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Design of lipid-based drug delivery systems to improve the oral Bioavailability of poorly water-soluble drugs

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Optimization of drug solubility and reproducible bioavailability are recognized as one of the major challenges in oral delivery of highly growing poorly soluble drug (PSD, estimated at 40-90%) candidates. Enabling technology, such as lipid-based drug delivery systems, have generated significant attention and gained high priority in recent years for their key roles in the delivery of PSDs. The initial key achievement of these formulation systems is to increase the solubilization of the PSDs by the formation of emulsions, micellar systems or by co-solvency. The current research aimed to demonstrate factors which influence the design of successful lipid formulations in dosage form (including technology conversion) and affect the fate of the PSDs in GI tract after oral administration. The investigational research will also provide additional information regarding current practice of lipid formulations with a particular emphasis on self-emulsifying/microemulsifying drug delivery systems (SEDDS/SMEDDS), the issues and challenges.

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Laparoscopic repair of perforated peptic ulcer: Patch versus simple closure

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Background: Laparoscopic correction of perforated peptic ulcer (PPU) has become an accepted way of management. Patch omentoplasty stayed for decades the main method of repair. The goal of the present study was to evaluate whether laparoscopic simple repair of PPU is as safe as patch omentoplasty.

Methods: Since June 2005, 179 consecutive patients of PPU were treated by laparoscopic repair at our centers. We conducted a retrospective chart review in December 2012. Group I (patch group) included patients who were treated with standard patch omentoplasty. Group II (non-patch group) included patients who received simple repair without patch.

Results: From June 2007 to Dec 2012, 179 consecutive patients of PPU who were treated by laparoscopic repair at our centers were enrolled in this multi-center retrospective study. 108 patients belong to patch group. While 71 patients were treated with laparoscopic simple repair, operative time was significantly shorter in group II (non patch) ($p \leq 0.01$). No patient was converted to laparotomy. There was no difference in age, gender, ASA score, surgical risk (Boey's) score, and incidence of co-morbidities. Both groups were comparable in terms of hospital stay, time to resume oral intake, postoperative complications and surgical outcomes.

Conclusion: Laparoscopic simple repair of PPU is a safe procedure compared with the traditional patch omentoplasty in presence of certain selection criteria.

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