

28th November 2021 | Seventh official session



TUGS ABSTRACT BOOKLET

Table of contents

Contents

WELCOME TO SCIENTIFIC SUNDAYS !	2
.....	4
ORAL PRESENTATIONS	4
ABSTRACT #1	5
ABSTRACT #2.....	6
ABSTRACT #3.....	8
ABSTRACT #4.....	9

WELCOME TO SCIENTIFIC SUNDAYS !

TUGS Scientific Sundays aim to provide a free platform to researchers in Upper Gastrointestinal (UGI) Surgery from around the world to present their research to a global audience.

We welcome submissions in all areas of UGI Surgery including oesophago-gastric cancer surgery, bariatric surgery, hepato-biliary surgery, pancreatic surgery, hernia surgery, and trauma surgery. Each abstract submitted until the 15th of a month will be reviewed by our panel of experts. The best amongst them will be accepted for oral presentation on the last Sunday of the following month between 2 -3 PM London time. Other accepted abstracts will be presented as posters on our website.

The best abstract amongst the oral presentations as decided by our panellists will be awarded the **TUGS Prize**. All accepted (both oral and poster) abstracts will also be published in the monthly TUGS Abstract book which will be freely downloadable from our website.

You no longer have to wait for months or travel thousands of miles to present your findings. You can do that to a worldwide audience right from the comfort of your own living room. Welcome to TUGS Scientific Sundays!

Sjaak Pouwels

TUGS Scientific Coordinator

Kamal Mahawar

TUGS Chief Coordinator



ORAL PRESENTATIONS

ABSTRACT #1

Neo adjuvant chemotherapy and its effects on TNM staging in diffuse gastric cancer

Ahmed Almonib^{1*}, Benjamin Tan¹, Yi-tzu (Linda) Lin¹, Manjunath Siddaiah-Subramanya¹

General surgery, University Hospital Birmingham, Birmingham, United Kingdom¹

*Mailing and presenting author: ahmed.almonib@nhs.net

Presented on the 28th November 2021

Background: Neoadjuvant chemotherapy (NAC) has been widely used in the treatment of gastric cancer. The aim of this study is to evaluate the impact of NAC on the post-operative TNM staging and survival of intestinal type vs diffuse type gastric cancer patients.

Methods: A retrospective study was conducted at QEHB from January 2004 to December 2020. All patients with AJCC stage II and III gastric cancers (intestinal vs diffuse) were included in this study. Patient demographics, Mandard regression grade, TNM staging at diagnosis (utilizing primarily CT scans) and post-surgery were collected. Survival data was also collected.

Results: Over the study period, 44 patients with intestinal type gastric cancer underwent NAC followed by surgery and 27 patients with diffuse type gastric cancer were treated with NAC and surgery. In the intestinal type group, there were no significant differences between the diagnosis and post-operative T or N stages. In the diffuse type group, there was no significant in the T stage. However, there was an increase in N stage post-surgery (mean pre-NAC N stage 0.78 vs. ypN stage 1.33, $p = 0.027$). There were no significant differences in the Mandard regression grade in patients with intestinal type and diffuse type cancers who undergo neo-adjuvant chemotherapy ($p = 0.300$). There were also no significant differences in the overall survival of both groups of patients ($p = 0.562$).

Conclusion: It is more likely that N staging is under-staged by radiological measures in diffuse-gastric cancer rather than a progression of lymph node disease despite neo-adjuvant chemotherapy.

ABSTRACT #2

Laparoscopic bariatric surgery is safe during phase 2-3 of covid-19 pandemic in Italy: a multicenter, prospective, observational study

Cristian E. Boru, MD, PhD^{1*}, Gianfranco Silecchia, Prof¹, Giuseppe Maria Marinari, MD², Paolo Gentileschi, Ass. Prof³, Mario Morino, Prof⁴, Stefano Olmi, MD⁵, Mirto Foletto, MD⁶, Paolo Bernante, MD⁷, Riccardo Morganti, ScD⁸, Carlo Tascini, Prof⁹, Marco Anselmino, MD¹⁰, and the cooperative †RESTART group

Division of General Surgery and Bariatric Center of Excellence IFSO-EC, Department of Medico-Surgical Sciences and Biotechnologies, University "La Sapienza" of Rome¹

Bariatric Unit, Humanitas Clinical and Research Hospital, IRCCS Rozzano, Milan²

Department of Bariatric and Metabolic Surgery, San Carlo of Nancy Hospital and "Tor Vergata" University of Rome³

General Surgery, Department of Surgical Sciences, University of Turin⁴

Department of General and Oncological Surgery, Center of Bariatric Surgery, Policlinico San Marco di Zingonia, Bergamo⁵

Bariatric Surgery Unit, Azienda Ospedaliera of University of Padova⁶

Metabolic and Obesity Surgery Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna; Centre for the Study and Research of Treatment for Morbid Obesity, Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna, Italy⁷

Section of Statistics, University Hospital of Pisa⁸

Infectious Diseases Clinic, DAME, University of Udine⁹

Bariatric and Metabolic Surgery Unit, Azienda Ospedaliera at University of Pisa¹⁰

*Mailing and presenting author: drcrib@gmail.com

Presented on the 28th November 2021

Background: Sars-Cov-2 epidemic in Italy caused one of the greatest 2020 European outbreaks, with suspension of elective bariatric/metabolic surgery (BMS). From May 2020 a significant decline of the epidemic has been observed (phase 2); National Health Service protocols permitted elective BMS' resumption. A new, more severe COVID-19 surge, the "second wave", started on October 2020 (phase 3). Aim: the primary end point was to analyze the outcomes of any Sars-Cov-2 infection and related morbidity/mortality within 30 POD after laparoscopic BMS during phase 2-3; secondary end points were readmission and reoperation rates.

