

JOINT EVENT

3rd International Conference on
ENDOCRINOLOGY AND METABOLIC SYNDROME
&
12th International Conference on
ABDOMINAL IMAGING AND ENDOSCOPY

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Genetics of metabolic disorder/obesity**Lynn Ge-Zerbe**

Boise Thyroid – Endocrinology, PC Meridian, USA

Worldwide 2.3 billion people are overweight caused by metabolic disorder and 1/3 of those considered obesity (WHO). More than 400 different genes have been implicated in the causes of obesity. Those genes contribute to obesity by affect appetite, satiety, metabolism, food craving, body-fat distribution and eating habit acclimate with stress etc. One of greatest example is FTO (the fat mass and obesity - associated protein) on chromosome 16q12.2 which was discovered by genome wide association study (GWAS). It's variations in intron 1 and 2 have been related to the risk of obesity and its complications. Studies suggest that FTO plays a role in controlling feeding behavior and energy expenditure. Roux-en-Y gastric bypass (RYGB) has become a very successful treatment option for sever obesity, but not all patients lose the same amount of weight or obtain the same clinical benefits from the surgery. Studies have suggested that genetic factors explain up to 70% of the variability in weight loss after RYGB. Also, obesity was found to be associated with altered expression of a subset of genes enriched in metabolic process and mitochondrial function. After weight loss with RYGB, DNA methylation of those genes in skeletal muscle from obese patients was normalized (restored) to normal weight health controls level. We hope that identifying the genetic factors underlying the heritable risk of obesity can contribute to our basic knowledge of the biology of energy balance, highlight molecular pathway that can be targeted for therapeutic intervention.

lynnpumpkin@yahoo.com

Novel use of a balloon dilatation catheter to enable mechanical lithotripsy of difficult common bile duct stones after initial failed attempt:A case report**Loh Wei-Liang¹ and Ngoi Sing Shang²**¹Singhealth, Singapore²Ngoi Surgery, Singapore

Difficult and large common bile duct stones can be crushed and removed using a mechanical lithotripter. Very often the lack of working space within the common bile duct causing the failure of mechanical lithotripsy would inevitably mean repeat or further invasive procedures. We herein describe a novel and ingenious technique of utilizing a Through-The-Scope (TTS) dilator in helping to expand the space within the common bile duct to allow for full deployment of a mechanical lithotripter and successful clearance of common bile duct stones. This ingenious method can be easily applied by advanced endoscopists and is expected to lead to increased success rates of clearance of difficult common bile duct stones.

weiliang.loh@gmail.com

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