

10th Annual World Congress on

Pediatrics, Pediatric Gastroenterology & Nutrition

March 23-25, 2017 Orlando, USA



Michael J Wilsey

Johns Hopkins All Children's Hospital, USA

Cholestasis beyond the neonatal and infancy periods

Cholestasis results from impairment in the excretion of bile, which may be due to mechanical obstruction of bile flow or impairment of excretion of bile components into the bile canaliculus. When present, cholestasis warrants prompt diagnosis and treatment. The differential diagnosis of cholestasis beyond the neonatal period is broad and includes congenital and acquired etiologies. It is imperative that the clinician differentiates between intrahepatic and extrahepatic origin of cholestasis. Treatment may be supportive or curative and depends on the etiology. Recent literature shows that optimal nutritional and medical support also plays an integral role in the management of pediatric patients with chronic cholestasis. This review will provide a broad overview of the pathophysiology, diagnostic approach and management of cholestasis beyond the neonatal and infancy periods.

Biography

Michael J Wilsey was graduated from the University of Miami, School of Medicine and completed Residency training in Pediatrics and Fellowship training in Pediatric Gastroenterology, Hepatology and Nutrition at Texas Children's Hospital and the Baylor College of Medicine in Houston, Texas. He is a Clinical Associate Professor of Pediatrics at the University of South Florida, College of Medicine and currently serves as a Vice-Chairman of the Department of Pediatric Gastroenterology at Johns Hopkins All Children's Hospital in St. Petersburg, Florida. He is the Past-President of the Hillsborough County Pediatric Society and the former Florida Region V Representative for the American Academy of Pediatrics (AAP). He is a Reviewer for several medical journals and has won numerous awards for teaching excellence. He is a Member of a prospective, multicenter endoscopic database initiative designed to evaluate indications and technical outcomes of ERCP in pediatric patients at 14 national and international centers.

mwilsey1@JHMI.edu

Notes: