

2nd Edition of
INTERNATIONAL CONFERENCE ON
GASTROENTEROLOGY

24-26 SEPTEMBER, 2026

LONDON, UK

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GASTROENTEROLOGY

HYBRID EVENT
24-26
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ABSTRACTS



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Keynote Speakers

Keynote Speakers



Alberto Maringhini

La Maddalena Hospital, Italy



Bandar Aljudaibi

King Faisal Specialist Hospital and Research
Centre, Saudi Arabia



Gilles R G Monif

University of Florida and Infectious Diseases
Incorporated, United States



John Andrew Sutton

Invention City, United States



Jose Luis Braga De Aquino

Pontifical Catholic University of
Campinas, Brazil



Pubali Dhar

University of Calcutta, India

Keynote Speakers



Tracy E Hill

Ph.D. & Associates LLC, United States



Venturi Sebastiano

Department of Public Health of
Romagna, Italy



Yaffa Machnes

Bar-Ilan University, Israel



Youcun Qian

University of Chinese Academy of
Sciences, China



Yury Marakhouski

Belarusian State Medical University,
Belarus

Welcome Message



Alberto Maringhini

La Maddalena Hospital, Italy

I have the pleasure and the honor to welcome all of you in this new edition of GASTRO – 2026. We cannot ignore the drums of war sounding across the world, and we must not forget that our role is to improve the health and quality of life of the people of this planet. My presentation will highlight epidemiological progress in comprehension of gallstones, biliary and pancreatic disease during and after pregnancy. Furthermore, we propose prevention and noninvasive therapy for diseases that can endanger the lives of Mothers and their newborn. I hope you will appreciate the valuable message that epidemiology can offer in understanding disease mechanisms and proposing their prevention and treatment. I wish you good work and good time for the Conference and enjoy London



Welcome Message

Gilles R. G. Monif, M.D.

University of Florida and Infectious Diseases
Incorporated, United States

The best of all worlds for gastroenterologists is in peril. The deluge of new, relevant information that inundated medicine precipitated its fragmentation into progressive smaller subunits. Within the realignment of patient governance came with a reduction of its corresponding patient base.

Artificial Intelligence (AI) stands to cause an even more radical restructuring of both traditional medical disciplines and the progressively developing areas of medical sub specialization. AI will render detachable additional areas of limited patient care from their governing discipline and potential subsequent assimilation by medical entities in need of patient additions. AI stands to incorporate known previously unidentified medical facts into constructive disease synthesis. At some point, any healthcare entity that possesses 10 grams of feces and five cc of serum can extract, via AI, the critical necessary information for identification of disease causation and of therapeutic intervention points.

Knowledge is power. This conference is more than an added presentation of developing knowledge within gastroenterology. Embedded in Gastro 2026 is a sincere admonition as to things that, if not genuinely addressed, stands going forward to undermine the fiscal well-being of gastroenterologists. One can disregard the messenger, but not the developing facts in progressive evidence.

Their use is contingent upon documentation of the validity of the Gastro 2026 as an educational event and my participation as Keynote Speaker.



Welcome Message

John Andrew Sutton

Invention City, United States

Hello and welcome to anyone who is interested in our session at Gastro 2026 on the subject of medicine of the stomach and upper gut. It's a vast subject but a major topic will be the huge un-met need for better ways of measuring motility. Not only is gastric motility greatly underdiagnosed, but we lack ways of testing medicines for our patients and monitoring their effect. When AI was asked about measuring it recently, the answer was:

Gastroparesis and gastric motility disorders affect millions of patients worldwide, but the diagnostic toolkit hasn't meaningfully advanced in decades. Gastric emptying scintigraphy —the current clinical standard — requires radioactive tracers, nuclear medicine facilities, and multi-hour hospital visits. Breath tests provide limited functional insight. The wireless motility capsule category is in transition following SmartPill's discontinuation by Medtronic in 2023, with emerging replacements still establishing clinical adoption.

The result: gastroparesis remains significantly underdiagnosed, and even diagnosed patients are rarely monitored longitudinally because repeat testing is too burdensome and expensive.

So, to detect dysmotility and how well medicines work we need practical, non-invasive ways to measure the stomach. They are in development as I write this. AI powered derivatives of electro-gastrography are improving the detection and interpretation of the diagnostic currents emitted by gastric muscle. Epigastric impedance is having a renaissance. Our session at Gastro 2026 will report on how far these potential advances have progressed.

Welcome Message



Jose Luis Braga De Aquino

Pontifical Catholic University of Campinas, Brazil

Many congratulations to the conference committee for the excellent organization with themes well updates. Grateful for the opportunity to show my experience in esophageal surgery field with all renowned people and learn about the latest advances in digestive diseases research and exchange knowledge with new colleagues.



Welcome Message

Pubali Dhar

University of Calcutta, India

Dear delegates, it's an honour for me to express my gratitude to the organising team of the conference Gastro 2026. Gut eventually came up as the most dynamic organ of the body controlling not only the brain but every organ and specially the immune system. Gastro research is in infancy as each of its part acts like a separate organ with different functions, environment, structure and regulations, but overall regulating the homeostasis of the body. The unique gut microbiome, with entire set of their genes regulate the diseases. Hope this conference brings out holistic approach towards Gastrointestinal research. Best wishes to all the delighted and the organisers.



Welcome Message

Venturi Sebastiano

Department of Public Health of Romagna, Italy

Thank you for inviting me to be a speaker at your interesting Conference.

I have been studying gastrointestinal pathology for over 50 years, related to thyroid function and more specifically to iodine/iodide itself. I have conducted many studies on the correlation with gastric cancer, which I believe have yielded interesting new insights. However, as you well know, gastric cancer is declining sharply worldwide, and I believe this topic has not attracted much interest in gastrointestinal research. For about 7-8 years, I have been interested in pancreatic pathology, which, based on my previous research in nuclear medicine, I believe is closely related to radionuclides, which I had already been interested in for years. Regarding Iodine-131, about 10 years ago I began to become interested in the frightening increase in pancreatic cancer, which killed my father and twin brother. In autoradiographs, I accidentally found a nearly unknown cesium-137 autoradiographies by Nelson from 1961, which contradicted what was erroneously known about pancreatic and salivary cesium great concentration. From this point, I began my research on the pancreas, also stimulated by Russian researchers, very interested in this pathology and in the damage caused by Chernobyl radioactivity (Prof. L. Churilov), with whom we are writing a major article for the 40th anniversary of the major nuclear accident, which is partly kept secret by the Nations involved in the development of nuclear power plants. This is why I was interested in this study on the correlation between Cesium-137 Pancreas and Diabetes. I proposed this hypothesis, which is attracting interest from many researchers around the world. However, it is obviously opposed by the WHO, IAEA, FDA-USA, NCI, NIH, and all the government agencies for which these studies naturally cause major social, political, economic, and energetic problems, etc.

With this, I greet you and wish you great success at your conference.



Welcome Message

Tracy E. Hill

Ph.D. & Associates LLC, United States

It is a genuine honor to welcome you to the International Conference on Gastroenterology. As an educational psychologist—not a physician or bench researcher - I arrive with deep respect for the scientific rigor, clinical expertise, and innovation that define this field and this conference. Your work advances not only knowledge, but the daily lived experience of patients and families worldwide.

I am especially excited for the conversations that happen at the intersections: brain–gut communication, stress physiology, behavior change, adherence, and the human factors that shape outcomes alongside biomarkers and procedures. My hope is that this conference sparks fresh collaborations, practical takeaways, and a renewed sense of shared purpose.

Wishing you an inspiring, evidence-rich, and collegial conference.



Welcome Message

Yaffa Machnes

Bar-Ilan University, Israel

My sick fund changed its name to Health Maintenance Organization as it is obvious that lifestyle determines health. Israel has the appropriate data to research the impact of nutrition on health. Only about half of the population was born in Israel. Since the establishment of the state in 1948, we have experienced waves of immigration from all corners of the world. Waves of immigration arrived from Yemen, Morocco, the former Soviet Union, and Ethiopia. The immigrants changed the food they ate in their countries of origin, and several studies tracked the changes in their health over their years of living in the country.

Our study tracked the demographic structure of Kibbutz members. This refers to rural settlements of groups with a shared ideology who lived in communes, mostly located in rural areas. The groups established Kibbutzim where they lived in communes, just like a family. They had a communal dining hall, a single laundry room, and communal children's quarters. The children spent time with their parents for only an hour in the afternoon and returned to their quarters for dinner and bedtime.

In the 1980s, reforms occurred in the structure of the Kibbutzim after they fell into heavy debt due to rising interest rates. The change in government led them to an agreement that required detailed reporting on the condition of the elderly, who were at risk of being left without sources of income. As a condition for government assistance to Kibbutzim facing bankruptcy, a dedicated pension fund was established for Kibbutz members. From this pension fund, we learned about the demographic structure of Kibbutz members. The most prominent finding is the long life expectancy of the members. Part of the explanation is the communal dining hall in the Kibbutz. Working in the dining hall was considered a highly prestigious role, and dining hall managers underwent training courses within the Kibbutz Movement. Most of the food was raised and supplied by the Kibbutz, meaning its quality and quantity were supervised by professionals. During the austerity period, Kibbutz children received food of better quality and quantity than children in the cities.

Welcome Message



Prof. Dr. Youcun Qian

University of Chinese Academy of Sciences, China

It is my great honor to write a few welcome notes. Inflammatory bowel disease (IBD) is a chronic inflammatory disorder of the intestine that includes Crohn's disease (CD) and ulcerative colitis (UC). IBD is characterized by dysregulation of the gut immune system, and both TH1 and TH17 cells have been implicated in driving intestinal inflammation. However, the aetiology of IBD remains incompletely understood. It is widely accepted that both genetic predisposition and complex environmental factors such as microbiota dysregulation and unhealthy diet contribute to its pathogenesis. This conference will provide excellent opportunity for communication and discussion, and potential future collaborations from both clinicians and basic researchers, from different disciplines with variety of research topics. I wish you a fruitful meeting.

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About Magnus Group



Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceuticals, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains

About Gastro 2026



The **2nd Edition of International Conference on Gastroenterology** (Gastro 2026), scheduled for **September 24-26, 2026**, in **London, UK and virtually**, brings together gastroenterologists, hepatologists, clinical researchers, academicians, and healthcare practitioners dedicated to advancing digestive health and gastrointestinal medicine.

Under the theme *Global Perspectives in Gastroenterology: Innovation to Impact*, the conference provides a dynamic hybrid platform for scientific exchange, interdisciplinary collaboration, and the sharing of emerging developments in gastroenterology.

Through research presentations, interactive workshops, scientific discussions, and networking opportunities, Gastro 2026 aims to foster collaboration, expand professional knowledge, explore innovative approaches, and contribute to continued progress in digestive healthcare worldwide.

About CPD Accreditation



Gastro 2026 is officially accredited for Continuing Professional Development (CPD) by **The CPD Group (UK)**, a globally recognized provider of continuing education certification. CPD accreditation ensures that professionals continue to enhance their knowledge, skills, and competencies through structured learning activities.

At Gastro 2026, participants can earn **1 CPD credit for every hour of attendance** in conference sessions. These credits formally recognize the time spent in professional learning and support ongoing professional development across clinical, academic, and research fields.

Earning CPD credits demonstrates a commitment to maintaining high professional standards and staying updated with the latest developments in Gastro. CPD participation can also support **career advancement, license renewal requirements, and academic or professional portfolios**, depending on the policies of individual institutions or regulatory bodies.

In addition to educational value, the conference provides opportunities to engage with experts, researchers, and peers from around the world, encouraging knowledge exchange and professional networking.

Attending Gastro 2026 not only offers a high-quality scientific learning experience but also provides internationally recognized CPD credits that reflect participants' dedication to continuous professional growth.

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KEYNOTE
PRESENTATIONS





Alberto Maringhini^{1*}, Marco Maringhini²

¹Consultant, Pancreas Unit, La Maddalena Hospital, Palermo;
Director, Pancreatic Research Program, ARNAS Civico
Hospital, Palermo, Italy

²Registrar, Internal Medicine, ARNAS Civico, Palermo, Italy

Biography: Alberto Maringhini was born on Jan, 1st, 1955 and worked in the position of Consultant and Director, Internal Medicine ARNAS Civico Palermo Italy. The long-standing research interest of Alberto Maringhini, M.D. is in biliary and pancreatic diseases. Maringhini started with a peculiar interest on portal hypertension and bleeding in cirrhotics and then in diagnosis of portal hypertension and hepatocellular carcinoma. Then Maringhini started an interest on gallbladder and pregnancy, acute pancreatitis diagnosis and prognosis, pancreatic cancer clinics and epidemiology. Chronic

pancreatitis laboratory diagnosis and clinical presentation. Finally, acute pancreatitis and pregnancy and breast feeding in prevention of post partum acute pancreatitis. Maringhini's clinical work in internal medicine and mainly in gastroenterology started in 1977 and nowadays Maringhini is director of internal medicine in the largest hospital in Sicily and in southern Italy.

Role of Pregnancy (P) and breastfeeding on Gallstones (GS) related Acute Pancreatitis (AP)

Parity is associated with GS only in younger mothers. High estrogen levels, mainly in the last trimester, increases cholesterol saturation of bile and high progesterone levels during all P reduce gallbladder contractility, both phenomenon may help sludge and GS precipitation.

In a prospective study of 305 women observed within 3 days after delivery we found sludge and GS in 80/16 women. Age, obesity and oral contraceptive before P were predictors of GS. We followed-up them in the first year after delivery: most of sludge and 2/16 GS spontaneous disappeared. In another study we enrolled 275 women at the first trimester of P, after delivery we observed an actuarial incidence of new sludge and GS respectively in 31 and 2%. Obesity was a predictor of new sludge, sludge itself was predictor of new GS. In the first year after delivery sludge and GS spontaneous disappeared respectively in 68.3% and 31%. Predictors of spontaneous disappearance were age >35 years old and a small GS diameter (5/12 mm). Sludge was asymptomatic, only a few patients with GS had biliary colic. In a population based case control study at the Olmsted County (Minnesota, USA) we reviewed all women in childbearing age with AP and investigated the prevalence of P in them and in controls (n=4, from general population): P was not related to AP, but GS AP was more frequent in the first post-partum year (RR 4.78%) and AP was more frequent in younger women (<35/>35; RR

13.95%). In a population based cohort study on the Sicilian population we observed in 6 years 1885 AP. Incidence in non pregnant and pregnant was respectively 21.61 and 20.02/100,000 w-y. During P incidence decreased from 28.3 in the first trimester to 17.7 in the second and 14.1/100,000 w/y in the last. In the post-partum period incidence increased to 95.37/100,000 w/y in the first semester, it was 42.39 in the second semester and 31.79/100,000 w/y in the second year. The incidence returned to control value in the third year (26.05/100,000 w/y). AP was related to GS in 38% of AP during P, 48.50% in controls and in 70% in post-partum. At the light that most of sludge and GS are at the end of P while AP have lower incidence it is clear that the restore of gallbladder motility during and after delivery with fast reduction of progesterone has a fundamental role in AP pathogenesis. In the post-partum GS related AP incidence decreases with age, while in controls AP increases with increasing age.

The peculiar natural history of GS and GS AP during and after delivery may be related to a longer amenorrhea period and anovulatory cycles after delivery in older mothers, with lower estrogen levels and lower cholesterol saturation of bile. At the light of this speculation we conducted a population based case control study on the Sicilian population to investigate if breastfeeding, which like advanced age, determines longer amenorrhea period and anovulatory cycles after delivery may have a role in post-partum AP. We demonstrated at multivariate analysis that breastfeeding at least 3 months has a strong protective role in the risk of post-partum AP.

