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Comparative genetic mapping of colonic microbiota pre and post different surgical procedures: Basic, clinical and pharmacological impacts

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There are several well-established health hazards associated with obesity, e.g., nonalcoholic steatohepatitis (NASH), type 2 diabetes, chronic kidney disease, gastroesophageal reflux disease, gastrointestinal motility disorders, sexual disorders, cerebrovascular stroke, certain cancers, osteoarthritis, depression and others. According to the World Health Organization, worldwide there are about 500 million obese adults and 42 million obese children under the age of five. Childhood obesity became one of the most important public health problems in many countries with special concern to industrial countries. In the United States alone, reports dedicate comorbidities and pre-mature death of children who have severe obesity. The marked increase in the incidence of obesity in the past 30 years is due to several factors, including increased caloric intake (i.e., fast food), changes in the composition of the diet (i.e., flavored meals), a decrease in the levels of physical activity (i.e., sedentary lifestyle), and changes in the gut microbiome suggesting that the same microbiota could exist in pathogenic status (Obesity) and non – pathogenic status (after bariatric). The risk of development of complications –related-obesity rises with the increase of adiposity, while weight loss can reduce the risk. Bariatric surgery is currently the most effective procedure for the treatment of adulthood obesity. Bariatric surgery is one of the fastest growing operative procedures performed worldwide, with an estimated >340000 operations performed in 2011; the numbers of procedures performed in the United States plateaued at approximately 200000 operations per year. Different bariatric surgical procedures resulting in drastic weight loss and improvement of metabolic and inflammatory status, that may change the Gut microbiota significantly, suggesting that the gut microbiota may play a direct role in the reduction of adiposity observed after bariatric surgery. Unfortunately no sufficient data compared different bariatric procedures-related- microbiota changes post bariatric surgeries. Over all clinical and laboratory data will help to distinguish among Bariatrics-related-morbidity and mortality in population.

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United Kingdom and Republic of Ireland renal physicians' experiences of patients undergoing renal transplants abroad: A questionnaire-based cross-sectional survey

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Background: Due to poor availability of organs, increasingly patients from developed countries are reported to be travelling abroad for renal transplants. We aimed to assess the extent and characteristics of this trend across the UK and Republic of Ireland.

Methods: A questionnaire-based cross sectional survey. 397 renal consultants from 33 hospitals with renal units across the UK and the Republic of Ireland were contacted through email, 62 replied (16%).

Results: 57/62 (93%) renal consultants managed transplant patients, and of these 36/57 (63%) had managed at least one patient who had undergone a transplant abroad. The most popular reason reported for this practice was being on the UK transplant list but seeking a shorter wait. Respondents reported commencement by overseas doctors of appropriate routine post-transplant prophylaxis with the following medications in all cases they had encountered as follows: co-trimoxazole 12%, isoniazid 3%, antifungals 0%, and Cytomegalovirus prophylaxis or treatment 0%, while 44% of renal consultants reported having some prior warning of a patient undergoing a renal transplant abroad.

Conclusions: Renal transplant tourism has become widely established in the UK and the Republic of Ireland, and that care for these patients is often suboptimal. Furthermore, the opportunity exists for pre-transplant counselling.

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