (2019-2025)

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INTRODUCTION: The European Society of Gastrointestinal Endoscopy (ESGE) recommends self-expanding metal stents (SEMS) for malignant large-bowel obstruction (LBO). However, regional outcome data for both malignant and benign obstruction are scarce.

METHODOLOGY: This is a retrospective audit on SEMS placement for colonic obstruction at a Malaysian tertiary centre (April 2019 - June 2025). Technical success required complete fluoroscopic stent deployment with free contrast passage and no immediate re-intervention. Clinical success was defined as return of stool or flatus with symptom resolution within seven days without further decompression or surgery. Demographics, indication, ward length of stay (LOS) and in-hospital survival were analysed.

RESULTS: Seventy-five procedures were analysed (median age 71 years, IQR 64-80; 34.7% female). Obstruction was malignant in 73 cases (97.3%) and benign in two (2.7%). Technical success was achieved in 72/75 procedures (96.0%) - malignant 70/73 vs benign 2/2. Clinical success occurred in 65/75 patients (86.7%). Median LOS after stenting was five days (IQR 3-9) and did not differ between clinical responders and non-responders (p=0.94). Seventy-one patients (94.7%) were discharged alive; no immediate perforations or procedure-related deaths occurred. Intensive-care admission was required in two cases (2.7%).

DISCUSSION: Over six years, SEMS provided decompression for malignant LBO with a safety profile comparable to international series and a shorter LOS than that reported for emergency surgery. Success in the two benign cases is encouraging, though numbers are insufficient for analysis.

CONCLUSION: Colonic SEMS achieved 96% technical and 87% clinical success with low morbidity, supporting its adoption as first-line therapy for malignant obstruction in Southeast Asia. Prospective multicentre studies are needed to verify long-term patency and cost-effectiveness, particularly in benign disease.

ID 101

PREVALENCE AND RISK FACTORS OF METABOLIC ASSOCIATED FATTY LIVER DISEASE (MAFLD) IN CHRONIC OBSRUCTIVE PULMONARY DISEASE (COPD): A SINGLE CENTER EXPERIENCE

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INTRODUCTION: Metabolic associated fatty liver disease (MAFLD) and chronic obstructive pulmonary disease (COPD)both carry significant health burdens. Little is known about the presence and severity of MAFLD in patietns with COPD.

OBJECTIVE: To determine the prevalence of MAFLD and liver fibrosis in COPD patients via vibration controlled transient elastography (VCTE) (Fibroscan®, Echosens, France), and the factors associated between MAFLD and COPD.

METHODOLOGY: In this cross-sectional study conducted at a tertiary centre, COPD patients who fulfilled the inclusion criteria were enrolled and subjected to spirometry and VCTEmeasurement in addition to routine demographic, clinical and biochemical evaluation. COPD symptom burden was assessed using COPD Assessment Tool (CAT) questionnaire. Liver stiffness measurement (LSM) and Controlled Attenuated Parameter (CAP) were obtained via transient elastography.

RESULTS: 70 patients were recruited in the study. The mean age was 70.69 (±9) years with majority of the patients were male (95.7%) and Malay (90%). The prevalence of MAFLD in COPD was 67.1% and the prevalence of liver fibrosis within the COPD MAFLD population was 38.6%. High BMI was found to be a significant risk factor for MAFLD in COPD, compared to individuals with normal BMI; overweight and obese individuals had a higher odds of having MAFLD (OR= 6.33, 95% CI 1.79-22.39, P=0.004).

CONCLUSION: The prevalence of MAFLD diagnosed by VCTE in our cohort of COPD patients was 67.1% and 38.6% of them had liver fibrosis. High BMI was strongly associated with MAFLD. Can allow holistic management to be offered to improve the burden of disease and prevent disease progression.

ID 102

NON-VARICEAL GASTROINTESTINAL BLEEDING IN UNIVERSITI MALAYA MEDICAL CENTRE - A 2 YEAR RETROSPECTIVE REVIEW

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OBJECTIVE: To evaluate the clinical characteristics, management strategies, outcomes, and predictors of high-risk ulcers in patients presenting with non-variceal gastrointestinal bleeding (NVGIB) at Universiti Malaya Medical Centre over a two-year period.

METHODOLOGY: This retrospective study analyzed data from 539 patients referred to both gastroenterologists and general surgeon to rule out upper gastrointestinal bleeding in 2019 & 2020.

RESULTS: Our patients mean was 66.18 years old with 54.5% Chinese. The most common presentation was melena with 54.5%, with only 6.9% complicated with heamodynamical instability. Antiplatelet and anticoagulant use were observed in 28.6% and 10.4% of patients, respectively; 14.1% had NSAID exposure. Most common endoscopic findings included high-risk ulcers (19.0%) & low-risk ulcers (36.0%). 26.3% required endoscopic intervention, and amongst these 20.3% needed injection therapy. The need of repeat endoscopy was high at 19.9% with a 2.4% rate of failed endoscopic therapy. Rebleeding occurred in 8.4% and 30-day all-cause mortality was 8%.