Cholecystectomy is mandatory after GS-AP to prevent relapsing AP, but during P surgery is a challenge and it is performed only in the second trimester in tertiary hospitals with specific experience in surgery during P. Furthermore, ursodeoxycholic acid therapy (urso) is safe during P and may be more useful with small GS who have chance of spontaneous dissolution. So, we treated 14 consecutive women with small GS AP during or after P who refused cholecystectomy with urso: We found that in 12/14 women urso was effective in dissolving GS and prevent relapsing AP, in one woman we observed a relapse after one month, before urso could dissolve GS, in another patient we observed a relapse of GS and AP after 7 years. In conclusion we suggest to treat with urso women with AP during P to postpone surgery after delivery. In postpartum we suggest breastfeeding at least 3 months and urso only in women refusing surgery, with seriate ultrasonographic exams for late recurrence of GS and new period of urso treatment.



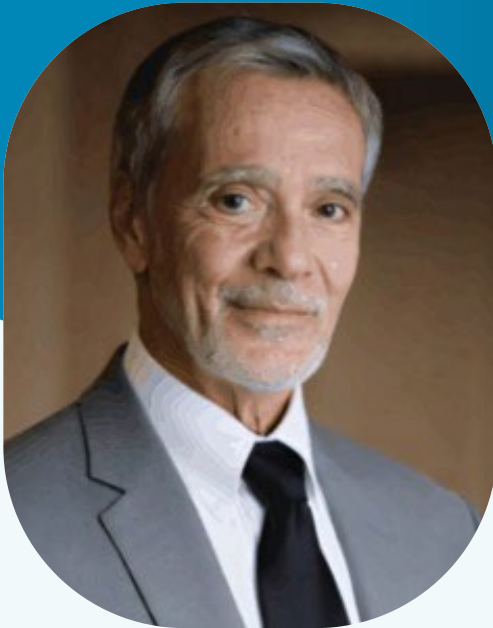
Bandar Aljudaibi

King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia

Biography: Bandar Aljudaibi is Chairman of the Liver and Small Bowel Health Centre within the Organ Transplant Centre of Excellence at King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia. Aljudaibi's work includes the clinical evaluation and multidisciplinary management of liver disease in patients with sickle cell disease, with a focus on developing integrated hemato-hepatology care pathways, education, research, and international collaboration.

Sickle cell liver disease: A multidisciplinary hemato-hepatology approach

Sickle cell disease (SCD) is a common inherited hematological disorder in Saudi Arabia, and hepatic involvement is an important but frequently underestimated component of its multisystem burden. This presentation reviews the spectrum of sickle cell liver disease (SCLD), highlights clinically important acute and chronic manifestations, and proposes a multidisciplinary hemato-hepatology model to improve recognition and management. Published data demonstrate that chronic liver disease is not uncommon in SCD: an autopsy series of 141 adults identified cirrhosis in 11.3%, while a prospective National Institutes of Health cohort of 247 patients reported liver fibrosis in 4.5% and 9% mortality during follow-up. In that cohort, ferritin levels above 1,000 µg/L were associated with poorer survival, and patients with elevated ferritin who underwent liver biopsy had substantial hepatic iron deposition, supporting the importance of assessing transfusional iron burden and progressive liver injury. The acute hepatic syndromes of SCD include acute sickle hepatic crisis/sinusoidal obstruction, hepatic sequestration, and sickle cell intrahepatic cholestasis. Severe vaso-occlusion may progress to massive hepatic injury and acute liver failure. Sickle cell cholangiopathy is another important manifestation, in which recurrent vaso-occlusion and ischemic injury to the biliary circulation may lead to bile duct dilatation, ischemic cholangitis, and intrahepatic stones, sometimes in the absence of gallbladder stones. Because these presentations may overlap with other causes of jaundice and liver dysfunction, coordinated assessment by hematology and hepatology is essential. A dedicated Sickle Cell-Liver Disease Clinic can provide comprehensive evaluation, streamlined referral pathways, regular interdisciplinary review, and patient-centered treatment planning while also supporting research, education, and international collaboration. Establishing a robust hemato-hepatology program may facilitate earlier diagnosis, more individualized management, and greater awareness of liver complications across the SCD care pathway.



Gilles R. G. Monif

University of Florida and Infectious Diseases Incorporated,
United States

Biography: Gilles R. G. Monif received an M.D. from Boston University School of Medicine. Monif has been a Research Associate at the National Institutes of Health, an Assistant and Associate Professor at the University of Florida College of Medicine, a Professor and Assistant Dean at Creighton University School of Medicine, and an Adjunct Professor of Veterinary Medicine at the University of Florida College of Veterinary Medicine. Monif is currently the president of Infectious Diseases Incorporate, a leading infectious disease thinktank. Dr. Monif has written over 130 peer-reviewed papers and seven medical books.

Gastroenterology viewed through a glass darkly an IDI perspective

AI is so inclusive that it stands to radically alter the employment landscape within medicine. Entire subspecialties will be cannibalized or fragmented into smaller entities.

Physicians are both providers and vendors of medical services. The services rendered emanate from the discipline's scientific base.

Gastroenterology as a discipline is analogous to someone enjoying a warm beach with little or no knowledge of the approaching tsunami that will radically alter the fiscal landscape.

The multitude of disease entities embedded within the abdomen has provided gastroenterologists with a significant number of employment opportunities to such an extent that the scientific portion of rendering service has become subordinate to that of being vendors of services. If the underlying knowledge base is not expanded, the value of the service rendered diminishes.

As a discipline, gastroenterology has a weak basic science underbelly. Much of what is presented as research within the discipline is self-serving product enhancement rather than expansion of the events that combine to produce, avoid or terminate disease.

AI has removed the luxury of the status quo. Knowledge is what dictates patient flow. Gastroenterologists can collectively enjoy the fiscal warmth of the beach, believing that AI is just a bad dream that will pass in the night or prepare for an altered survival and flourishing.



John Andrew Sutton

Invention City, United States

Biography: Andrew Sutton has UK board qualifications as an anaesthetist. Sutton's MD is the equivalent of a medical PhD from London University. Its focus was how to validate epigastric impedance. Sutton is a clinical pharmacologist specialising in Phase 1 & 2 trials of new medicines. For 14 years Sutton ran a trial company in a major UK NHS hospital, so was principal or site investigator in over 100 mainly early-phase trials. Sutton was an expert on UK national research ethics committees for 12 years and is an advisor to the UK Research Integrity Office.

How epigastric impedance would radically change gastric medicine

Epigastric impedance monitors measure liquid gastric emptying and motility non-invasively. Validated by several PhDs and 25 published papers it detected gastric delay whenever expected, plus the stimulant effect of prokinetics and reduced motility after opiates. Practical, due to being simple to make and use which also makes it inexpensive, it can measure early stages of gastric malfunction in diabetic autonomic neuropathy while the stomach can still respond to prokinetics. In primary care dyspepsia it would detect patients who have gastric delay to direct therapy to prokinetic treatment and so avoid use of ineffective antacids and wasted consultations. It would help a clinic select the most effective compound and dose. Gastric emptying rates are consistent due to using liquid test meals, which confers two main advantages: outliers are more evident and variance within group data is small, which greatly reduces the size of groups needed to detect significant differences. For example, in one trial a difference in mean t50%_s between two groups of 8 subjects was only 1.4 minutes yet it was statistically significant. This would facilitate the adoption of new prokinetics by regulatory authorities, so offering carers and patients greater choice.



Jose Luis Braga De Aquino

Hospital and Maternity Celso Pierro, Medical School,
Pontifical Catholic University of Campinas, Brazil

Biography: Jose L. B. de Aquino was born in Campinas, Brazil, graduated in Medicine in 1978 from the Faculty of Medicine of Sao Jose do Rio Preto, SP. Aquino completed training in General Surgery for 4 years at the Faculty of Medicine of the Pontifical Catholic University of Campinas, having obtained a Master's degree in Surgery in 1990 and a Doctorate in Surgery in 1996, both from the State University of Campinas (UNICAMP). Aquino is Professor of Surgical Clinic at the Faculty of Medicine of PUC, working with Head and Neck Surgery, Thoracic Surgery, Digestive and Esophageal Diseases. Leader of one

of the PUC Research Groups DIAGNOSTIC AND CLINICAL SURGERY TREATMENT with a multidisciplinary focus with the clinical, surgical and nutritional areas. Aquino is a Professor of the Postgraduate Course in Health Sciences at PUC, Editor-in-Chief of the *Revista de Ciências Médicas* at PUC; Associate editor of the *Revista do Colégio Brasileiro de Cirurgiões*. Author and co-author of 216 articles published in national and international magazines and winner of several awards for works presented in Congresses.

Early and late evaluation of esophageal mucosectomy in surgical treatment of advanced esophageal achalasia

Endoscopic and/or laparoscopic myotomy has shown positive results in non-advanced esophageal achalasia due to the development of this surgical technique currently. For the most advanced stages of the disease, esophagectomy seems to be the most indicated procedure due to the involvement of the entire esophagus, which prompted Pinotti to disseminate the transmediastinal esophagectomy technique in the 1970s with the advantage of avoiding thoracotomy. Nevertheless, several series demonstrated that this technique was not exempt from complications, one of which could lead to massive hemopneumothorax with potential fatal evolution due to injury to the tracheobronchial tree and vessels due to periesophagitis that may be present with consequent adherence of the esophagus to these noble organs of the mediastinum. Because of this, Aquino in the 1990s introduced the Esophageal Mucosectomy (EM) technique with preservation of the esophageal muscle tunic at the level of the mediastinum as well as the transposition of the stomach to the cervical region inside this tunic for the reconstruction of the digestive transit. The greatest advantage of this procedure is to avoid transgression of the mediastinum and consequently the potential pleuromediastinal complications. To date, 136 patients with advanced esophageal achalasia have undergone this procedure, having as early postoperative complications (up to 30 PO

days): Dehiscence of the cervical esophagogastric anastomosis - 19p (13.9%), with good outcome, pleural effusion - 13p (9.3%), with good evolution; pulmonary infection - 6p (4.4%) with good evolution; death from cardiovascular event - 2p (1.4%). A late evaluation using the Eckardt score was performed in 65 patients up to 5 years after surgery, demonstrating positive results in 59p (90.7%), with a score up to 3. Thus, it is possible to conclude that there are advantages in EM due to the low incidence of immediate postoperative complications with good resolution and in the long term due to the absence of symptoms in most patients.



Pubali Dhar

Food and Nutrition Division, University of Calcutta, Kolkata, West Bengal, India

Centre for Research in Nanoscience and Nanotechnology, University of Calcutta, Kolkata, West Bengal, India

Biography: Dr. Pubali Dhar is serving as a Professor at the Laboratory of Food Science & Technology, Food & Nutrition division, and associate faculty of Centre for research in Nanoscience and Nanotechnology, University of Calcutta. Dhar's research team is primarily engaged in exploring different aspects of functional food and nano lipid technology. Having an h-index of 26, i10 index 50, more than 60 SCI journal publications, one patent with 2409 citations and post-graduate teaching experience over 20 years, Dhar has demonstrated research and teaching acumen quite conspicuously

and consistently. Dhar has supervised 15 Ph.D. thesis. Dhar is presently the Vice President of Oil Technology Association of India, Eastern Zone and Convener of Nutrition Society of India Kolkata Chapter.

Nanoemulsions as a strategy to enhance gastrointestinal bioavailability and bioactivity of lipid based nutraceuticals

Water-immiscible lipophilic bioactive compounds can be efficiently dispersed as colloidal droplets within an aqueous matrix in oil-in-water emulsions. This property has drawn considerable attention to nanoemulsions as promising nanodelivery systems, particularly for enhancing the oral bioavailability of lipophilic bioactives by improving their solubilization in the aqueous intestinal environment. Encapsulation using lipid-based nanoformulations is therefore a potent strategy for protecting nutraceuticals and improving their stability and absorption. In our laboratory, multiple nanoformulation strategies employing diverse methods and materials were developed and evaluated for bioavailability using *in vitro*, *in situ*, and *in vivo* models. Nanoemulsions were bioengineered using fish oil (rich in EPA and DHA), bitter gourd oil (rich in conjugated linolenic acid), and sesame oil (rich in sesame lignans). A combination of ascorbyl palmitate, a lipid-soluble vitamin C derivative, phospholipids, protein hydrolysates, natural food emulsifiers, along with Tween 20 and Span 80, was employed. Physicochemical properties and stability were assessed using standard analytical methodologies.

In vitro digestion studies were conducted using simulated gastrointestinal fluids, while absorption characteristics were evaluated using the *in situ* everted sac model. An *in vivo* intestinal perfusion model was employed to assess bioavailability and bioactivity of the nanoformulations. Colloidal nanoemulsions were further fabricated using sesame oil and food-grade emulsifiers through a low-energy approach. Real-time cellular uptake and

metabolic fate were studied using an *ex vivo* peripheral blood mononuclear cell. Additionally, the *in vivo* anti-inflammatory and antioxidant efficacy of the nanoemulsions were demonstrated in appropriate animal models. Overall, these innovative nanoformulations exhibit significant potential for enhancing bioavailability and bioactivity of lipid-based nutraceuticals, highlighting their promising translational and clinical applications.



Tracy E. Hill

Ph.D. & Associates LLC, Bethlehem, PA, USA

Biography: Dr. Hill graduated from George Washington University with an undergraduate Bachelor of Arts in Psychology (1985), a Master of Science in Counseling Psychology from West Chester University (2002) and a Ph.D. in Educational Psychology from Temple University (2010). Dr. Hill has worked in the field for the past two decades in a variety of counseling and educational psychological roles and has taught psychology and counseling at both small and large universities (University of Pennsylvania). Hill is currently the Executive & Clinical Director at a multi-state practice where Hill oversees more than a dozen clinicians and three interns.

The psychology of disorders of gut-brain interactions

This keynote examines the bidirectional gut–brain axis and its clinical relevance for gastroenterology practice, emphasizing that psychological and emotional states influence gastrointestinal symptoms through real, measurable physiology—and that GI symptoms can, in turn, shape mood, cognition, and quality of life. Many patients with chronic or recurrent gastrointestinal complaints experience persistent distress even after appropriate medical evaluation. Rather than positioning these symptoms as psychological, this presentation frames them as an integrated neurobiological process involving the enteric nervous system, autonomic regulation, visceral hypersensitivity, interoception, and threat appraisal. Attendees will learn a stigma-free, clinician-friendly model for explaining symptom persistence (real symptoms, real biology), along with practical communication strategies and care pathways that can enhance patient understanding, adherence, and outcomes. The talk will also review evidence-informed interventions that complement standard GI care—including gut-directed behavioral approaches and referral triggers—supporting a multidisciplinary, coordinated approach to patient management.

Objectives: By the end of this keynote, participants will be able to:

Describe the bidirectional gut–brain axis and key mechanisms linking GI symptoms with emotional and cognitive functioning (e.g., autonomic arousal, visceral hypersensitivity, interoception).

Use non-stigmatizing clinical language to explain persistent symptoms after appropriate workup in a way that validates patients and improves buy-in.

Identify practical, evidence-informed interventions and referral triggers (e.g., gut-directed CBT/hypnosis, autonomic regulation strategies, flare planning) that complement standard gastroenterology treatment.

Apply a broader, integrated view of health that supports multidisciplinary care planning and improves adherence and patient satisfaction.



Venturi Sebastiano

Department of Public Health of Romagna, Rimini, Italy

Biography: Dr. Sebastiano Venturi studied iodine and iodine deficiency disorders and the extrathyroidal antioxidant action of iodine in human organisms. Venturi reported the first articles on the association of iodine and stomach, breast and salivary glands cancer, presented in Beijing and London Congresses. Venturi also published the first study on evolutionary aspect of iodine in primitive living cells. In 2020-25 Venturi studied the first correlation on Cesium-137 and its correlation on Pancreatic and Salivary Cancers, Pancreatitis & Diabetes that reported at St. Petersburg (2022) and Singapore (2025)

International Congresses, through also an experimental form with Artificial Intelligence (A.I.).

