

3rd Euro-Global Experts Meeting on

Medical Case Reports

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The Lancet Commission on liver disease in the UK

Roger Williams

The Foundation for Liver Research, UK

The presentation will present and discuss the 2014-2015 reports of the Commission. First report was entitled: "Addressing the Crisis of Liver Disease in the UK: A blueprint for obtaining excellence in health care in liver disease and reducing premature mortality from the major lifestyle issues of excess alcohol consumption, obesity and viral hepatitis". 10 key recommendations were selected for urgent implementation on the basis that they were most likely to have a major effect. The second report examines the progress made over a twelve month period in the implementation of these recommendations. It describes a considerable increase in awareness of liver disease in the public arena, with much media attention, although Government has not yet agreed on the necessary regulatory actions. Interactions with Public Health England on their work on improving public health have increased and new working parties are considering the value of liver function tests in the triage of cases found to have abnormal findings in primary care. The new organization and availability of the new and much more effective anti HCV agents for all cirrhotic cases are considered in relation to the prospects for eradicating HCV infection in the UK in the foreseeable future. Finally in the presentation, I describe important new cooperation with the European Association for the Study of Liver Disease in tackling the disease burden in the European Union (29 million individuals suffering from a chronic liver condition) with their new research road map for liver disease, HEPAMAP.

r.Williams@researchinliver.org.uk

Aimed to see if the routine use of methylene blue test identifies any leaks intra operative and by mending reduce the postoperative proportion of clinical leakages

Sebahattin Celik

Yüzüncü Yıl University, Turkey

Background & Aim: Intraoperative testing of gastrointestinal anastomosis is thought to be effective in assuring anastomotic integrity. In this study we aimed to see if the routine use of methylene blue test identifies any leaks intraoperative and by mending reduce the postoperative proportion of clinical leakages.

Methods: This study was a retrospective analysis of consecutive total gastrectomies performed from January 2007 to December 2014 in a university hospital setting by a general surgical group that uses the methylene test exclusively. All operations were performed for gastric or junctional cancers (n=198). All reconstructions (Roux-en Y Esophagojejunostomy) were performed with stapler. The methylene blue test was applied to 108 cases (group-1) via a nasojejunal tube. There was no test performed for the other 90 cases (group-2). Intraoperative leakage rate, postoperative clinical leakage rate, length of hospitalization and also mortality rate were the outcome measures.

Results: In total, the postoperative clinical leakage rate was 8.6%. The intraoperative leakage rate was 7.4% in group-1. The postoperative clinical leakage rate was 3.7% in group-1 while this rate was 14.4% in group-2 (p=0.007). There were no postoperative clinical leaks in cases where an intraoperative leak led to concomitant intraoperative repair. The median length of hospital stay was 6 days in group-1 and 8 days in group-2 (p<0.001). One death was seen in each group. No test related complications were seen.

Conclusion: The methylene blue test for Esophagojejunostomy is a safe and reliable method for assessing anastomosis integrity, especially in cases having difficulties during construction of the Esophagojejunostomy.

drsebahattincelik@hotmail.com