DISCUSSION: This 2-year retrospective study reveals the critical key factors to identify high risk ulcers, while endoscopic techniques remain the primary treatment modality, rebleeding rate is still relatively high at 8.4% hence early recognition would be important for early referral to surgery or interventional radiology. Lastly NVGIB remains a difficult challenge with all cause mortality of 8%.

CONCLUSIONS: Our findings suggest the need of blood transfusion are independent predictors of high-risk ulcers in NVGIB. Early recognition may facilitate prompt therapeutic action, potentially improving patient outcomes. These warrant vigilant monitoring and individualized intervention strategies.

ID 103

COLORECTAL CANCER AND ADENOMA DETECTION RATE IN IFOBT POSITIVE PATIENTS UNDERGOING COLONOSCOPY IN QUEEN ELIZABETH HOSPITAL, SABAH: AN OBSERVATIONAL STUDY

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INTRODUCTION: Colorectal cancer (CRC) is the second most common cancer in Malaysia, with over 70% presenting at late stages. A national screening programme using immunochemical faecal occult blood test (iFOBT) followed by colonoscopy was recommended though not widely implemented. This study aims to determine the detection rate of CRC and adenoma in iFOBT positive patients who underwent colonoscopy at a tertiary centre in Sabah.

METHODOLOGY: An observational, retrospective, single-centre study was conducted on iFOBT positive patients who underwent colonoscopy at Queen Elizabeth Hospital (QEH), Sabah between March 2024-March 2025. Exclusion criteria were patients who had both incomplete examination and defaulted follow up. Data was extracted from the Malaysian Gastrointestinal Registry and QEH Lab Information System. We examined and performed a descriptive analysis on baseline demographic characteristics, and detection rates of both CRC and adenoma.

RESULTS: A total of 236 iFOBT positive patients underwent colonoscopy. 234 (99.2%) were included in the final analysis; 120 (51.3%) females and 114 (48.7%) males while the mean age was 64±8 years. CRC detection rate was 3.42%. The detection rate of adenoma and advanced adenoma were 28.2% and 2.56% respectively. Overall colorectal neoplasia detection rate was 47.4%.

CONCLUSION: The high detection rate of neoplastic lesions of almost 48% in our patients with iFOBT positive emphasizes the role of colonoscopy as an effective confirmatory tool. However, this high number need to be further confirmed with a larger study population. Awareness and implementation of early screening and timely colonoscopic evaluation are of paramount importance in our local setting.

ID 104

A RANDOMIZED DOUBLE-BLIND PLACEBO-CONTROLLED CLINICAL TRIAL ON THE EFFICACY OF SKÅL PRO™ (LACTOBACILLUS PLANTARUM 299v™) IN IMPROVING SEVERITY OF SYMPTOMS, STOOL FORMS, QUALITY OF LIFE AND PSYCHOLOGICAL DYSFUNCTION IN PATIENTS WITH IRRITABLE BOWEL SYNDROME: AN INTERIM REPORT

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[3]Faculty of Science and Technology, National Defense Universiti Malaysia, Kuala Lumpur, Malaysia

OBJECTIVES: This is an interim report of a randomized double-blind placebo-controlled trial on efficacy of Skål Pro™ (Lactobacillus plantarum 299v™, LP299V™) in improving symptom severity, stool form, quality of life (QoL), and psychological dysfunction in Malaysian patients with irritable bowel syndrome (IBS).

METHODOLOGY: Participants with IBS based on the Rome IV criteria were randomized into either Skål Pro or placebo group, each receiving a daily 2 g sachet (LP299VTM 10 billion CFU/day or placebo, respectively) for four weeks. Outcome measures at baseline and weeks 1, 2, and 4 included the IBS Severity Scoring System (IBS-SSS), Bloating Severity Questionnaire (BSQ), EQ-5D-5L, Visceral Sensitivity Index (VSI), and Catastrophizing Scale. Repeated-measure ANOVA was used to examine the differences in outcome measures within and between the groups using per-protocol (PP) or intention-to-treat (ITT) analysis.

RESULTS: 35 participants (mean age of 50.09±15.38, female 71.4%) were randomized into either Skål Pro™ (n=18) or placebo (n=17). Baseline variables did not differ significantly between the two groups (all $p>0.05$). Only significant differences were found within group comparisons in two outcomes i.e. EQ-5D-5L and IBS-SSS. The Skål Pro™ group showed higher scores for each time point for total EQ-5D-5L score (PP analysis, $p=0.011$), and for 'your health today' score (ITT analysis; based on mean). For IBS-SSS, with ITT and PP analyses, post hoc comparisons revealed a significant reduction in severity scores within the Skål Pro™ group across all time points (all $p<0.001$) including week one vs. others.