From the birth of atoms to life: Iodine and caesium, angels and demons of evolutionary biology, in pancreatic cancer and diabetes

The Chernobyl nuclear accident in 26 April 1986 marked a turning point in both the history of energy production and our understanding of the relationship between human technology and the life. J.R. Oppenheimer evoked the famous words from the Hindu scripture, Now I am become Death, the destroyer of worlds, reflecting the profound realisation that nuclear fission represent a significant departure from the natural history of matter. Life evolved within a stable isotopic environment shaped by cosmic nucleosynthesis and long-term biological selection. Essential elements such as iodine were progressively integrated into conserved biochemical pathways, including antioxidant and regulatory mechanisms. However, nuclear fission has introduced a large-scale anthropogenic production of radioactive isotopes that were absent from this evolutionary context. The damage caused by artificial radionuclides, particularly iodine-131 and cesium-137, is now clearly visible. These isotopes are chemically mimicking essential biological elements but fundamentally differing in their radiophysical properties. By exploiting conserved molecular and cellular transport pathways, these isotopes create a mismatch between biochemical recognition and radiological behavior. These artificial radionuclides interfere with cellular signaling and cause genetic and metabolic disorders, including pancreatic cancer and diabetes, which are of significant interest to biochemists, radiobiologists and public health experts.

Keywords: Iodine-131, Caesium-137, Low-Dose Radiation, Pancreas Cancer and Diabetes.



Yaffa Machnes

Bar-Ilan University, Israel

Biography: Prof. Yaffa Machnes is affiliated with Bar-Ilan University in Israel. Machnes served as the Chair of the Business School for more than a decade. Prof. Machnes got a Ph.D. from The Hebrew University in Jerusalem in the field of risk management. Machnes' research focus on insurance strategies. Machnes' studies were published by respected journals including the *Review of Economic Studies*, *International Economic Review* and *The Geneva Papers on Risk and Insurance*.

Professional dining and health

The population in Israel is composed of diverse communities: Jews, Arabs, and immigrant groups from various countries, including communities from Yemen, Ethiopia, Morocco, the former Soviet Union, and a long-standing population.

Numerous medical studies have examined specific morbidity rates among immigrant populations from different countries, particularly from Yemen, Morocco, and Ethiopia. Researchers have shown particular interest in the changes occurring over time in the rates of various diseases—specifically regarding the digestive and cardiovascular systems—since these groups immigrated to Israel and changed their lifestyles and the types of food they consumed.

Our research focused on the kibbutzim—groups that lived primarily in rural areas and maintained a communal lifestyle. They traditionally operated shared dining halls and laundries, and initially, their children lived in communal children's houses to allow parents to dedicate their time to work. The dining hall was managed professionally by members who underwent specialized training. Kibbutz members were characterized by a higher-than-average life expectancy, which is attributed to physical activity and supervised nutrition within the communal dining halls.

Many kibbutzim established assisted living facilities for the elderly and ensured that professional medical staff resided on-site to care for sick and disabled members who required medical supervision. These facilities eventually expanded to admit non-kibbutz members for a fee. Over the years, structural changes occurred in most kibbutzim, such as the abolition of the communal children's houses in favor of children living with their parents.

In the 1980s, many kibbutzim that had taken out loans fell into an economic crisis and required government assistance. This crisis led to a decline in the proportion of kibbutz members to just 4% of Israel's general population, at a time when the elderly (ages 65 and over) constituted a third of the membership. Unlike younger, capable members who left the kibbutz after finding livelihoods elsewhere, the elderly—who had not accumulated private capital for retirement—found it difficult to leave. Providing economic protection for the elderly was a primary condition for the kibbutzim to receive financial aid from the government.

Our study found that despite the significant increase in life expectancy within the kibbutzim, no unusual morbidity rates were found in the digestive systems of kibbutz members. The central dining hall, managed professionally, contributed greatly to their overall health.



Youcun Qian

Shanghai Institute of Nutrition and Health, University of Chinese Academy of Sciences, Chinese Academy of Sciences, Shanghai 200031, China

Biography: Dr. Youcun Qian, the distinguished Principal Investigator in Institute of Health Sciences, Chinese Academy of Sciences. Dr. Qian investigates the functions and mechanisms of IL-17 family cytokines in inflammatory diseases as well as the mutual interactions of host gut mucosal immunity with microbiota, and has published many corresponding author papers in *Nature*, *Nat. Med.*, *Nat. Immunol.*, *Immunity*, etc. Dr. Qian served as editorial board members of *J. Biol. Chem.*, *Cell. Immunol.*, *Front. Immunol.*, and reviewers for *Nat. Med.*, *Nat. Immunol.*, *Immunity*, *Cell Host Microbe*, etc.

Gut mucosal immunity and inflammatory bowel disease

The mammalian gut harbors trillions of commensal bacteria that interact with their hosts through various bioactive molecules. However, the mutualistic strategies that hosts evolve to benefit from these symbiotic relationships are largely unexplored. Here we report that mouse enterocytes secrete apolipoprotein L 9a/b (APOL9a/b) in the presence of microbiota. By integrating flow-cytometry sorting of APOL9-binding bacterial taxa with 16S rRNA gene sequencing (APOL9-seq), we identify that APOL9a/b, as well as their human equivalent APOL2, coat gut bacteria belonging to the order of Bacteroidales with a high degree of specificity through commensal ceramide-1-phosphate (Cer1P) lipids. Genetic abolition of Cer1P synthesis pathways in gut-dominant symbiote *Bacteroides thetaiotaomicron* significantly decreases the binding of APOL9a/b to the bacterium. Instead of lysing the bacterial cells, coating of APOL9a/b induces the production of outer membrane vesicles (OMVs) from the target bacteria. Subsequently, the *Bacteroides*-elicited OMVs enhance the host's interferon-gamma (IFN γ) signaling to promote MHC class II (MHC-II) expression in the intestinal epithelial cells (IECs). In mice, the loss of Apol9a/b compromises the gut MHC-II-instructed immune barrier function, leading to early mortality from infection by intestinal pathogens. Our data reveal how a host-elicited factor benefits gut immunological homeostasis by selectively targeting commensal ceramide molecules.

Disruption of gut immune homeostasis results in inflammatory bowel disease. Th17-derived IL-17A, also known simply as IL-17, is a key pro-inflammatory cytokine that synergizes with TNF to amplify inflammatory responses. IL-17 family comprises six cytokines (IL-17A to IL-17F)

and five receptors (IL-17RA to IL-17RE). IL-17RA acts as a common receptor subunit for several cytokines of the family. Sequence similarity analysis from human genome project suggests that IL17REL encodes a member of the IL-17 receptor family. The IL17REL gene locus has been associated with susceptibility to inflammatory bowel disease (IBD). However, whether it encodes a functional protein and whether its IBD risk variants causally contribute to disease pathogenesis remain unknown. Here, we demonstrate that IL17REL encodes a decoy receptor capable of binding IL-17 family cytokines (IL-17A, IL-17C and IL-17F) and suppressing intestinal inflammation in TNBS colitis model. In contrast, the protein encoded by IBD-associated IL17REL variants lacks this function. IL-17REL is highly expressed in gut immune cells and its expression levels are increased in IBD samples. TGF- β 1 induces IL17REL transcription through SMAD2/3 binding site, and its expression positively correlates with TGFB1 levels in IBD. Mechanistically, IL-17REL protein is released out of cells by ATP, and competes with IL-17RA for IL-17A binding, an ability that is lost in the mutant form. Consequently, IL-17REL suppresses IL-17A-mediated inflammatory gene expression. Knock-in of IL17REL in mice alleviates TNBS-induced colitis, whereas knock-in of an IBD-associated IL17REL mutant does not. In addition, therapeutic administration of IL-17REL protein alleviates colitis symptoms. Taken together, these findings implicate IL-17REL variants in the pathogenesis of IBD and highlight IL-17REL as a potential therapeutic target.



Marakhouski Y. Kh*, Zharskaya O M, Vasileuskaya S.A

Department of Internal Medicine, Gastroenterology and Nutrition, Belarusian State Medical University, Minsk, Belarus.

Biography: Yu. Kh. Marakhouski, Professor of Clinical Medicine and Corresponding Member of the International Eurasian Academy of Sciences. Marakhovsky has served on the editorial boards of the following journals: Current Issues in Gastroenterology (CIS publication), Russian Journal of Gastroenterology, Proctology, and Hepatology, and Journal of Gastroenterology, Pancreatology, and Liver Disorders since 2014. Marakhovsky holds the Top 100 Health Professionals 2017 certificate in clinical medicine from the International Biographical Centre, Cambridge, UK, demonstrating international recognition as a highly qualified specialist.

Differentiating simple and aggressive phenotypes of metabolic dysfunction-associated steatotic liver disease utilizing bioelectrical impedance-derived metabolic age gap

Background: The clinical heterogeneity of metabolic dysfunction-associated steatotic liver disease (MASLD/MAFLD) necessitates precise phenotyping. Conventional markers like body mass index (BMI) fail to distinguish between benign fat accumulation and progressive tissue injury. This study aims to evaluate the utility of the bioelectrical impedance analysis (BIA)-derived metabolic age gap in differentiating simple (non-aggressive) from aggressive (progressive) hepatic steatosis phenotypes.

Methods: A monocentric, controlled trial included 20 practically healthy individuals and 31 patients with unexplained hepatomegaly. Comprehensive body composition assessment was performed via organ-tissue bioimpedancemetry (BIM). Subclinical liver fibrosis (F) and controlled attenuation parameter (CAP/S) were quantified using transient elastography (iLIVTOUCH FT100). Functional metabolic flexibility was evaluated through an L-lysine-induced ketosis breath test.

Results: Two distinct clinical phenotypes were identified based on the metabolic age (MET-age) vs. chronological age (CHR-age) discrepancy. A mild discrepancy (>1) but (<6 years) paired with maintained metabolic flexibility characterized the Simple Steatosis Phenotype, displaying low steatosis frequencies (1%–5%) and no advanced fibrosis. Conversely, the Aggressive Steatosis Phenotype was defined by severe age acceleration and metabolic rigidity. In healthy subjects, a MET-age advancement (>2) years strongly predicted underlying aggressive shifts (Severe Steatosis (S=3); significant correlation with fibrosis ($r=0.6$, $p=0.01$); Odds Ratio (OR= 80.00). In hepatomegaly patients, a cutoff gap of age 6 years highly predicted

the aggressive co-expression of severe steatosis and fibrosis (OR = 19.80); Sensitivity: (81.25%) accompanied by systemic and local dysmetabolism.

Conclusion: The metabolic-chronological age gap serves as a robust, non-invasive biomarker to differentiate simple hepatic steatosis from the aggressive, fibrogenic phenotype, far outperforming conventional anthropometric indices.

Keywords: Metabolic age; Bioelectrical impedance vector analysis (BIVA); Metabolic dysfunction-associated steatotic liver disease (MASLD); Hepatic steatosis phenotype; Liver fibrosis; Transient elastography; Metabolic flexibility; Hepatomegaly.

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ORAL
PRESENTATIONS





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Neurological complications associated with infliximab therapy in inflammatory bowel disease: A systematic review of case reports

Introduction: Infliximab therapy in Inflammatory Bowel Disease is associated with rare but serious neurological complications including central and peripheral demyelination, neuropathy, optic neuritis, seizures and encephalomyelitis. These neurological events have not yet been systematically characterized despite an increasing use of this agent in IBD.

Aims & Methods: Our aim was to characterize the clinical spectrum, diagnostic findings, management and outcome of neurologic complications associated with infliximab treatment of inflammatory bowel disease (IBD) through systematic review of published case reports/series (PROSPERO CRD420261463893). The PubMed, Google Scholar, and ScienceDirect databases were queried from inception through 5 June 2026, identifying 972 records (PubMed n=124, ScienceDirect n=369, Google Scholar n=479). After removal of 132 duplicates, 840 records were screened and 693 excluded. Of the 147 reports sought for retrieval, 144 were assessed for eligibility (3 not retrieved); 95 were subsequently excluded (11 non-English, 3 wrong study design, 12 letters to the editor, 3 articles in press, 66 not meeting inclusion criteria), leaving 49 cases for inclusion. The quality of individual studies was assessed using the NIH Quality Assessment Tool. Relevant data were extracted by four reviewers independently with subsequent consensus achieved with two senior investigators. Statistical comparisons were made with chi-square or Fisher's exact tests for categorical variables and Mann-Whitney U or Kruskal-Wallis tests for continuous variables; statistical significance was set at $p < 0.05$.

Results: Forty-nine cases were included (26 male, 23 female; median age 42.5 years, range 7–80), most with Crohn's disease (71.4%), followed by ulcerative colitis (26.5%) and

indeterminate colitis (2.0%). Median time to onset was 32 days from the first infusion and 9.5 days from the most recent dose. Central events tended to occur earlier than peripheral or mixed events (median 28 vs 729 and 607 days; $p=0.066$). The neurological event occurred during active disease in 42.9% of cases and remission in 38.8%. Involvement was predominantly central (71.4%) rather than peripheral (20.4%) or mixed (8.2%), and non-infectious in 71.4%; among the 14 infectious cases, *Listeria monocytogenes* was the most common organism (8/14, 57.1%). Infliximab was discontinued in 77.6% of patients; full recovery occurred in 60.4%, partial recovery in 22.9%, persistent deficit in 10.4%, and death in 6.2% (median recovery time 37 days). Recurrence occurred in 12.2%. IBD type was not associated with site of involvement ($p=0.089$) or infectious aetiology overall ($p=0.065$), though ulcerative colitis was more often infectious than Crohn's disease on subgroup analysis ($p=0.034$). Neither IBD activity, sex nor age was associated with prognosis or onset timing.

Conclusion: This is the largest reported synthesis of infliximab-associated neurological complications in IBD. Central nervous system involvement predominates and tends to arise earlier than peripheral disease, with generally favourable outcomes after drug discontinuation. The short latency from the most recent dose (median 9.5 days) suggests clinicians should maintain heightened neurological surveillance in the days following every infusion, not solely during induction, given the unpredictable and recurrent nature of onset.

Biography

Abdulrahman Samra is a third-year medical student at Cairo University with a strong interest in clinical research and evidence-based medicine. Samra has been actively involved in systematic reviews and meta-analyses, with a particular interest in exploring clinically relevant research questions and synthesizing available evidence to support improved patient care. Samra is passionate about developing research skills, contributing to high-quality scientific work, and presenting research findings at national and international scientific conferences.



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Immune checkpoint inhibitor–related cholangitis: A single-centre retrospective case series and management outcomes

Background: Since immune checkpoint inhibitors (ICIs) have been introduced for over a decade, a massive improvement in cancer survival rate (median 7.8 to 19.0 months) has occurred but can precipitate immune-related adverse events across organ systems. Immune checkpoint inhibitor (ICI)-related cholangitis is a rare but significant side effect which clinically and radiologically can overlap with sclerosing cholangitis that can be severe enough to stop immunotherapy.

Aim: To evaluate the clinical features, radiological findings, and management outcomes of ICI-related cholangitis.

Methods: We conducted a 4-year retrospective review of ICI hepatotoxicities at our centre. Out of 70 patients from our hepatotoxicity logs with ICI-induced toxicity, 5 cases of ICI-cholangitis (~7% incidence). Cholangitis diagnosis was made after identification of ICI-Hepatitis (raised Alkph and bilirubin) along with biliary imaging (ultrasound, computed tomography-CT and/or Magnetic Resonance Cholangiopancreatography-MRCP) showing ductal dilatation and inflammatory changes (e.g., ductal wall thickening, and multifocal strictures) all consistent with ICI-induced cholangiopathy. No infectious or obstructed causes were found; liver biopsy was not performed. We also collected demographics, cancer type, cancer treatment, diagnostic workup, management, and outcomes data.

