



CME FOUNDATION OF INDIA



GI SYMPOSIUM

EVENT REPORT

Date: 24th and 25th August, 2024

Venue: Swosti Chilika Resort, Bhubaneswar



G. I. SYMPOSIUM

The "**G. I. Symposium**" was held on August 24th and 25th, 2024, at Swosti Chilika Resort, Bhubaneswar. Organized by the CME Foundation of India (CMEFI), the conclave featured sessions led by renowned experts Dr. Banabihari Mishra and Dr. Girish Pati.

The G. I. Symposium focused on advancing the understanding and management of gastrointestinal disorders, specifically acute pancreatitis and liver diseases, with particular attention to the challenges faced by Indian patients. The agenda included comprehensive lectures on acute pancreatitis' medical and surgical management, real-world challenges, and strategies for managing liver diseases in Indian patients.

The primary goal of the G. I. Symposium was to provide healthcare professionals with the latest knowledge and practical approaches to improve patient outcomes in gastrointestinal care. This report summarizes the key discussions and insights shared during the conclave, highlighting advancements and practical strategies in the field.

Date: 24th and 25th August, 2024

Venue: Swosti Chilika Resort, Bhubaneswar

Total Participants: 30

AGENDA

Date : 24th August, 2024

Time: 5:00 p.m. to 8:00 p.m.

Topic	Speaker	Timing
Lecture: Medical & Surgical Management of Acute Pancreatitis Q & A	Speaker: Dr. Banabihari Mishra	5:00 p.m. to 6:00 p.m.
Real-world Challenges in the Management of Acute Pancreatitis in Indians.	Moderator: Dr. Girish Pati	6:00 p.m. to 7:00 p.m.
Lecture: Managing Liver Diseases in Indian Patients Q & A	Speaker: Dr. Girish Pati	7:00 p.m. to 8:00 p.m.

ABOUT FACULTY



Prof. Dr. Banabihari Mishra

MBBS, MS, DNB

- Professor Department of Surgery S.C.B. Medical College, Cuttack, Odisha
- 35 yrs Asst. Prof., Asso. Prof., Professor at SCB Medical college and Hospital Cuttack,
- Examiner in MS & DNB examinations in several Universities in India
- Past President ASI Odisha State Chapter
- Presently EC member of ASI
- Area of Interest: Laparoscopic Surgery, GI surgery, Especially Hepato pancreatico Biliary Surgery



Dr. Girish Kumar Pati

MBBS, MD, DM (Gastroenterology)

- HOD, Dept of Gastroenterology and Hepatobiliary sciences, IMS AND SUM Hospital, Bhubaneswar
- Experience of 10 years in Hepatology and Luminal Gastroenterology disease
- Awarded Mahatav Prativa Puraskar during Matriculation for Orissa
- Presented liver case in National ISGCON 2015 Conference at Indore
- Member of API, National Association of Physicians of India Member of ISG, ACG, SGEI, ASGE

SUMMARY OF THE CONCLAVE

- **CMEFI** welcomed the participants and introduced Dr. Banabihari Mishra and Dr. Girish Pati.

- **Medical and Surgical Management of Acute Pancreatitis - Dr. Banabihari Mishra**

Dr. Banabihari Mishra's session provided a comprehensive overview of medical and surgical management of acute pancreatitis. He began by discussing the classification of the condition into moderate and severe forms, emphasizing the importance of accurate diagnosis and staging. Dr. Mishra outlined the investigative approaches, including hematological tests such as the complete blood count (CBC), liver function tests (LFT), renal function tests (RFT), and specific markers like serum amylase and lipase levels, which are critical for confirming the diagnosis. He also discussed the role of imaging studies, mainly CT scans, in assessing the severity and complications of acute pancreatitis.

The session delved into the initial management strategies, focusing on supportive care, including fluid resuscitation, pain management, and brief fasting. Dr. Mishra highlighted the judicious use of antibiotics and the need to avoid prolonged fasting. He further discussed the indications for surgical intervention, particularly in severe cases involving complications like necrosis or ongoing bleeding, and explored the latest surgical approaches for managing these conditions.

- **Real-world Challenges in the Management of Acute Pancreatitis in Indians - Dr. Girish Pati**

Dr. Girish Pati presented a real-world survey analysis report involving doctors, focusing on the challenges and management of acute pancreatitis in Indian patients. The survey provided valuable insights into the mortality rates, progression, complications, and diagnostic difficulties associated with the condition.

Key Findings and Discussions

- **Mortality rates of severe acute pancreatitis**

The survey revealed varying mortality rates, with a significant number of doctors reporting rates between 10% and 20%.

The discussion emphasized the high mortality associated with severe acute pancreatitis and the importance of early and aggressive management to improve outcomes.

- **Persistent organ failure in severe acute pancreatitis**

A considerable percentage of patients with severe acute pancreatitis experienced persistent organ failure.

The doctors discussed the critical need for monitoring and managing organ failure in severe cases, as it is a significant determinant of patient prognosis.

- **Recurrent acute pancreatitis**

A significant portion of patients presented with recurrent episodes of acute pancreatitis.

The recurrence of acute pancreatitis was highlighted as a challenge, with discussions on the importance of identifying and addressing the underlying causes to prevent further episodes.

- **Progression to chronic pancreatitis**

A notable percentage of acute pancreatitis patients progressed to chronic pancreatitis.

The doctors underscored the importance of long-term follow-up and management strategies to prevent the progression from acute to chronic pancreatitis.

