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Ileo-cecal intussusception against metastasis of melanoma in the ileum: Clinical case and literature review**Danilov Mikhail**

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Introduction : Intestinal intussusception is a very rare pathology, especially in adults. The causes of intestinal intussusception can be both benign and malignant neoplasms. Often, intestinal intussusception is an occasional diagnostic finding, but cases of clinically significant invaginations that lead to disruption of the intestinal passage are described. Significant diagnostic contribution is made by ultrasound and endoscopy, but sometimes one has to resort to such diagnostic methods as CT and MRI. The tactics of surgical treatment of intestinal intussusception are different, and can vary from conservative intussusception to an expanded resection of the intestine site. In this clinical example, the case of ileo-cecal intussusception is described on the background of metastasis of melanoma in the ileum. Colonoscopy - in the ascending colon, the invaginated small intestine, occupying 2/3 of the lumen (15 cm in length), is defined in the terminal part of the small intestine with a diameter of about 4 cm. CT of abdomen - intussusception of the terminal part of the ileum into the cecum and ascending colon, the blood flow at the level of invaginate is traced. Operation - right-sided hemicolectomy with D-3 lymphadenectomy (taking into account the absence of morphological verification of the tumor and the impossibility of excluding malignant lesions). Histological examination - pigment-free metastasis of melanoma, there are no metastases in 29 lymph nodes, expression of S100, CD117, HMB45 Melan A is determined in tumor cells.

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Relation of anthropometric measures and insulin resistance with Anti-Müllerian hormone in premenopausal women**Eman H El-Adawy¹, Maha M Elshafei¹, Mohamed Sherif Abd Elgawad¹ and Soma sheriff Abd EL Gawad²**¹Mansoura University, Egypt²Specialized Medical Hospital, Egypt

Introduction: It has been suggested that obesity is associated with decreased level of Anti-Müllerian hormone (AMH) which considered as a good marker of ovarian reserve.

Aim: The aim of this study was to evaluate the association between obesity and AMH and whether there is relation of the anthropometric measures and insulin resistance with the level of AMH in Egyptian premenopausal women.

Subjects & Methods: Eighty premenopausal women with BMI more than 30 (obese group) and 80 age-matched healthy lean women (control group). BMI, waist circumference (WC), blood pressure (BP) were measured. Fasting blood glucose (FBS), fasting insulin (FI), insulin resistance (HOMA-IR), high sensitive C-reactive protein (hs-CRP) and AMH were analyzed.

Results: AMH levels in obese group were significantly lower than control group. There were significant negative correlations between each of BMI, WC, FBG, hs-CRP, FI and HOMA-IR with AMH ($r=-0.214, -0.226, 0.141, -0.264, -0.241$ and -0.258 respectively) (all p values ≤ 0.05). With forward stepwise linear regression analysis we found that HOMA-IR was significantly and independently related to AMH; ($B= -0.172$; 95% CI= -0.273 ; -0.071). Furthermore, HOMA-IR was confirmed to be an independent predictor of AMH after adjustment of age and BMI; ($B=-0.173$; 95% CI= -0.274 ; -0.072) and also by adjustment of age and WC; ($B=-0.135$ 95% CI= -0.268 ; -0.001).

Conclusion: Obesity and insulin resistance are associated with decreased ovarian reserve among Egyptian premenopausal women.

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