Results: Median age was 74 years (range 62–83), with a 3:2 male-to-female ratio. All patients had advanced lung cancer (mainly small cell and squamous carcinoma) treated with chemo-

immunotherapy, Immune agents used were anti-PD-1- Pembrolizumab - (n=4) or anti-PD-L1 -Atezolizumab -(n=1). Cholangitis onset occurred after a median of 11 (range 5-16) ICI cycles. Notably, all patients had finished 4 cycles of chemo-immunotherapy and were receiving single agent maintenance immunotherapy at the time cholangitis developed; in one case, MRCP described progressive dilatation of both the intrahepatic and extrahepatic biliary ducts; the CBD measured 11mm from 8 mm. Generalised bile duct mural thickening, peri-biliary intrahepatic signal change and delayed mural enhancement are suggestive of inflammatory changes, without an obstructing mass or stone.

Management included immunotherapy discontinuation, steroids, and ursodeoxycholic acid (UDCA). UDCA was given to all 5 patients only after the scans, while corticosteroids were given only to 2 patients.

Although, all patients improved biochemically, complete resolution was not fully achieved with one case persisting despite high-dose steroids plus UDCA, while only one case had complete resolution with using UDCA alone. Two cases underwent ICI rechallenge with one experienced recurrence of ICI-cholangitis. At 3-6 months' follow up, three were alive (two with ongoing cancer therapy) and two had died from cancer progression.

Conclusion: In this series, ICI-related cholangitis was rare but clinically significant and can overlap with sclerosing cholangitis. It typically emerges during maintenance immunotherapy. UDCA with ICI cessation may be sufficient for biochemical improvement, whereas rechallenge carries risk of relapse. Early recognition and multidisciplinary collaboration are essential. The oncologist, and gastroenterologist/hepatologist should coordinate, and the radiologist should be alerted to the possibility of ICI-related cholangitis when interpreting scans. Since 2022, European Society for Medical Oncology (ESMO) endorse UDCA with corticosteroids as the primary treatment for ICI-cholangitis. Given that UDCA is well tolerated and first line in other cholestatic liver diseases, we advocate starting UDCA early before imaging.

Biography

Ahmed Elshafey graduated in 2018 and is a UK-based physician currently working within the National Health Service (NHS) as an Internal Medicine Trainee (IMT) currently at Leeds university hospitals. Elshafey has broad clinical experience in acute and general internal medicine and is pursuing a career in gastroenterology. Elshafey's academic interests include patient safety, multidisciplinary care, and evidence-based management of complex medical conditions. Elshafey is actively developing a portfolio through research, teaching, and conference presentations, with the aim of progressing into higher specialty training in gastroenterology.



Ashot Khachatryan*, Artem Khachatryan

International Network of Hydrogen Medicine Clinics
(Armenia, Kazakhstan, China)

Chronic hepatitis of trematode etiology: Innovative technologies of intraduodenal therapy and quantum-hydrogen liver regeneration

Modern international hepatology focuses predominantly on the therapy of viral hepatitis, frequently ignoring concomitant pathologies that provoke, sustain, and exacerbate chronic liver inflammation. Our 30-year clinical experience proves that chronic parasitic infestations are a leading hidden factor in the destruction of the hepatobiliary system. Regions with high consumption of marine fish and seafood are under the primary attack, being totally infected with liver trematodes (*Clonorchis* and *Opisthorchis*), officially classified by the WHO as Group 1 carcinogens. Parasites and their waste products completely obstruct the bile ducts with mucus. This causes total cholestasis, disrupts the detoxification function of the liver, and provokes severe endogenous intoxication, turning any inflammation into an incurable chronic form.

For the first time in the world, we have developed and protected by a system of international patents (EA patents No. 047494 and No. 051924) a comprehensive program for the radical eradication of this pathology. In the first stage, specialized phytosolutions that have undergone preliminary contactless hydrogen activation are administered directly into the duodenum via a classical Ryle's tube, completely bypassing the gastric barrier. In the second stage, for the first time in global clinical practice, targeted antiparasitic therapy is executed: specific medicinal drugs are delivered through the same Ryle's tube directly to the locus of infection, ensuring maximum concentration of the active substance right at the parasites while eliminating systemic toxicity. This entire process is sustained by the implementation of restorative hydrogen IV drips and solutions with a deep negative potential. The program concludes with the transanal transplantation of the patient's native autoflora, which has undergone preliminary

contactless hydrogen activation. The high bioelectrical charge of the activated strains ensures an immediate systemic immunomodulatory effect, completely blocking the translocation of intestinal endotoxins into the portal vein and minimizing the antigenic load on hepatocytes. This serves as the primary trigger for restoring immune homeostasis and accelerating liver tissue regeneration. The method opens a fundamentally new direction in global hepatology.

Biography

Professor Ashot Khachatryan, MD, PhD, is an Honored Inventor of Europe, a Full Member of the European Academy of Natural Sciences, and an Honorary Professor of the Oxford Academic Union. As a pioneer in hydrogen medicine, Khachatryan founded the International Network of Hydrogen Medicine Clinics operating across Armenia, Kazakhstan, and China. Khachatryan holds numerous international patents for hydrogen-enriched medical technologies. For over 30 years, Khachatryan's research has focused on the biophysical and immunological aspects of chronic diseases, specializing in the holistic eradication of parasitic infestations and the development of active hydrogen technologies for liver regeneration.



Aya Fares*, Chintana Galahitiyawa

Department of Nephrology, Colchester Hospital, UK

Intersecting haematologic, renal, and gastrointestinal disease: Hereditary spherocytosis with primary FSGS and ulcerative colitis: A case report

Background: The coexistence of hereditary spherocytosis, focal segmental glomerulosclerosis (FSGS), and ulcerative colitis is exceedingly rare and poses significant diagnostic and therapeutic challenges.

Case Presentation: This manuscript describes an exceptionally rare clinical constellation, hereditary spherocytosis, primary focal segmental glomerulosclerosis, and ulcerative colitis occurring in an 18-year-old white English girl. Her disease course was complicated by intolerance to systemic corticosteroids, recurrent fluid overload, and acute kidney injury. During immunosuppressive therapy with tacrolimus, she developed severe gastrointestinal symptoms, and endoscopic and histological evaluation confirmed ulcerative colitis. Management required coordinated multidisciplinary care involving nephrology, gastroenterology, and haematology. We believe this case provides clinically valuable insights into multisystem immune dysregulation, diagnostic complexity, and the challenges of coordinating care across specialties. The report adheres fully to CARE case report guidelines, and written consent for publication has been obtained. The work is original, has not been submitted elsewhere, and contains no conflicts of interest.

Conclusion: Given the intersection of haematology, nephrology, and gastroenterology, we believe the manuscript would be of particular interest to clinicians managing complex inflammatory and renal disease in young adult populations.

Biography

Dr. Aya Fares is a Specialist Registrar in Medical Oncology in Thames Valley. Dr. Fares completed internal medical training in Essex. Dr. Fares graduated from the Lebanese American University Medical School in 2018 and then pursued an Internal Medicine residency, where Dr. Fares was awarded Best Resident Doctor. Dr. Fares was subsequently awarded Membership of the Royal College of Physicians. Dr. Fares is the author of multiple peer-reviewed articles. Dr. Fares has several years of clinical experience and a strong interest in medical education.



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King's College Hospital NHS Foundation Trust, London,
United Kingdom

Refractory gastroparesis: A case highlighting severe gastric motility dysfunction and innovative outpatient management

Gastroparesis is a gastrointestinal motility disorder characterized by delayed gastric emptying without mechanical obstruction. Diabetes mellitus is a common cause, with chronic hyperglycemia leading to autonomic neuropathy and impaired gastric motor function. Patients often present with persistent nausea, vomiting, early satiety, abdominal pain, and nutritional compromise. Severe diabetic gastroparesis can significantly affect quality of life and often requires specialized evaluation and multidisciplinary management.

We report a case of a young patient with long-standing diabetes mellitus who developed severe refractory gastroparesis. She experienced persistent nausea, vomiting, and inability to tolerate oral intake, resulting in prolonged and recurrent hospital admissions despite multiple pharmacological therapies.

Comprehensive investigations were performed to assess gastric motility and exclude structural causes. Diagnostic workup included upper gastrointestinal studies and gastric motility tests, confirming delayed gastric emptying consistent with severe gastroparesis. The patient was also evaluated for advanced interventions, including gastric peroral endoscopic myotomy (G-POEM), a minimally invasive procedure targeting pyloric dysfunction in refractory cases.

Despite optimized medical management, symptoms remained difficult to control, and safe discharge was challenging. A multidisciplinary team involving gastroenterology, pharmacy, and community healthcare services implemented an innovative home intravenous cyclizine therapy strategy. This approach enabled effective symptom control, facilitated safe discharge, and allowed the patient to regain a degree of independence and life outside the hospital environment.

This case underscores the importance of understanding gastrointestinal motility dysfunction in diabetic gastroparesis and highlights the role of multidisciplinary collaboration and innovative outpatient strategies in managing severe refractory cases. It demonstrates how careful evaluation and coordinated care can improve patient outcomes and quality of life in complex gastrointestinal disorders.

Biography

Aysel Ibrahimli is a Junior Clinical Fellow at King's College Hospital NHS Foundation Trust, London, currently working in General Medicine. Aysel has a strong interest in gastroenterology and aims to pursue a career in the specialty. Passionate about evidence-based medicine and research, Aysel is keen on innovative approaches that prioritize patient needs and improve clinical care.



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Discovery and advancement of gut microbiome-based live biotherapeutics for MASLD therapy

Background and aims: Metabolic Dysfunctional-Associated Steatotic Liver Disease (MASLD) emerges as a hepatic manifestation, characterised by excessive lipid accumulation and other intertwined metabolic risk factors such as obesity and type 2 diabetes. Recent evidence highlights a pivotal role of the gut microbiome in MASLD pathogenesis, where alterations in microbial composition and function contribute to disrupted gut barrier integrity, endotoxemia, bile acid dysregulation, and aberrant metabolite production. These microbiome-driven mechanisms influence hepatic lipid metabolism, inflammation, and fibrosis progression, positioning the gut–liver axis as a critical determinant of disease onset and severity. Consequently, the gut microbiome has emerged as a promising and modifiable therapeutic target for MASLD intervention.

Methods: To decode the gut–liver axis, paired faecal and liver samples were collected and proceeded for metagenomic DNA extraction followed by 16S rRNA and ITS2–4 sequencing. In parallel, a diet-induced MASLD mouse model was developed that helps us to achieve longitudinal profiling of dysbiosis. Cross-cohort analysis of human and mouse gut microbiome revealed core health-associated taxa consistently depleted in both species, which were subsequently isolated to uncover key functional drivers.

Results: We identified core health-associated genera consistently depleted across human MASH cohorts and murine models, underscoring their protective role in gut homeostasis. Further isolation and genomic mining of health-associated taxa uncovered a novel bioactive peptide with therapeutic potential that has not been reported so far. Next, we identified a consortium of novel bacterial species characterised by significant differential abundance between healthy and diseased cohorts. To facilitate microbial restoration, these taxa were

assembled into a therapeutic consortium based on their predicted metabolic synergy. This ecological foundation was complemented by the successful engineering of *Escherichia coli* Nissle 1917 to function as a localised delivery vehicle. Specifically, EcN was programmed to express a novel therapeutic peptide fused to a targeted secretion signal, enabling the robust export of the peptide into the gastrointestinal milieu. Cell-free supernatant of our constructed recombinant strain demonstrated a significant reduction in triglyceride accumulation in a hepatic steatosis cell model, indicating improved lipid homeostasis. In vivo administration of data-driven consortia and recombinant strain elicited a robust metabolic rescue, as evidenced by reduced body weight, accelerated glucose clearance, enhanced insulin sensitivity upon HFD and a pronounced reduction in serum triglyceride levels and hepatic injury markers (ALT and AST) in dietary induced mice model.

Conclusion: This study establishes a novel, dual-component therapeutic framework that integrates microbiome restoration with engineered peptide delivery, each independently demonstrating efficacy in ameliorating metabolic dysfunction. By linking dysbiosis correction to functional therapeutic potential, this work addresses a critical gap in MASLD management and lays the foundation for future combinatorial interventions with enhanced translational relevance.

Biography

Bharti Kandiyal is a researcher pursuing a PhD in the gut-liver axis and the therapeutic potential of the human microbiome. Kandiyal's work integrates multi-omic data analysis with synthetic biology to develop precision interventions for MASLD. Kandiyal's research focuses on identifying novel, disease-discriminatory bacterial species and engineering probiotic delivery systems, such as *E. coli* Nissle, for targeted peptide secretion within the GI milieu. By bridging ecological restoration with innovative bio-factories, Kandiyal aims to create multi-layered strategies for metabolic health. Kandiyal has presented these findings at leading international forums, contributing to the advancement of microbial therapeutics.



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Comparison between razor blade and depilation cream for pre-operative hair removal in relation to surgical site infection

Background: Surgical site infection is one of the significant complications in post-operative patients. Method of preoperative hair removal is also considered as one of the risk factors for causing SSI. Razor blade, depilatory cream, clippers are used for hair removal. The objective of this study is to assess the incidence of SSI with razor blade and depilatory cream.

Methods: A comparative study was conducted on 202 patients divided into 101 in each razor blade and depilatory cream group admitted in department of general surgery, between the periods of to. Patient aged 15 years and above who required preoperative hair removal was recruited in the study. Patients undergoing surgery for clean and clean contaminated cases were included in the study. Postoperatively, the presence of SSI was evaluated using the Southampton wound grading system.

Results: Out of 202 patients, 63(31.2%) patients developed SSI. Among razor group, 41(40.6%) patients and among depilatory group, 22(21.8%) patients had developed SSI. Skin injury was observed in 57(28.2%) of total 202 patients, 51(50.5%) patients in razor and 6(5.9%) patients in depilatory group. Out of 57 patients who had skin injury, 25(43.9%) patients had SSI while 38(26.2%) patients out of 145 patients who had no skin injury developed SSI. Skin reaction was seen in 24 patients, 18(17.8%) patients had depilatory cream and 6(5.9%) patients had razor shaving.

Conclusion: Among two methods of preoperative hair removal, depilatory cream found to be superior to razor blade in reducing the incidence of SSI.

Keywords: Depilatory cream, Razor blade, SSI.

Biography

Dr. Chandrika Sah is an Assistant Professor and General Surgeon currently working at Civil Service Hospital, Kathmandu, Nepal. Dr. Sah is actively involved in clinical practice, medical education, and surgical research. Dr. Chandrika Sah's academic interests include laparoscopic surgery, hepatobiliary surgery, and evidence-based surgical practice. Dr. Sah has authored and co-authored peer-reviewed publications, including research on preoperative predictors of difficult laparoscopic cholecystectomy, contributing to improved surgical decision-making and patient outcomes. Dr. Sah regularly participates in academic meetings and scientific conferences and is committed to advancing surgical education, research, and high-quality patient care in Nepal.



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AI-supported autonomous ingestible micro-robotic endoscope with wired high-speed communication for total gastrointestinal exploration and therapy

Background and Aims: Artificial intelligence and robotic technologies are rapidly advancing; however, their integration into gastrointestinal endoscopy remains limited and has not yet fully met clinical demands. We are developing a novel ingestible micro-robotic endoscope capable of autonomous navigation and future therapeutic intervention throughout the gastrointestinal (GI) tract.

Materials and Methods: We developed a prototype ingestible micro motor-driven endoscope (diameter: 4 mm; length: 16 mm) connected to an ultrathin tether cable (diameter: 0.4 mm). The cable consists of optical fibers for ultra-high-speed broadband signal transmission and power supply lines. The proximal end of the cable is attached to a compact mouthpiece containing a cable roller, battery system, and optical-to-wireless signal converter. Real-time endoscopic images are transmitted to an external image analysis system, while drive-control commands are received from an extracorporeal controller.

Results: In a water-filled phantom model, the prototype achieved an average locomotion speed of 15 cm/min, requiring approximately 1 hour for complete GI exploration with positional changes. In colonic simulations, examination time and lesion-missing rates appeared to depend on bowel preparation quality. We are currently developing autonomous driving software based on real-time endoscopic image analysis. An early autonomous-driving prototype successfully reduced total GI examination time by approximately 10 minutes.