- **Development of exocrine pancreatic insufficiency (EPI)**

Many patients with acute pancreatitis developed EPI, affecting their digestion and nutritional status.

The discussion focused on the need for early detection and treatment of EPI to prevent malnutrition and other related complications.

- **(Peri)pancreatic necrosis detected via CECT**

Patients had pancreatic necrosis detected with contrast-enhanced CT (CECT) after 72 hours from the onset of acute pancreatitis.

The timing of imaging and its role in detecting necrosis was discussed, emphasizing the importance of CECT in diagnosing and managing severe cases.

- **Predictors of EPI**

Severe acute pancreatitis, alcohol-induced pancreatitis, and pancreatic necrosis were identified as predictors of EPI.

The discussion highlighted the need to monitor high-risk patients closely for the development of EPI and to initiate appropriate therapy promptly.

- **Early CT scan and detection of necrotic/ischemic areas**

Early CT scans can show necrotic or ischemic areas in patients with acute pancreatitis.

The role of early imaging in assessing disease severity and guiding treatment decisions was emphasized.

- **Drawbacks of using CRP as a diagnostic aid**

Significant drawbacks of using CRP include delayed peak levels and limited sensitivity and specificity.

The limitations of CRP as a biomarker were discussed, emphasizing the need for additional diagnostic tools to assess acute pancreatitis severity accurately.

- **Timing of testing for EPI in acute pancreatitis patients**

Most doctors recommended testing for EPI during the index hospitalization or shortly after.

Early testing for EPI was discussed to ensure timely intervention and prevent long-term complications.

- **Difficulty in differentiating EPI symptoms from mild recurrent pancreatitis**

A significant number of doctors agreed that differentiating between the symptoms of EPI and mild recurrent pancreatitis can be challenging.

The challenges in diagnosis were discussed, focusing on the need for careful clinical assessment and appropriate diagnostic tests.

- **Undiagnosed EPI in acute pancreatitis patients**

A large proportion of patients with EPI remain undiagnosed, according to the survey.

The underdiagnosis of EPI was discussed as a significant issue, with the need for increased physician awareness and routine screening.

- **Causes for missed diagnosis of EPI**

Lack of physician awareness, absence of symptoms, malabsorption, nutritional deficiencies, and metabolic bone disease were identified as common causes for missed diagnosis of EPI.

The doctors discussed strategies to improve the detection of EPI, including enhancing physician education and incorporating routine screening into clinical practice.

- **Routine screening for EPI**

Most doctors recommend routine screening of patients with acute pancreatitis for the development of EPI.

The benefits of routine screening were emphasized, with talks on how early detection and treatment can improve patient outcomes.

- **Timing of Re-testing for EPI after discharge**

There was a consensus on re-testing timing for EPI, with many doctors recommending re-testing 2–3 months after discharge.

Follow-up testing was discussed to ensure appropriate management of EPI and adjustment of PERT (pancreatic enzyme replacement therapy) as needed.

- **Managing Liver Diseases in Indian Patients - Dr. Girish Pati**

Dr. Girish Pati's session centered on the management of liver diseases prevalent among Indian patients, with a particular focus on hepatitis and fatty liver disease. He discussed the different types of hepatitis, including hepatitis B and C, their modes of transmission, and the latest treatment protocols. Dr. Pati stressed the importance of early detection and vaccination, especially for hepatitis B, to prevent disease progression.

The session also covered the rising prevalence of non-alcoholic fatty liver disease (NAFLD) and alcoholic fatty liver disease (AFLD) in India. Dr. Pati explained the progression of NAFLD to more severe conditions like non-alcoholic steatohepatitis (NASH) and cirrhosis, emphasizing the critical role of lifestyle modifications and dietary changes in managing these conditions. He discussed the laboratory tests essential for diagnosing and monitoring liver diseases, highlighting the significance of elevated AST/ALT ratios and bilirubin levels in cases of alcoholic hepatitis.

- **Key Takeaways:**

1. **Systematic diagnosis:** Both sessions underscored the importance of a systematic approach to diagnosing and managing gastrointestinal conditions, starting with accurate classification and investigation.
2. **Management strategies:** The management of acute pancreatitis and liver diseases requires a combination of supportive care, appropriate use of antibiotics, and, when necessary, surgical intervention.
3. **Liver disease in India:** The management of liver diseases, particularly NAFLD and AFLD, in Indian patients demands early detection, lifestyle changes, and the latest treatment protocols to prevent disease progression.

The G. I. Symposium conclave provided an in-depth understanding of acute pancreatitis and liver diseases, tailored specifically for the Indian patient demographic. The expert sessions by Dr. Banabihari Mishra and Dr. Girish Pati offered valuable clinical insights, practical guidelines, and updated treatment protocols, contributing significantly to the continuing education of practicing gastroenterologists.

At the end of this conclave, the CME Foundation of India extended its sincere vote of thanks to the attending delegates and acknowledged the academic industry partners for their valuable support and contribution to the success of this conclave.

1. **Aristo Pharmaceuticals Pvt. Ltd.**
2. **La Renon Healthcare Pvt. Ltd.**

Snapshots of G. I. Symposium

Welcome to the G. I. Symposium



Registration Counter



Lecture on Medical & Surgical Management of Acute Pancreatitis



Discussion on Challenges in the Management of Acute Pancreatitis in Indians



Lecture on Managing Liver Diseases in Indian Patients



Delight Attendees Through an Exceptional Conclave Experience



Branding Opportunity



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