CONCLUSIONS: In this interim report, Skål Pro™ (LP299V™) demonstrated a favorable efficacy in reducing IBS symptom severity and improving perceived health status over a 4-week period, with effects seen as early as week one.

ACKNOWLEDGEMENT: This study is sponsored by a grant from EP Plus Group Sdn. Bhd. however the sponsor is not involved with study activity and analysis. We thank Jonathan Khor for his assistance and research support.

Be Like Water
Dr Ang Ban Hong
Universiti Malaya Medical Centre

Tale of a Bleeder
Dr Joash Tan
Hospital Umum Sarawak

Spy to the Rescue
Dr Michelle Goh
Hospital Kuala Lumpur

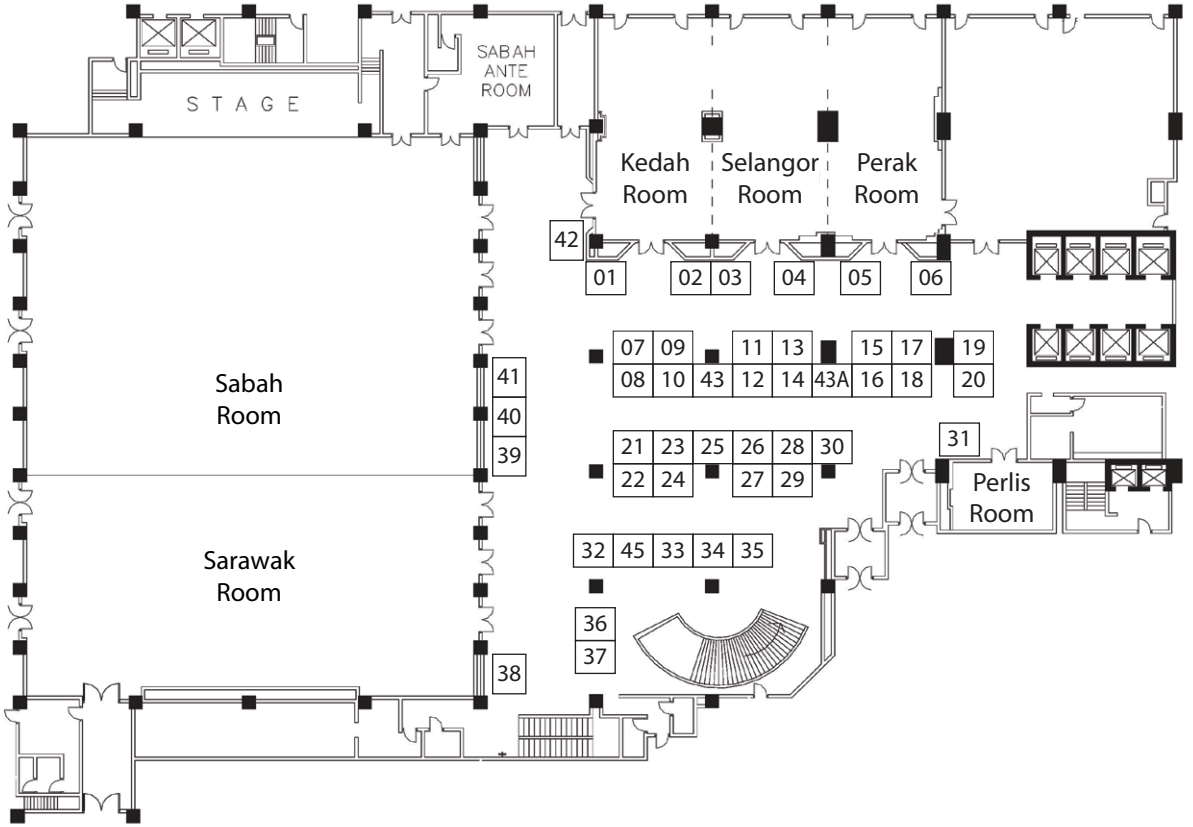
A Salvage Equipment When Needed - Endoloop
Dr Tan Cha Chee
Hospital Umum Sarawak

Breath of Time in Right Spot
Dr Wong Chung Yeow
Hospital Kuala Lumpur

Guided by Ultrasound, Driven by Hope "EUS in Malignant Gastric Outlet Obstruction"
Dr Subita Sugantal Suparmanian
Hospital Kuala Lumpur

FLOOR PLAN

BASEMENT II



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ACKNOWLEDGEMENTS

The Organising Committee of the GUT 2025 in conjunction with Endoscopy Workshop 2025 would like to express its appreciation to the following for their support and contributions:

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