Discussion: High-speed broadband communication is essential for achieving fully autonomous endoscopic navigation with rapid responses to real-time video information.

Conventional wireless transmission systems used in capsule endoscopy lack sufficient speed and stability for smooth robotic control. Once lesions are detected by the image-analysis system, the robotic endoscope may remain at the target site and deliver therapeutic devices through the tether cable, including drug injectors, clips, and coagulation systems currently under development.

Conclusion: Our prototype wired micro-robotic endoscope demonstrates the potential for a compact, ingestible, minimally invasive, mobile, and cost-effective platform for complete GI tract exploration. Future integration of advanced AI-supported autonomous control may substantially reduce physician burden during endoscopic diagnosis and pave the way toward fully robotic endoluminal therapy.

Biography

Hidetoshi Ohta received a B.S. and M.S. degrees in Electronic Engineering from Hokkaido University in 1971 and 1973, and a B.S. and Ph.D. in Medicine from Sapporo Medical University in 1988 and 1994 respectively. From 1973-82, Ohta worked at Yokosuka Telecommunication Laboratory, NTT to develop optical fibre transmission systems. From 1988-2026, Ohta worked at several clinical hospitals, Sapporo Medical University Hospital, Oji General Hospital and Sapporo Orthopaedics and Cardiovascular Hospital, and during that time studied medical engineering related to Gastroenterology. From 2004-2011 Ohta mentored and trained resident doctors as an associate professor of Oncology Division in Sapporo Medical University.



John Andrew Sutton

Invention City, United States

Iso-osmo-resistivity could explain mechanisms of digestion and absorption

Research into suitable meals for epigastric impedance found that lipid meals like ones containing double cream are highly resistant to electricity while proteins are conductive and carbohydrates are broadly neutral. The finding provoked the question: Is this the basis by which our digestion selects the appropriate enzyme and 'knows' when to release bile for its surfactant effect on lipids? The idea is discussed in *The Journal of Medical Hypotheses* in 2019. To do it would require nerve endings in the duodenal mucosa to act as electroreceptors, as previously suggested by Andres et al due to the marked histological similarity between human Brunner's glands and proven electroreceptors in the mammalian monotreme species echidna and platypus. If duodenal nerve endings function in this way they would detect the effect of enzymes as they break down lipids or when bile causes micelles. Then, if their data were combined with data from osmoreceptors, the combination would simultaneously detect break up of molecules to make a very sensitive, feedback loop on the progress of digestion. That concept also suggested that the aim of digestion is to render food both iso-osmotic and iso-resistive so it can pass through the cells that line the gut, the first step in absorption.

Biography

Andrew Sutton has UK board qualifications as an anaesthetist. Sutton's MD is the equivalent of a medical PhD from London University. Its focus was how to validate epigastric impedance. Sutton is a clinical pharmacologist specialising in Phase 1 & 2 trials of new medicines. For 14 years Sutton ran a trial company in a major UK NHS hospital, so was principal or site investigator in over 100 mainly early-phase trials. Sutton was an expert on UK national research ethics committees for 12 years and is an advisor to the UK Research Integrity Office.



Jose Luis Braga De Aquino

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Early and late evaluation of palliative surgical treatment with isoperistaltic gastric tube associated with chemoradiation in advanced esophageal cancer

Although malignant neoplasms of the esophagus remain a very common disease, their diagnosis might often come late. This issue combined with excessive weight loss due to dysphagia and the association with cardiopulmonary diseases resulting from excessive tobacco use, makes patients with this neoplasm difficult to manage clinically, which explains why 50% of patients require palliative treatment. The ideal scenario would be the performance of procedures that provided an adequate quality of life and satisfactorily restored swallowing, without the need for further hospitalizations and with lower rates of complications. Thus, the aims to describe indications and results of palliative methods and especially diversion surgeries, discussed with emphasis on the technique of the Isoperistaltic Greater Curvature Gastric Tube (IGCGT), which was performed at the Surgery Department of Medical School Pontifical Catholic University of Campinas, Brazil. 143 patients with unresectable squamous cell carcinoma of the esophagus (stage T4b) were evaluated at this facility, but they all had clinical conditions to undergo IGCGT. In the early postoperative evaluation, 64 patients (44,7%) presented systemic complications, with pulmonary infection being the most frequent; 51 patients (35,6%) presented local complications, with cervical esophagogastric anastomotic leak being the most frequent. Thirteen patients (9,1%) died as a result of post operative complications. Out of 112 patients who were adequately followed up, 91 (81,2%) achieved good palliation with this procedure, as they had adequate restoration of swallowing function. Chemoradiation was performed after the IGCGT transposition in 82 patients, with a median survival of 3 years in 63 patients (76,8%). With the results, it is possible to conclude that despite showing non-negligible morbidity, IGCGT can be performed quickly and safely, especially

after the advent of mechanical suturing, offering adequate palliation and survival rate. In addition, it has the advantage of simultaneously providing good drainage of the esophagus and stomach, thus avoiding potential esophageal mucocele.

Biography

Jose L. B. de Aquino was born in Campinas, Brazil, graduated in Medicine in 1978 from the Faculty of Medicine of Sao Jose do Rio Preto, SP. Aquino completed training in General Surgery for 4 years at the Faculty of Medicine of the Pontifical Catholic University of Campinas, having obtained a Master's degree in Surgery in 1990 and a Doctorate in Surgery in 1996, both from the State University of Campinas (UNICAMP). Aquino is Professor of Surgical Clinic at the Faculty of Medicine of PUC, working with Head and Neck Surgery, Thoracic Surgery, Digestive and Esophageal Diseases. Leader of one of the PUC Research Groups DIAGNOSTIC AND CLINICAL SURGERY TREATMENT with a multidisciplinary focus with the clinical, surgical and nutritional areas. Aquino is a Professor of the Postgraduate Course in Health Sciences at PUC, Editor-in-Chief of the *Revista de Ciências Médicas* at PUC; Associate editor of the *Revista do Colégio Brasileiro de Cirurgiões*. Author and co-author of 216 articles published in national and international magazines and winner of several awards for works presented in Congresses.

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Safety and feasibility of conscious sedation for EUS-directed transgastric ERCP (EDGE) in post-Roux-en-Y gastric bypass patients: First UK multicentre experience

Background and Aims: EDGE has transformed biliary access in post-Roux-en-Y gastric bypass (RYGB) patients, yet almost all published series describe procedures under general anaesthesia due to perceived aspiration risk and procedural tolerance. Where theatre and anaesthetic capacity are limited, this dependency creates significant access barriers. Whether EDGE can be safely performed under conscious sedation in ambulatory endoscopy suites remains unevaluated in a UK multicentre setting. We aimed to evaluate the technical feasibility, sedation safety, and longitudinal secondary outcomes of Stage 1 and Stage 2 EDGE under conscious sedation.

Methods: We retrospectively reviewed all consecutive RYGB patients undergoing EDGE under conscious sedation with titrated intravenous midazolam and fentanyl at two UK tertiary centres (Manchester University NHS Foundation Trust and University Hospitals Birmingham NHS Foundation Trust) between February 2022 and October 2025. Primary endpoints were LAMS placement technical success and immediate sedation-related adverse events (hypoxaemia <90%, reversal agent use, aspiration, or unplanned conversion to GA). Secondary endpoints included procedure duration, pre-Stage 2 LAMS migration, reintervention requirement, Stage 2 ERCP success and sedation mode, persistent gastro-gastric fistula, and 30-day post-procedural complications (bleeding, perforation, infection, surgery, or readmission).

Results: Twenty consecutive patients underwent EDGE under conscious sedation (median age 55.5 years; 70% female; 60% ASA II; 90% choledocholithiasis). A 20-mm LAMS was deployed in 95% (19/20) of procedures. Stage 1 technical success was 95% (19/20), with the single failure attributable to an inability to distend the excluded stomach rather than sedation intolerance. Median procedure time was 10 minutes. No immediate sedation-related adverse

events occurred at either centre – no hypoxaemia, no reversal agent use, no aspiration, and no unplanned conversion to general anaesthesia. All patients were discharged from the endoscopy unit the same day.

Pre-Stage 2 LAMS migration occurred in 10.0% (2/20) and was successfully managed endoscopically without surgical intervention. Post-procedural bleeding, perforation, infection, and 30-day readmissions were 0% (0/20). Of 19 patients proceeding to Stage 2 ERCP, technical success was 100% (19/19), with 94.7% (18/19) also completed under conscious sedation, though one patient required general anaesthesia for the second stage following poor tolerance observed during Stage 1 – a finding that highlights the value of Stage 1 tolerance as an indicator for individualised anaesthetic planning. Persistent gastro-gastric fistula was evaluated in 11 patients and identified in 27.3% (3/11); all were asymptomatic with no clinically significant weight gain.

Conclusions: In this small multicentre retrospective cohort, EDGE appears feasible under conscious sedation in selected patients with RYGB, achieving 95% technical success with no observed immediate sedation-related adverse events, requirement for reversal agents, or unplanned conversion to general anaesthesia. These findings support the feasibility of a conscious-sedation pathway for selected patients, with potential benefits for procedural efficiency and resource utilisation. Anaesthetic planning should remain individualised, particularly for patients with higher airway risk or factors suggesting poor tolerance of conscious sedation. Larger prospective multicentre studies are required to confirm safety and define patient-selection criteria.

Biography

Dr Khaled Jbarah is an Internal Medicine Trainee at Manchester University NHS Foundation Trust, with a special interest in gastroenterology, advanced endoscopy, and pancreatobiliary disease. Jbarah is actively involved in endoscopy-focused research and quality improvement, and recently co-led a UK multicentre study evaluating conscious sedation for EUS-directed transgastric ERCP (EDGE) in patients with Roux-en-Y gastric bypass. Jbarah intends to pursue higher specialty training in gastroenterology.

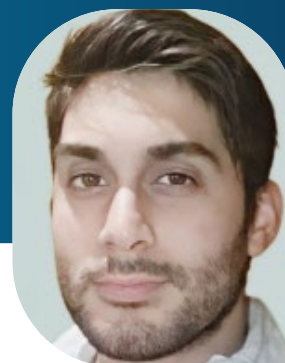
Dr Rida Abbasi is currently working as a Gastroenterology SHO at Manchester University NHS Foundation Trust (MFT), with a strong interest in hepatopancreatobiliary (HPB) medicine and advanced endoscopy. Abbasi is particularly interested in complex ERCP procedures and the management of challenging biliary pathology. Abbasi's clinical and academic interests have led to involvement in research surrounding complex endoscopic cases, with a particular focus on innovative approaches to biliary access. Abbasi's authorship involves cases pertaining to novel ERCP/EUS procedures.

**Mariela Beatriz Maldonado^{1,2*},
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The hidden threat of erythrosine (FD&C Red No. 3) on gut microbial ecosystems and gastrointestinal health

The human gut microbiota constitutes a dynamic and densely populated ecosystem of over 10^{13} microorganisms whose compositional and functional integrity is essential for nutrient metabolism, epithelial barrier maintenance, immune regulation, and prevention of chronic non-communicable diseases. Among the most underestimated modulators of this community are synthetic food colorants, which are consumed globally on a daily basis with limited awareness of their microbiome-disrupting potential.

Erythrosine (FD&C Red No. 3, E-127), a xanthene-class synthetic dye with approximately 58% iodine content by molecular mass, has been historically used in confectionery, dairy products, processed meats, beverages, pharmaceuticals, and cosmetics. Despite its widespread application over more than six decades, mounting toxicological evidence prompted the U.S. Food and Drug Administration (FDA) to officially enact its ban from food products in January 2025. However, billions of consumers in markets outside the United States—including Latin America, parts of Asia, and Africa—continue to be exposed to this additive on a daily basis.

Emerging research demonstrates that erythrosine exerts significant disruptive effects on gut microbial ecosystems. Experimental evidence indicates that this colorant can reduce the abundance of beneficial taxa such as *Lactobacillus spp.*, promote dysbiosis, and impair gut barrier integrity, leading to increased intestinal permeability and systemic inflammatory signaling. These microbiome-mediated mechanisms are further compounded by erythrosine's genotoxic and oxidative stress-inducing properties: studies using comet assays have demonstrated substantial DNA damage in gastrointestinal tissues of exposed animals, alongside histopathological evidence of inflammatory infiltration and degenerative changes in the stomach, intestine, and colon. Furthermore, erythrosine acts as an endocrine disruptor by inhibiting thyroid peroxidase, reducing T3/T4 synthesis, elevating TSH, and promoting thyroid cell proliferation in a dose-dependent manner.

From a food systems perspective, this presentation will address: (i) the chemical and toxicological profile of erythrosine and its interactions with the gut microbiome; (ii) the mechanistic links between erythrosine-induced dysbiosis, reduced short-chain fatty acid (SCFA) production, and gastrointestinal inflammation; (iii) the regulatory history and the reasons for delayed action by global food safety agencies; and (iv) the availability of safe, functional natural colorant alternatives—including anthocyanins, betalains, and carotenoids—capable of replacing synthetic dyes without compromising technological performance in food matrices.

This contribution integrates concepts from nutritional microbiology, food toxicology, and precision nutrition to highlight the urgent need for evidence-based regulatory action and consumer education, particularly in regions where erythrosine remains legally permitted. A global, microbiome-centered approach to food safety is no longer optional—it is a public health imperative.

Keywords: Erythrosine, Gut Microbiota, Gut Dysbiosis, Food Additive, Genotoxicity, Endocrine Disruptor, Intestinal Inflammation, Food Safety.

Biography

Mariela Beatriz Maldonado, an esteemed academic with a Doctorate in Biological Sciences, specialises in Quality Engineering and Food Science. Maldonado is an Adjunct Researcher at CONICET and a Research Professor at the National Technological University (UTN FRM), where Maldonado directs the Specialisation in Food Technology and Quality Engineering. Dr. Maldonado, a PhD graduate with honours from the National University of Cuyo, has received several accolades, including an Honourable Mention from the Federation of Argentine University Women. Maldonado has published extensively and presented more than 300 scientific works in Food Science, Technology, and Engineering, thereby contributing significantly to the field.

Juan Ignacio González Pacheco is a Chemical Engineer who graduated from UTN FRM in Argentina. González Pacheco is currently a PhD candidate in Engineering at the National University of Cuyo, supported by several scholarships, including a CONICET scholarship, a UTN scholarship, and one from the Federal University of Campina Grande in Brazil. Active in the Food and Effluent Treatment Laboratory (LATE) at UTN FRM, González Pacheco's accolades include the Silver Palm from the Argentine Society of Writers and a Medal of Honour from Rotary International. González Pacheco received the Gold Medal from UTN FRM in 2018 and was nominated for the Outstanding Young Mendocinos Award in 2019. Notably, in 2022, González Pacheco ranked first nationally in doctoral scholarships for UTN teachers and is a finalist for the 2024 Food of the Future Award. González Pacheco has presented over 60 scientific works in esteemed journals and conferences, contributing significantly to Food Engineering.



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Improving *Clostridioides difficile* recognition and management through a trust-wide multimodal educational quality improvement programme

Background and context: *Clostridioides difficile* infection (CDI) remains an important healthcare-associated infection associated with substantial morbidity, prolonged hospitalisation and infection prevention challenges. Effective management requires timely recognition, appropriate diagnostic testing and treatment, antimicrobial stewardship, and rigorous infection prevention measures. However, variation in clinicians' knowledge may contribute to inconsistent practice. A Trust-wide educational needs assessment identified important knowledge gaps among doctors across multiple aspects of CDI diagnosis, interpretation of laboratory results, treatment, antimicrobial stewardship and infection prevention. A multidisciplinary quality improvement programme was therefore developed to address these gaps through an accessible and sustainable educational strategy.

Aims and objectives: To design, implement and evaluate a Trust-wide multimodal educational programme to improve doctors' knowledge of CDI recognition, diagnosis, evidence-based management, antimicrobial stewardship and infection prevention, while developing a sustainable model capable of wider implementation.