Materials and methods: Study design prospective, multicenter, observational. Setting: Eight Italian high-volume bariatric centers. All patients undergoing BMS from July 2020 through January 2021 were enrolled according to the following criteria: no Sars-Cov-2 infection; primary procedures; no concomitant procedure; age >18<60 years; compensated comorbidities; informed consent including COVID-19 addendum; adherence to specific admission, in-hospital

and follow-up protocols. Data were collected in a prospective database. Patients undergone BMS during July-December 2019 were considered a control group.

Results: 1258 patients were enrolled and compared with 1451 operated on in 2019, with no differences for demographics, complications, readmission, and reintervention rates. Eight patients (0.6%) and 15 healthcare professionals tested positive for Sars-Cov-2 infection, with no related complications or mortality.

Conclusion: Introduction of strict COVID-19 protocols concerning the protection of patients and health-care professionals guaranteed a safe resumption of elective BMS in Italy. The safety profile was, also, maintained during the second wave of outbreak, thus allowing access to a cure for the obese population.

ABSTRACT #3

Early diagnosis and treatment of extended porto-mesenteric vein thrombosis after sleeve gastrectomy

Francesco Frattini^{1*}, Andrea Rizzi¹, Francesco Dentali², Walter Ageno², Vincenzo Borrelli³, Francesco Maria Carrano⁴

Department of Surgery, Galmarini Hospital Tradate, ASST Settelaghi Varese, Italy¹

Department of Emergency, ASST Settelaghi Varese, Italy²

Bariatric Surgery, Humanitas Research Hospital, Rozzano, Milano, Italy³

Department of General Surgery, Busto Arsizio Hospital, ASST Valle Olona, Busto Arsizio, Italy⁴

*Mailing and presenting author: francescofrattini79@gmail.com

Presented on the 28th November 2021

Background: Porto-mesenteric vein thrombosis (PMVT) is a rare but potentially serious complication after bariatric surgery associated to a high rate of mortality related to bowel ischemia. Among bariatric procedures sleeve gastrectomy presents a higher rate of PMVT.

Materials and methods: We report clinical data of a challenging case of porto-mesenteric thrombosis after sleeve gastrectomy and provide some considerations about what reported in literature.

Results: A 42-year-old man with a body mass index (BMI) of 45 kg/m² underwent laparoscopic sleeve gastrectomy. Six days after discharge he complained abdominal pain and was admitted at the Emergency Department. A CT scan with intravenous contrast showed an extended porto-mesenteric vein thrombosis. Thrombophilic conditions as prothrombin 20210 mutation, protein C/S deficiency, elevated factor VIII, increased fibrinogen were not found. The patient received heparin and oral anticoagulation with prompt resolution of his symptoms. He was discharged after seven days with long-term oral anticoagulation therapy.

Conclusion: The symptoms of PMVT are often specific. Diagnosis is achieved after a contrast-enhanced CT scan. Anticoagulation is the standard treatment. Early diagnosis and treatment can condition a favorable clinical outcome. There are no standardized evidence-based protocols of antithrombotic prophylaxis and treatment of PMVT.

ABSTRACT #4

Small Intestinal Bacterial Overgrowth in Patients Who Underwent Bariatric Bypass

Surgery

Urška Novljan^{1*}, Tadeja Pintar²

Medical student, medical faculty Ljubljana¹

Department of Abdominal Surgery, University medical centre Ljubljana, Slovenia, and Medical Faculty Ljubljana²

*Mailing and presenting author: ursanovljan@gmail.com

Presented on the 28th November 2021

Background: SIBO (small intestinal bacterial overgrowth) is a common complication after bariatric bypass procedure. It is believed to be involved in the pathogenesis of non – alcoholic fatty liver disease (NAFLD). The aim of research was to evaluate the incidence of SIBO after bariatric bypass procedure and its influence on symptoms, eating patterns and general health. The aim was also to evaluate the presence of NAFLD in SIBO positive patients.

Materials and methods: A total of 55 patients after bariatric bypass surgery who underwent glucose breathing test (GBT) (25 g/200 mL) were included. Anthropometric data, symptoms, eating patterns, general health were analysed with a questionnaire. Liver biopsies were taken during operation and NAFLD activity scores (NAS) were evaluated in 45 patients.

Results: Of the 44 women and 11 men included, GBT was positive in 23 (41,8 %) of patients. A positive test was associated with lactose intolerance ($p = 0,027$), diabetes 1/2 ($p = 0,037$), common use of antibiotics as a child ($p = 0,010$), problems after drinking milk ($p = 0,013$), worsening of symptoms after eating fibres ($p = 0,019$). Mean NAS in SIBO positive group ($n = 18$) was 3,33, in SIBO negative group ($n = 27$) was 3,00.

Conclusion: Mandatory testing for SIBO after bariatric bypass procedures is necessary, firstly due to systemic effect and correlation to NAFLD, that might worsen in positive patients and secondly, clinical presentation does not differ significantly from altered gut solely due to the surgery and therefore clinical signs might be stingy.