Methods: A multidisciplinary educational quality improvement programme was developed using a Plan-Do-Study-Act (PDSA) approach. Interventions were designed to provide repeated exposure through complementary educational formats and included Medical Grand Rounds, Foundation Programme and departmental teaching; an A3 CDI Quick Reference Poster displayed across inpatient wards and incorporated into the Trust MicroGuide; Trust-wide email dissemination; and a six-week digital screensaver campaign.

Knowledge was evaluated using structured electronic questionnaires completed by 100 doctors before and 100 doctors following implementation. Ten domains covering CDI recognition, investigation, treatment, antimicrobial stewardship and infection prevention were assessed. Pre- and post-intervention responses were compared using Pearson's chi-square test.

Results: Knowledge improved significantly in 9 of 10 assessed domains (all $p < 0.001$). Correct responses increased for appropriate repeat testing (26% to 77%), CDI clinical review target (52% to 76%), first-dose treatment target (10% to 76%), antimicrobial stewardship (26% to 78%), appropriate hand hygiene (43% to 80%), recurrent CDI management (37% to 77%), interpretation of CDPCR-positive/CDT-negative results (42% to 76%), recognition of active CDI (29% to 77%), and identification of risk factors with appropriate isolation precautions (23% to 78%). Knowledge regarding stool sampling was already optimal and remained unchanged at 100%.

The intervention therefore produced broad improvement across diagnostic, therapeutic, antimicrobial stewardship and infection prevention domains, with particularly marked gains in areas where baseline knowledge was lowest.

Conclusion and future directions: A multimodal Trust-wide educational quality improvement programme was associated with substantial and statistically significant improvements in doctors' knowledge across key aspects of CDI recognition and management. Integration of educational resources into routine teaching, ward environments and digital clinical resources provides a practical framework for continued reinforcement and sustainability. The model has subsequently been adopted across multiple NHS Trusts, demonstrating its transferability beyond the original organisation. Future evaluation will assess longer-term knowledge retention and translation into clinical practice, including antimicrobial stewardship and hospital-onset CDI outcomes. The approach may provide a reproducible framework for wider national and international infection prevention education.

Biography

Dr. Michael Halim is an Acute Medicine doctor working in the UK National Health Service (NHS), with experience across Acute, General, Emergency and Geriatric Medicine. Dr. Halim holds an MBBS and MSc in Biomedical Science and is a Member of the Royal Society for Public Health (MRSPH). Dr. Halim's interests include infectious diseases, antimicrobial stewardship, medical education and quality improvement. Dr. Halim has authored over 20 PubMed-indexed publications, presented work at numerous national and international conferences, and was recognised as an MDPI Top 1000 Peer Reviewer. Dr. Halim's current work focuses on Trust-wide quality improvement initiatives to enhance clinical practice, patient care and medical education.

Farhan Bashir is currently working as a Specialty Registrar in Rheumatology. Bashir has extensive experience in Medicine and Rheumatology, clinical research, and musculoskeletal (MSK) ultrasound. Bashir's recent work experience includes working as a Senior Clinical Fellow

in Acute Medicine at Wrightington, Wigan and Leigh NHS Trust; a Clinical Research Fellow at the University of Birmingham and Queen Elizabeth Hospital Birmingham; a Rheumatology and Medical Registrar at Queen Elizabeth Hospital Birmingham, UK; and an International Fellow in Elderly Care and Rheumatology at University Hospitals Birmingham, UK. Bashir has completed MRCP (Ireland) and the Specialty Certificate Examination (SCE) in Rheumatology (UK). Bashir is also trained in MSK ultrasound.



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Trends in compliance with the BSG acute upper gastrointestinal bleeding care bundle at a district general hospital: A four-cycle retrospective audit (2020–2025)

Introduction: Acute upper gastrointestinal bleeding (AUGIB) is a common medical emergency with a 30-day mortality of up to 10%. The British Society of Gastroenterology (BSG) AUGIB consensus care bundle standardises management across six domains: Recognition, Resuscitation, Risk Assessment, Treatment, Referral, and Review. Compliance with this bundle at district general hospital (DGH) level has not been well characterised longitudinally.

Aims & Methods: We conducted a four-cycle retrospective audit at Milton Keynes University Hospital (MKUH) from 2020 to 2025 to track compliance trends and identify persistent gaps in care. Retrospective four-cycle audit at MKUH (2020 April–Aug [n=50], 2023 Jul–Aug [n=34], 2024 Mar–Jun [n=45], 2025 Mar–Apr [n=37]). Records reviewed electronically (eCARE/EDM/ICE). Compliance is measured against all BSG bundle items across six domains. Clinically cancelled OGDs and repeated OGDs were excluded from the timeliness analysis.

Results: GBS documentation improved from 4% (2020) to 91.9% (2025). Antithrombotic resumption planning rose from 16% to 100%. RBC transfusion compliance improved from 32% to 100%. OGD within 24 hours improved from 44.1% (2023) to 86.4% (2025), with persistent Friday/weekend delays. IV crystalloid administration remained variable (48% → 79.4% → 57.8% → 80%). Terlipressin use in variceal bleeding fluctuated (80% → 55.5% → 44.4% → 80%). NEWS and antithrombotic interruption achieved 100% throughout. 30-day mortality: 5 in 2024 (comorbidity-related); 0 in 2025. (Table 1)

Table 1. BSG AUGIB Care Bundle Compliance Across Four Audit Cycles (2020-2025)

Domain	BSG Statement	2020 (Apr–Aug)	2023 (Jul–Aug)	2024 (Mar–Jun)	2025 (Mar–Apr)
	n = 166	50	34	45	37
Recognition	AUGIB bundle triggered	100%	100%	98.3%	100%
Resuscitation	IV crystalloid administered	48%	79.4%	57.8%	80%
	Restrictive RBC transfusion	32%	81.8%	44.4%	100%
Risk Assessment	GBS documented	4%	76.5%	80%	91.9%
Treatment	Terlipressin (variceal/cirrhosis)	80%	55.5%	44.4%	80%
	IV antibiotics (variceal/cirrhosis)	80%	55.5%	88.8%	100%
Refer	OGD within 24 hours	66%	44.1%	57.8%	86.4%
Review	Antithrombotic resumption plan	16%	37%	94.4%	100%

Conclusion: A four-cycle retrospective audit demonstrates improving compliance with the BSG AUGIB care bundle at a UK district general hospital. Sustained gains in risk stratification, transfusion practice, and antithrombotic management coexist with persistent gaps in IV fluid administration, Terlipressin use, and OGD timeliness. Iterative audit cycles are an effective quality improvement tool.

Limitations: Retrospective cross-sectional design; varying sample sizes; compliance reflects documentation rather than practice.

Biography

Moses G. Ogundipe MBChB (Hons) is a Foundation Year 1 Resident Doctor in General Internal Medicine at Northampton General Hospital NHS Trust. Ogundipe graduated from the University of Buckingham Medical School with Honours, having achieved distinctions throughout medical training. During a medical school placement at Milton Keynes University Hospital, Ogundipe contributed to a multi-cycle clinical audit on the management of Acute Upper Gastrointestinal Bleeding, benchmarked against the BSG AUGIB Care Bundle. Ogundipe has a broader interest in quality improvement and clinical research, with additional work in cardiovascular medicine and toxicology. Ogundipe is pursuing a career in critical care and pulmonology.

Dr Shahd Elhakim, MBChB, is a Foundation year 1 doctor currently working across both Gloucester Royal Hospital and Cheltenham General Hospital, where Elhakim is currently undertaking a rotation in Cardiology. A graduate of the University of Buckingham Medical School 2025, Dr Elhakim has demonstrated a strong commitment to clinical excellence and quality improvement early in a medical career. Elhakim contributed to a multi-cycle clinical audit at Milton Keynes University Hospitals, evaluating the management of Acute Upper Gastrointestinal Bleeding, against the BSG AUGIB Care Bundle. Alongside clinical interests in acute medicine, Elhakim is particularly passionate about mental health and is keen to participate in further quality improvement initiatives aimed at enhancing healthcare outcomes across the Severn region.



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Prevalence of protective levels of anti-HBs antibodies among 15–17-year-old adolescents at Kawempe Division Kampala-Uganda

Liver related cancer and cirrhosis mortality rates have been reduced globally by the Hepatitis B vaccine however decay still happens. We aimed at determining the prevalence of breakthrough HBV infections (Exposure, Acute and chronic infections) and the prevalence of protective levels of vaccine specific antiHBs antibody titers amongst 15–17-year-old adolescents in Kawempe division, Kampala, Uganda. A cross sectional study. Sample size: 288 participants. The results showed; Males; 149 (51.7%), Females; 139 (48.3%). First dose recipients; 26 (9.0%), Second dose recipients; 45 (15.6%) and Third dose recipients; 217 (75.4%). Combo test results: Participants at exposure (Combo susceptible); 221 (76.7%), Acute infections; 4 (1.5%), Chronic infections; 3 (1.0%) and vaccine protected 60 (20.8%). Titer test results: Responders; 22 (36.7%) and non-responders were 43 (66.2%). In conclusion: Hepatitis B vaccine 3 dose coverage was good at 75.4%. The study revealed an exposure rate of 76.7% for adolescents who had primarily been vaccinated owing this to genetics, Storage, Usage of overdue medicines and in-completion of HBV doses. The prevalence of acute and chronic infections in our study was moderately high at 1.5% and 1.0%. Our study recorded a low prevalence of protective anti-body titers at 33.8% possibly due to genetics.

Key words: Antibodies, Prevalence, Hepatitis B and vaccine.

Biography

Miss Nambafu Joan graduated with a bachelor's degree in science technology- biology from Kyambogo University in 2015. Joan later enrolled and completed her master of science in immunology and clinical microbiology from Makerere University in 2025. Joan is currently a PhD student at Makerere University. Joan is an author and co-author.



Nazar Abdelgabar

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From gut to spine: From traveller's diarrhoea to discitis and osteomyelitis

A 67-year-old man presenting repeatedly with fever, diarrhoea, and progressive thoracic back pain following recent travel. Blood cultures confirmed *Salmonella* Java bacteraemia. Initial computed tomography (CT) was unremarkable. Due to persistent symptoms, repeat CT angiography demonstrated vertebral destruction, and magnetic resonance imaging (MRI) confirmed T6–T7 discitis and osteomyelitis with prevertebral soft tissue involvement. There was no evidence of aortitis or infective endocarditis.

Management required prolonged antimicrobial therapy with several adjustments guided by susceptibility testing and tolerance, including intravenous ceftriaxone followed by oral therapy. Treatment duration was extended to six months following specialist advice. The patient showed significant clinical improvement with resolution of systemic symptoms and reduced back pain, and serial imaging demonstrated no vertebral collapse.

This case highlights that *Salmonella* Java can cause invasive spinal infection in the absence of traditional immunocompromising conditions. Persistent back pain in the context of *Salmonella* bacteraemia should prompt early spinal imaging to avoid diagnostic delay. Prolonged, individualised antimicrobial therapy and multidisciplinary management are essential to optimise outcomes.

Biography

Dr Nazar Abdelgabar is a Gastroenterology and General Medicine doctor with extensive clinical experience in acute medicine, gastroenterology, and infectious diseases. Currently, working at St Mary's Hospital (IOW), UK. Abdelgabar manages complex and high-acuity

cases, with a particular interest in gastrointestinal disorders and their systemic complications. Abdelgabar has contributed to quality improvement initiatives that have led to measurable improvements in clinical protocols and patient outcomes. Abdelgabar is also actively involved in medical education, having organised and delivered training programmes for junior doctors, particularly in core clinical procedures. Dr Abdelgabar is presenting From Gut to Spine: From Traveller's Diarrhoea to Discitis and Osteomyelitis, a rare case highlighting the importance of early diagnosis and coordinated multidisciplinary management. Abdelgabar holds MRCP (London) and a Postgraduate Certificate in Gastroenterology and Hepatology.



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Liver transplantation among children with biliary atresia: Retrospective study

Introduction: The most common bile duct disease in infants is biliary atresia (BA), which typically requires prompt surgical treatment for the best results, mostly pediatric liver transplantation. Globally, BA has an approximate frequency of 5 to 10 per 100,000 births. The study aims to retrospectively review outcomes of pediatric liver living donor transplantation for biliary atresia in Kazakhstan.

Materials and Methods: The retrospective study was carried out at the National Research Surgery Center named after A.N.Syzganov, Almaty (NRSC). A total of children who were liver transplanted were 50 children delivered in Kazakhstan between 2016 and 2024.

Results: During 2016–2024, 26 females (52.0%) and 24 males (48.0%) were admitted to the hospital due to biliary atresia at a mean age (months) of $M=7.14$ (95% CI: 6.72–7.56), $SD=1.48$, $Min=3$, $Max=12$. The average weight was 7.71 ± 2.82 , height - 67.9 ± 12.3 . LT is supported by the government, covering the whole period of hospitalization. According to the analysis of LT data, inpatient bed-day was 53.0, $SD=27.2$. Out of 50 patients with biliary atresia, 38 (76%) cases were successful, and 12 (24.0%) children died. Deaths were assessed by month $M=0.25$ (CI 95%: 0–0.250) $SD=0.452$. The Gehan-Breslow-Wilcoxon test was used to compare group survival by gender because deaths occur early in follow-up, $\chi^2=0.0324$, $p=0.857$.

Conclusion: The first experience of fully covered pediatric liver living donor transplantation for biliary atresia in Kazakhstan was successful in 76% of cases. It is important to develop a National program on the implementation of the Stool Color Card and getting tested serum total and direct or conjugated bilirubin in all infants with persistent jaundice for more than two to three weeks for early liver transplantation/Kasai portoenterostomy.

Keywords: Biliary Atresia; Infant; Child; Liver Transplantation; Hepatic Portoenterostomy; Postoperative Complications; Treatment Outcome.

Biography

Dr. Nazira Yerimova is a pediatric hepatologist in the Department of Pediatric Surgery at National Scientific Center of Surgery n.a. A.N. Syzganov, Kazakhstan. Yerimova holds a PhD and has over 15 years of clinical and academic experience in pediatric hepatology. With more than 15 years of work in pediatrics and pediatric hepatology, Yerimova's main research interests include biliary atresia, pediatric liver transplantation, and rare hepatobiliary disorders in children. Yerimova has published in peer-reviewed journals and presented at international conferences in France, New Zealand, and India.



Neha V Patel*, MD,
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Integrative medicine for disorders of gut-brain interaction: Evidence-based approaches in irritable bowel syndrome

Disorders of gut-brain interaction (DGBIs), including irritable bowel syndrome (IBS), are among the most prevalent gastrointestinal conditions and are characterized by complex interactions between the enteric nervous system, central nervous system, gut microbiome, immune pathways, and psychosocial factors. Conventional pharmacologic therapies provide modest benefits for many patients, leading increasing numbers to seek integrative approaches that address multiple dimensions of disease pathophysiology.

This presentation reviews the current evidence supporting integrative therapies for IBS and other DGBIs, with emphasis on lifestyle, behavioral, dietary, and complementary interventions. Among available modalities, gut-brain behavioral therapies, including cognitive behavioral therapy, gut-directed hypnotherapy, relaxation training, and mindfulness-based interventions, demonstrate the strongest evidence for improving global symptoms and quality of life, with benefits that often persist beyond active treatment. Mind-body interventions such as yoga and diaphragmatic breathing may provide additional symptom relief through modulation of autonomic function and visceral hypersensitivity.

Dietary and nutraceutical therapies also play an important role in integrative management. Soluble fiber, particularly psyllium, remains one of the most consistently supported nonpharmacologic treatments, while emerging evidence suggests that fiber-rich foods such as kiwifruit and prunes may provide comparable benefits for constipation-predominant symptoms. Peppermint oil has demonstrated efficacy for abdominal pain and global IBS symptoms and remains one of the best-supported botanical therapies. Evidence for probiotics continues to evolve, with potential benefits appearing strain-specific, although current

guideline recommendations remain cautious because of heterogeneity among studies. Physical activity is associated with broader health benefits and may improve IBS symptom severity, although further research is needed to define optimal exercise prescriptions.

Additional complementary therapies, including acupuncture, show promising but mixed results, while evidence for Ayurvedic formulations and digestive enzymes remains limited. Overall, current data support a patient-centered integrative framework that combines lifestyle modification, dietary therapy, gut-brain behavioral interventions, and selective evidence-based supplements alongside conventional medical care. This approach aligns with the biopsychosocial model of DGBIs and offers clinicians practical strategies to improve symptom control, quality of life, and long-term patient outcomes.



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Real world outcomes in fecal incontinence care: Effects of social determinants of health, hormonal therapy, dyssynergic defecation, and treatment engagement

Background & Aims: Fecal incontinence (FI) is a common and debilitating pelvic floor disorder that disproportionately affects women and frequently coexists with other anorectal dysfunctions. Although dyssynergic defecation (DD) is traditionally associated with constipation, its prevalence and clinical significance among women presenting with FI remain poorly characterized. Additionally, the influence of menopausal hormone therapy (HRT) and social determinants of health on pelvic floor physiology, treatment engagement, and outcomes is not well understood. We aimed to characterize anorectal physiologic findings, patterns of pelvic floor therapy utilization, and factors associated with treatment outcomes among women with FI in a large urban safety-net healthcare system.

Methods: We performed a retrospective review of female-identifying patients who underwent anorectal manometry (ARM) for evaluation of FI between January 2018 and December 2025. Demographic, clinical, physiologic, treatment, and social vulnerability data were collected from electronic medical records. Outcomes included ARM findings, engagement with pelvic floor therapy (PFT), treatment completion, symptom improvement, and loss to follow-up. Associations between hormone therapy use, anorectal physiology, and treatment outcomes were evaluated using univariable and multivariable analyses.

Results: Seventy-six women underwent ARM for FI evaluation. Mean age was 55 years, 46.1% identified as Hispanic, and 80% were postmenopausal. Social vulnerability was substantial, with a mean Social Vulnerability Index of 0.88; 70.3% lived in low-income areas and 48.6% resided in food deserts. ARM demonstrated a high prevalence of pelvic floor dysfunction: 81.6% of patients exhibited DD, while only 18.4% demonstrated normal defecatory mechanics. Type III dyssynergia was the most common subtype.

Engagement with evidence-based pelvic floor therapy was limited. Although 56.6% of referred patients attended at least two therapy sessions, only 28.9% completed all prescribed treatment. Patients who attended at least two sessions were significantly more likely to complete therapy ($p=0.03$). Greater social vulnerability was associated with lower rates of treatment engagement, increased loss to follow-up, and reduced symptom improvement, although these trends did not reach statistical significance.

Among postmenopausal women, vaginal estrogen use was associated with longer anal sphincter length compared with no hormone therapy ($p=0.025$), whereas systemic HRT showed no significant association with sphincter length. These findings complement broader population-level data demonstrating increased diagnostic identification of DD and greater utilization of anorectal physiologic testing and pelvic floor biofeedback among postmenopausal women receiving systemic HRT.

Conclusions: Women with FI in a safety-net healthcare setting demonstrate a high prevalence of underlying dyssynergic defecation and substantial social vulnerability. Despite the effectiveness of pelvic floor rehabilitation, treatment engagement and completion remain low, suggesting that structural and access-related barriers significantly influence outcomes. The association between vaginal estrogen use and increased anal sphincter length, together with the observed relationship between HRT exposure and DD-related care utilization, highlights the need for further investigation into hormonal influences on pelvic floor function. Interventions aimed at improving early therapy engagement and reducing social barriers may improve treatment completion and clinical outcomes among vulnerable populations



Radhika Patel

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Early versus delayed enteral feeding in acute pancreatitis: A literature review

Background: Acute pancreatitis is a common cause of hospital admission and is associated with significant morbidity and healthcare burden. Traditional management strategies often involved prolonged periods of nil by mouth; however, increasing evidence suggests that early enteral feeding may improve outcomes by preserving gut integrity and reducing infectious complications. This literature review aims to compare the clinical outcomes of early versus delayed enteral feeding in adult patients with acute pancreatitis.

Methods: A literature search was conducted using PubMed and Google Scholar. Search terms included acute pancreatitis, early enteral feeding, and delayed feeding. Studies published in English between 2015 and 2025 were included. Eligible studies involved adult patients with acute pancreatitis and compared early enteral feeding (within 24–48 hours of admission) with delayed feeding. Paediatric studies, chronic pancreatitis, case reports, and opinion articles were excluded. Included study designs comprised randomised controlled trials, systematic reviews, and meta-analyses.

Results: Ten relevant studies met the inclusion criteria. Across multiple study designs, early enteral feeding was associated with improved clinical outcomes compared with delayed feeding. Reported benefits included reduced rates of infectious complications, shorter hospital length of stay, and lower incidence of organ failure. Several studies demonstrated no significant increase in feeding intolerance, pain, or nausea with early feeding. Meta-analyses reported reductions in mortality and septic complications among patients receiving early enteral nutrition. Benefits were most consistently observed in patients with mild to moderately severe acute pancreatitis.

Conclusion: Current evidence supports the early initiation of enteral feeding in acute pancreatitis as a safe and effective intervention associated with improved clinical outcomes. Routine prolonged fasting may be unnecessary in the absence of contraindications, and early enteral nutrition should be considered part of standard acute medical management.

Biography

Radhika Patel is a Foundation Year Two doctor working in the United Kingdom with a clinical interest in acute and general internal medicine. They have a particular interest in evidence-based management of acute gastrointestinal conditions and quality improvement in acute care settings. This work reflects their interest in optimising inpatient management strategies through current clinical evidence and guideline-informed practice.



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Pitfalls in colonoscopy: A rare endoscopic never event identified through histopathological discordance

Introduction: Colonoscopy is a routinely used diagnostic and therapeutic tool and is considered the gold standard investigation for assessment of colorectal pathology. Whilst colonoscopy can lead to rare but serious complications, incorrect vaginal intubation during these are exceptionally rare. We present a case in which inadvertent vaginal intubation during colonoscopy was identified following unexpected histopathological findings, highlighting the importance of human factors and non-technical skills (NTS) in endoscopic practice.

Case presentation: A 35-year-old woman presented with a five-month history of altered bowel habit, intermittent rectal bleeding and lower abdominal pain, initially suspected to be consistent with irritable bowel syndrome. A colonoscopy was arranged to exclude other inflammatory or structural gastrointestinal pathologies. The procedure was performed under conscious sedation following standard bowel preparation.

During procedure, advancement of the scope was limited by apparent significant rectal stenosis and associated mucosal swelling, with the tissue appearing firm in consistency and lipoma-like in appearance. Histopathological analysis unexpectedly demonstrated squamous epithelium, with no identifiable colonic mucosa. In view of this, repeat laboratory verification to exclude specimen transposition was undertaken. Consequently, it was determined that the endoscope had been inadvertently introduced into the vagina, and subsequently a view of the cervix rather than the rectum had been obtained. A duty of candour was undertaken by the endoscopist following recognition of this error.

Discussion: Incorrect anatomical intubation during colonoscopy represents an extremely rare but serious never event. This case highlights how procedures seemingly routine for even

the most experienced clinicians remain vulnerable to human factors, including potential loss of situational awareness and procedural complacency. Although there is intuitive tendency for endoscopists to focus on their technical abilities, NTS must be acknowledged as fundamental to safe practice. Human factors and non-technical skills are increasingly recognised as major contributors to endoscopic safety, reflected by the development of national frameworks such as Endoscopic Non-technical Skills (ENTS) and national safety initiatives from the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) and NHS England. Other factors that could lead to this error were considered, including large patient body habitus, congenital cloacal abnormalities and technical difficulties related to positioning of the patient. In this case, it is theorised that procedural error occurred following dimming of lighting before confirmation of correct anatomical placement of the scope. In response, the Trust introduced a standard operating procedure (SOP) to prevent any recurrence of this event.

Conclusion: Inadvertent vaginal intubation during colonoscopy is an extremely rare but significant patient safety event. This case highlights the importance of maintaining procedural vigilance during routine endoscopic practice. As such, emphasis should continue to remain on NTS across all levels of clinical endoscopic practice to minimise potential errors.

Biography

Rajan Panacer is an Academic Foundation Year 1 (F1) doctor at University Hospitals Birmingham (UHB), where Panacer holds a permanent position and has full GMC registration following successful completion of Panacer's ARCP. In addition to the medical role, Panacer works as a registered pharmacist undertaking locum positions, reflecting Panacer's multidisciplinary healthcare expertise. Panacer obtained an MBChB in Medicine from Aston University and previously completed an MPharm at the University of East Anglia. Aspiring to build a career that combines clinical practice with academia and research, Dr. Panacer is keen to present this case to further develop Panacer's research, academic, and presentation skills.



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Mimicking polycystic liver disease: A case report of innumerable cystic hepatic metastases from a pancreatic neuroendocrine tumour and diagnostic role of endoscopic ultrasound

Pancreatic neuroendocrine tumours (PNETs) are rare neoplasms, accounting for approximately 1–2% of all pancreatic malignancies. Their clinical and radiological presentation can be highly variable, particularly in non-functioning tumours. Cystic hepatic metastases are an uncommon manifestation and may mimic benign hepatic disease, delaying diagnosis. We present a case of metastatic well-differentiated PNET presenting with progressive cystic liver lesions and unexplained main pancreatic duct (MPD) dilatation.

Case: A 62-year-old man with a history of successfully treated chronic lymphocytic leukaemia underwent surveillance imaging for adrenal nodules. Cross-sectional imaging identified multiple new hepatic lesions, peri-duodenal lymphadenopathy and MPD dilatation without an identifiable obstructing lesion. The hepatic lesions appeared cystic and initially demonstrated benign radiological characteristics. An ultrasound-guided liver biopsy was unsuccessful, and subsequent magnetic resonance imaging continued to suggest benign cystic lesions. However, their progressive development and rapid increase in number and size over an 18-month period raised concern for an underlying malignant process. Repeat imaging demonstrated more than 30 randomly distributed hepatic lesions, gross MPD dilatation extending to the ampulla, and enlarged peripancreatic lymph nodes.

Endoscopic ultrasound (EUS) was subsequently performed. The pancreatic head was hypoechoic with an irregularly dilated and tortuous MPD, while the body and tail appeared atrophic. Multiple hepatic cystic lesions containing internal septations were identified.

Fine needle aspiration (FNA) was obtained from the pancreatic head, liver lesions and peripancreatic lymph nodes. Cytological and histopathological assessment demonstrated well-differentiated neuroendocrine tumour (WDNET), WHO/ENETS grade 2, across all three sites. Immunohistochemistry demonstrated a Ki-67 proliferation index of 8%. Gallium PET-CT confirmed a somatostatin receptor-positive pancreatic head lesion with adjacent nodal and hepatic metastatic disease. The final clinical stage was T1N1M1a. Given metastatic disease, the patient commenced four-weekly lanreotide with palliative intent.

Conclusion: This case highlights the diagnostic challenges posed by an atypical presentation of metastatic PNET, particularly when hepatic metastases have a predominantly cystic appearance and the pancreatic primary is not readily identifiable on conventional imaging. Progressive or unexplained cystic liver lesions should prompt consideration of malignant and neuroendocrine aetiologies. EUS with targeted tissue sampling from multiple sites was pivotal in establishing the diagnosis and staging in this case. Early multidisciplinary assessment and a low threshold for EUS-guided tissue acquisition are essential when radiological findings remain unexplained or discordant with the clinical course.

Biography

Dr Rida Abbasi is currently working as a Gastroenterology SHO at Manchester University NHS Foundation Trust (MFT), with a strong interest in hepatopancreatobiliary (HPB) medicine and advanced endoscopy. Abbasi is particularly interested in complex ERCP procedures and the management of challenging biliary pathology. Abbasi's clinical and academic interests have led to involvement in research surrounding complex endoscopic cases, with a particular focus on innovative approaches to biliary access. Abbasi's authorship involves cases pertaining to novel ERCP/EUS procedures.



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Mobile dual-suspension technique-assisted single-incision versus conventional multi-port laparoscopic D2 radical distal gastrectomy: A comparative study of short-term outcomes and quality of life

Background: Laparoscopic D2 radical distal gastrectomy is a standard treatment for distal gastric cancer. Single-Incision Laparoscopic Surgery (SILS) offers potential advantages in cosmetic outcomes and recovery, but its technical complexity limits widespread adoption. We independently developed a mobile dual-suspension technique applicable to both laparoscopic and robotic surgery to facilitate SILS. This study aims to compare the short-term efficacy and Quality of Life (QoL) between SILS assisted by this novel technique and conventional Multi-Port Laparoscopic Surgery (MPLS) for D2 radical distal gastrectomy.

Methods: A retrospective analysis of 305 patients was performed. After 1:1 Propensity Score Matching (PSM), 86 patients were included in each group (SILS vs. MPLS). Perioperative parameters, pathological outcomes, complications, health economics, and nutritional/inflammatory markers were compared. QoL was assessed at 1 year post-surgery using the EORTC QLQ-C30 and QLQ-STO22 questionnaires.

Results: The SILS group showed significantly fewer drainage tubes (1.12 ± 0.32 vs. 1.64 ± 0.48), lower nasogastric tube retention rate (55.81% vs. 76.74%), faster recovery (time to first flatus: 2.42 ± 0.68 vs. 2.76 ± 0.51 days), less early postoperative pain (VAS day 1: 3.13 ± 0.68 vs. 3.35 ± 0.75), and shorter postoperative hospital stay (7.77 ± 1.41 vs. 9.17 ± 2.46 days) (all $P < 0.05$). Direct surgical costs were similar, but total hospitalization costs were significantly lower in the SILS group (68098.89 ± 11774.51 vs. 73019.76 ± 13373.34 , $P = 0.011$). SILS patients also exhibited better nutritional recovery (PNI on day 3: 41.44 ± 4.29 vs. 39.23 ± 3.88) and faster resolution of inflammation (CRP

on day 3: 111.70 ± 65.73 vs. 140.88 ± 62.94 mg/L) (both $P < 0.05$). No significant differences were observed in operative time, blood loss, major complications (Clavien-Dindo $\geq$ II: 11.63% vs. 13.95%), or 1-year QoL scores ($P > 0.05$ for all domains).

Conclusions: This study is the first to prove that single-incision laparoscopic D2 radical distal gastrectomy assisted by our self-developed mobile dual-suspension technique is safe and feasible for distal gastric cancer, providing equivalent oncological radicality to multi-port laparoscopy. It offers significant advantages in early postoperative recovery, pain control, nutritional preservation, inflammation reduction, and cost-effectiveness, without compromising 1-year postoperative quality of life.

Key words: Gastric Cancer; Single-Incision Laparoscopic Surgery; Multi-Port Laparoscopic Surgery; Propensity Score Matching; Quality of Life; Health Economics

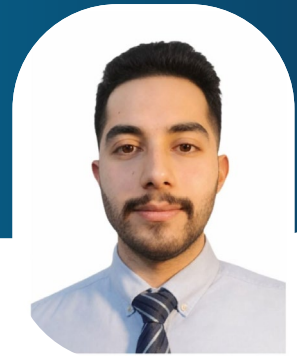
Biography

Dr. Dai Youguo is the Deputy Director (Managing the Department) of Gastric and Small Intestine Surgery at Yunnan Cancer Hospital and a former visiting scholar at the University of Pittsburgh Medical Center. Dai leads the gastric surgery direction of a National Key Clinical Specialty in Gastrointestinal Surgery and chairs the Third Committee of Gastric Cancer of Yunnan Anti-Cancer Association. Dai serves on multiple national committees and has received grants including the Youth Program of the National Natural Science Foundation of China. Dr. Dai has published over 30 SCI papers and is a peer reviewer for journals including Surgical Endoscopy.



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Endoscopic ultrasound-guided fine-needle biopsy of a caudate-lobe cholangiocarcinoma with complex vascular anatomy: A case report

Background: Caudate-lobe lesions can be difficult to sample percutaneously because of their deep location and close relationship to the inferior vena cava (IVC), portal vein and hepatic veins. Endoscopic ultrasound-guided fine-needle biopsy (EUS-FNB) may provide a shorter, real-time, Doppler-guided route to selected Segment I lesions.

Case presentation: An 82-year-old woman undergoing investigation for a possible bowel malignancy was found incidentally to have a 2.5-cm lesion in hepatic Segment I. MRI demonstrated an ill-defined mass with arterial enhancement, washout and restricted diffusion. Serum CA19-9 was markedly elevated at 926 U/mL, whereas alpha-fetoprotein was 2 ng/mL. Interval triple-phase CT showed enlargement to 3.0 × 2.5 cm, extension across Segments I, V and VII, broad contact with the IVC, portal-vein trifurcation, contact with the main portal vein and thrombus in the right posterior portal-vein branch. The patient did not wish to undergo surgical resection. Following multidisciplinary review, a percutaneous approach was considered technically unfavourable and EUS-FNB was selected. Transgastric EUS demonstrated a hypoechoic solid lesion, and two biopsy passes were performed without an immediate complication. Histology showed adenocarcinoma with no morphological features of hepatocellular carcinoma. In the context of the imaging and biochemical findings, the multidisciplinary team considered the overall diagnosis to be intrahepatic cholangiocarcinoma with metastatic disease and referred the patient for palliative oncology assessment.

Conclusion: This case illustrates how EUS-FNB can provide clinically useful tissue from a caudate-lobe lesion when a percutaneous route is judged unfavourable. Its main value was its contribution to a patient-centred change in management. Larger prospective studies are needed to define patient selection, comparative safety and strategies that reliably obtain sufficient tissue for molecular profiling.

Biography

Zaid Abu Saleh is an Internal Medicine Trainee Year 2 (IMT2) currently working at Manchester University NHS Foundation Trust, with a previous clinical background in Emergency Medicine. The transition into Internal Medicine has allowed Saleh to develop a strong interest in gastroenterology, particularly in hepatobiliary disease, complex diagnostic cases, and endoscopic practice. Saleh is keen to continue developing clinical and academic experience within the specialty and hopes to pursue higher specialty training in gastroenterology in the future.

Dr Khaled Jbarah is an Internal Medicine Trainee at Manchester University NHS Foundation Trust, with a special interest in gastroenterology, advanced endoscopy, and pancreatobiliary disease. Jbarah is actively involved in endoscopy-focused research and quality improvement, and recently co-led a UK multicentre study evaluating conscious sedation for EUS-directed transgastric ERCP (EDGE) in patients with Roux-en-Y gastric bypass. Jbarah intends to pursue higher specialty training in gastroenterology.

2ND EDITION OF

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POSTER
PRESENTATIONS





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Clinical-endoscopic correlation of the surgical wrap after gastric fundoplication: Development and characterization of the Standardized Endoscopic Fundoplication (SEF) score

Background: Postoperative endoscopic assessment of the fundoplication wrap remains poorly standardized. Single-parameter classifications such as the Hill grade of the gastroesophageal flap valve, and Mittal-type descriptive systems, have been associated with substantial inter-observer variability and an inconsistent relationship with patients' symptomatic status.

Aim: To characterize the clinical-endoscopic correlation of the surgical wrap after gastric fundoplication using a novel composite endoscopic instrument, the Standardized Endoscopic Fundoplication (SEF) score (11 anatomical components, total range 0–16), and to test its convergent validity against two established endoscopic classifications — the postoperative Hill grade and the Los Angeles (LA) grade of reflux esophagitis — as well as against postoperative symptomatic status.

Methods: Retrospective cohort study based on a structured clinical registry of 178 consecutive patients undergoing laparoscopic or open fundoplication (Nissen, Toupet, or Dor) for gastroesophageal reflux disease and/or hiatal hernia. The SEF score, automatically computed from 11 endoscopic domains (wrap position, integrity, symmetry, length, tension, retroflexed appearance, and absence of hernia, migration, slippage, torsion, and severe esophagitis) recorded at postoperative endoscopy. Associations between the SEF total score and the ordinal Hill grade (4 categories) and LA grade (5 categories) were assessed with Spearman's correlation and the Kruskal-Wallis test; agreement between SEF category

(1–4) and Hill grade was quantified with a linear-weighted kappa. Secondary, hypothesis-generating analyses examined SEF score by fundoplication type and its correlation with the Visick symptom grade.

Results: The mean SEF total score was 12.9 ± 3.8 (median 14; IQR 11–16), with 58.4% of patients ($n = 104$) classified as a functional wrap, 19.7% ($n = 35$) minor abnormalities, 10.1% ($n = 18$) partial disruption, and 11.8% ($n = 21$) as failed fundoplication. The SEF score correlated strongly and inversely with postoperative Hill grade (Spearman $\rho = -0.75$, $p < 0.001$) and with LA esophagitis grade ($\rho = -0.72$, $p < 0.001$), with significant between-group differences on Kruskal-Wallis testing ($p < 0.001$ for both). Agreement between SEF category and Hill grade was moderate (linear-weighted kappa = 0.585). The SEF score also correlated significantly with postoperative Visick symptom grade ($\rho = -0.69$, $p < 0.001$) and differed significantly by fundoplication type ($p < 0.001$), being highest after Nissen fundoplication.

Conclusion: The SEF score provides a granular, anchor-based description of postoperative wrap anatomy and shows strong convergent validity against two independent endoscopic classifications, together with a significant clinical-endoscopic correlation with symptomatic status. These findings support its potential as a standardized reporting instrument for postoperative fundoplication assessment, addressing the inter-observer variability documented for existing single-parameter classifications. Formal inter-observer reliability testing and prospective comparison against the surgical gold standard (intraoperative findings at redo surgery) remain necessary next steps before wider adoption.

Biography

Dr. Cristina Ticot is a gastroenterologist based in Chişinău, Moldova. Ticot completed the medical degree (2013–2019) and subsequent gastroenterology residency (2019–2023) at the Nicolae Testemiţanu State University of Medicine and Pharmacy. Ticot's clinical and academic interests center on gastrointestinal pathology, digestive health, and inflammatory bowel diseases (IBD). Ticot has also contributed to medical literature through clinical research, including studies on potential environmental and infectious triggers, such as COVID-19, in the onset and aggravation of ulcerative colitis. Ticot remains dedicated to advancing patient care and medical knowledge in gastroenterology.



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Endoscopic correlation between Cameron lesion characteristics, hiatal hernia anatomy, and gastroesophageal reflux disease: A single-center retrospective analysis

Background: Cameron lesions — linear erosions or ulcerations at the diaphragmatic pinch within a hiatal hernia (HH) — are an under-recognized cause of occult gastrointestinal bleeding and chronic iron-deficiency anemia. They are classically associated with large HH, but the endoscopic anatomical features that determine lesion number and size, and their relationship with reflux esophagitis and Barrett's esophagus, remain incompletely characterized.

Aim: To characterize the endoscopic anatomical correlates of Cameron lesions in patients with HH, and to explore their association with hernia size/type, reflux esophagitis severity, Barrett's esophagus, and clinical presentation.

Methods: We retrospectively analyzed 43 consecutive patients (65.1% female; mean age 60.3 ± 12.8 years, range 31–83) diagnosed endoscopically with HH and Cameron lesions. Hiatal hernias were graded using the Hill classification, size category (small/medium/large), reducibility (fixed/reducible/mixed), and maximal cranio-caudal height. For each patient, we recorded the number and maximal diameter of Cameron lesions, esophagitis severity (Los Angeles classification), Barrett's esophagus (Prague C&M criteria), bleeding stigmata (Forrest classification), *H. pylori* status, and presenting symptoms. Spearman correlation and Kruskal–Wallis tests were used to assess associations between hernia anatomy and Cameron lesion burden.

Results: Hill grade III–IV was present in 97.7% of patients, and HH was medium or large in 79.1% (mean maximal height 51.8 ± 24.6 mm; range 20–120 mm). Patients harbored a mean of 3.9 ± 1.9 Cameron lesions each (range 1–10; 166 lesions in total), with a mean maximal diameter of 20.1 ± 6.9 mm (range 5–40 mm). Neither the number nor the maximal size of Cameron lesions correlated with hernia height ($r_s = -0.02$, $p = 0.90$ and $r_s = 0.15$, $p = 0.34$, respectively), nor did they differ significantly across hernia-size categories (Kruskal–Wallis, $p = 0.92$ and $p = 0.31$) — indicating that, within this Cameron-lesion cohort, lesion burden is largely dissociated from gross hernia dimensions. Concurrent erosive esophagitis was present in 60.5% of patients and Barrett's esophagus (columnar-lined esophagus) in 14.0%. Forrest I–II bleeding stigmata were observed in 44.2% of examinations; anemia and overt upper gastrointestinal bleeding accounted for 20.9% and 9.3% of presentations, respectively. Malignant transformation of a Cameron lesion was observed in one case (2.3%). Laparoscopic Nissen fundoplication was the predominant treatment (69.8%).

Conclusion: Cameron lesions occurred across the full spectrum of hiatal hernia size and reducibility, and their number and diameter were statistically independent of hernia height in this cohort, arguing against a purely size-dependent mechanical model. The high prevalence of concurrent reflux esophagitis and Barrett's esophagus supports a combined mechanical–reflux pathogenesis. These findings support systematic, careful inspection of the hernia sac at upper endoscopy — including retroflexed views — regardless of hernia dimensions, particularly in patients presenting with unexplained iron-deficiency anemia.

Keywords: Cameron lesions; hiatal hernia; gastroesophageal reflux disease; Barrett's esophagus; upper gastrointestinal bleeding; endoscopy

Biography

Dr. Cristina Ticot is a gastroenterologist based in Chişinău, Moldova. Ticot completed the medical degree (2013–2019) and subsequent gastroenterology residency (2019–2023) at the Nicolae Testemiţanu State University of Medicine and Pharmacy. Ticot's clinical and academic interests center on gastrointestinal pathology, digestive health, and inflammatory bowel diseases (IBD). Ticot has also contributed to medical literature through clinical research, including studies on potential environmental and infectious triggers, such as COVID-19, in the onset and aggravation of ulcerative colitis. Ticot remains dedicated to advancing patient care and medical knowledge in gastroenterology.



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When pain slows the heart: An unusual case of cholecystitis with bradycardia

Bradycardia in the setting of abdominal pathology is an uncommon clinical finding. Cope's sign — reflex bradycardia associated with acute cholecystitis (or cardio-biliary reflex) — is a rare but documented occurrence. Recognizing this atypical presentation is critical to avoid misdiagnosis, inappropriate management, and unnecessary cardiac workup.

The patient is a 44-year-old male who presented with progressive right upper quadrant abdominal pain, nausea, and vomiting for three days. Vital signs on admission revealed asymptomatic sinus bradycardia with a heart rate of 49 beats per minute, which was unexpected given the severity of pain (rated 10 out of 10 in intensity).

Physical examination showed a positive Murphy's sign without peritoneal signs. Laboratory studies revealed leukocytosis, mild hyponatremia (135 mmol/L), and normal cardiac biomarkers and TSH. Electrocardiogram demonstrated sinus bradycardia of 39 beats per minute without ischemic changes. Computed tomography of the abdomen confirmed acute cholecystitis with cholelithiasis, a distended gallbladder, and mild pericholecystic inflammatory changes. Abdominal ultrasound showed cholelithiasis with gallbladder wall thickening. The patient was admitted, managed with intravenous fluids and antibiotics, and underwent laparoscopic cholecystectomy on day four of admission after cardiology evaluation and clearance. Notably, the bradycardia resolved shortly after pain was controlled. No underlying cardiac pathology was identified.

This case highlights Cope's sign — a rare vagally mediated reflex bradycardia due to gallbladder inflammation. While acute pain and systemic inflammation often trigger

tachycardia, visceral afferent stimulation can paradoxically increase vagal tone, resulting in bradycardia. Recognizing Cope's sign in patients with abdominal pain can help avoid unnecessary diagnostic testing or misattributing the bradycardia to a primary cardiac pathology.

However, in patients presenting with severe or symptomatic bradycardia, heart block, or risk factors for conduction system disease, it is essential to distinguish Cope's sign from intrinsic cardiac conditions. Reflex-mediated bradycardia may coexist with or obscure serious underlying heart block, especially in elderly or comorbid patients. In such cases, further cardiac evaluation is warranted before attributing bradycardia solely to a vagal reflex. This distinction is crucial, as missed cardiac pathology could lead to delayed treatment of life-threatening arrhythmias.

This case emphasizes the importance of maintaining a broad differential when evaluating bradycardia in the setting of abdominal pathology and reinforces the need to correlate autonomic signs with both abdominal and cardiac findings. Awareness of Cope's sign can facilitate timely diagnosis of acute cholecystitis and prevent mismanagement of a rare but reversible cause of bradycardia.

Biography

Dr. Keishla M. Hidalgo Vargas earned a Bachelor's degree in Biology from the University of Puerto Rico, Mayagüez Campus, in 2015. Hidalgo Vargas went on to obtain a medical degree from the University of Medicine and Health Sciences in St. Kitts, graduating in 2023. Hidalgo Vargas is currently a PGY-2 Internal Medicine resident at Hospital de la Concepción in San Germán, Puerto Rico. Dr. Hidalgo Vargas aspires to pursue a fellowship in Gastroenterology and is particularly interested in advancing clinical and academic contributions within the field.



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Accuracy of endoscopic ultrasound for tumour and nodal staging in gastro-oesophageal cancer: A single-centre study comparing endoscopic ultrasound with histopathology

Background: Accurate locoregional staging is essential in gastro-oesophageal cancer to guide treatment selection. Endoscopic ultrasound provides high-resolution assessment of tumour depth and regional lymph nodes, but real-world performance varies.

Aim: To evaluate the diagnostic performance of endoscopic ultrasound for tumour and nodal staging at clinically relevant decision thresholds by comparison with histopathology.

Methods: We conducted a retrospective single-centre study at the Royal Liverpool University Hospital (January 2021–December 2025). A total of 265 patients with gastro-oesophageal cancer were reviewed. Pre-treatment endoscopic ultrasound was performed in 55/265 (20.8%); three cases were excluded due to unavailable reports (external procedures). Of 52 patients with an endoscopic ultrasound report, 21 were excluded due to unavailable histopathology (5 unfit for surgery, 3 metastatic disease, 13 best supportive care). The final comparative cohort included 31 patients with paired endoscopic ultrasound staging and histopathology. Diagnostic performance was assessed for early disease (Tis/T1 vs $\geq$ T2), advanced local disease ($\geq$ T3 vs $\leq$ T2), and nodal status (N+ vs N0) using sensitivity, specificity and accuracy. Tis was grouped with T1 for threshold analyses.

Results: Diagnostic performance is summarised in the table.

Table. Diagnostic performance at key decision thresholds (n=31)

Decision threshold	Sensitivity (%)	Specificity (%)	Accuracy (%)
Early stage (Tis/T1 vs $\geq$ T2)	27.3	90.0	67.7
Advanced stage ($\geq$ T3 vs $\leq$ T2)	76.9	55.6	64.5
Nodal status (N+ vs N0)	33.3	37.5	35.5

Conclusions: In a paired histopathology cohort (n=31), endoscopic ultrasound showed high specificity but limited sensitivity for early (Tis/T1) disease, moderate discrimination for $\geq$ T3 disease, and poor performance for nodal staging. These findings support using endoscopic ultrasound primarily to inform T-stage decision thresholds within MDT pathways, while nodal status should be interpreted cautiously and integrated with cross-sectional imaging; selective nodal sampling may be considered when results would change management.

Keywords: gastro-oesophageal cancer; endoscopic ultrasound; staging; diagnostic accuracy; histopathology; lymph nodes.

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