



World Congress of Gastroenterology

21-24 September 2019
Istanbul Congress Center, Istanbul

24.09.2019, TUESDAY

THE PRESS CONFERENCE OF WCOG 2019



The press conference of WCOG 2019 was held by the presence of Prof. Serhat Bor, *the president of TSG*; Prof. Cihan Yurdaydın, *the president of WGO*; Assoc. Prof. Carolina Olano, *the co-chair of the WGO Scientific Committee*; Prof. Sedat Boyacıoğlu, *the co-chair of WGO Scientific Committee* as well as number of reporters and media companions on September 23, 2019.

WCOG 2019 IN PHOTOS ON SEPTEMBER 23



Scientific Program was successfully held in 5 different halls including 10 symposiums, 6 sessions, 2 satellite symposiums and one course.



SECRETS OF ISTANBUL

An Unforgettable Performance from Sunay Akın

Sunay Akın, well known as the “Researcher Poet”, took the stage in ICC Auditorium. Akın’s performance on the title “İstanbul’un Sırları, *Secrets of Istanbul*” was magnificent.



Sunay Akın (born September 12, 1962) is a Turkish poet, writer, TV host, journalist, and a philanthropist. He is the founder of Istanbul Toy Museum. Akın was born in Trabzon, Turkey. Akın is best known for his poetry; his primary influences include Orhan Veli Kanık and Cemal Süreya. His poems are generally lyric, short, and soft in tone. He also often makes use of satirical forms and puns. Akın has a collection of over 7,000 toys, some of which date back nearly 200 years. 4,000 of them are on display in the Istanbul Toy Museum which opened in 2005. He lectures at Marmara University, and Müjdat Gezen Art School, as well as at his own institution, the Istanbul Toy Museum.

Akın regularly stages one man shows in Turkey and abroad, and participates in panels and conferences.

TODAY’S INTERVIEW



[GASTROENTEROLOGISTS HAVE TO OPEN BOTH EYES – THEY HAVE TWO EYES – THE ENDOSCOPY AND ULTRASOUND](#)
[DR. DIETER NUERNBERG \(click here\)](#)

VIDEO SESSION AWARD WINNER



Jennifer Higa was the winner of Endoscopy Video Session by her presentation “Esophageal perforation: A pitch for the stitch, no stent for the rent”.



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TODAY'S INTERVIEW

‘Hands-on Ultrasonography Course’

Could you describe the role of GI ultrasounds in gastrointestinal practice?

We have different application topics that is in GI practice in the biliary system; in the liver examination in the pancreatic examination it's very important for us. In the GI tract we use it in the differentiation of IBD, especially in Crohn's disease and in complication, and also in the first examination in staging and also in the follow up.

We made some paper, there are some guidelines for use in gastrointestinal ultrasound how to learn it and how to use and what indications that are guidelines of the EU Federation ultrasound. We are integrated in that guidelines.

The next step is the liver examination in diffuse liver diseases. We look for destruction in fibroses the signs of cirrhosis. We have an additional tool now that is the elastography. Fibro scan was the first step, now the elastography is integrated in more stuff. That means the hepatologists they have to use it. Germany for instance we have no differentiation between gastroenterologist and hepatologists that's why they use it. Pancreatic diseases you use it for chronic pancreatitis and complications. Also in the complication of the acute pancreatitis. Biliary system, also for interventions we have abscesses or others we use ultrasound as a guidance method. That is important for us.

How many USG examinations per year do you feel a trainee should perform in order to maintain competence once trained?

We have a core system, you need 2-3 courses. Between this you have to make 400 examinations then you can make ultrasound alone, 2 courses and 400 examinations. After that you should make, I think minimum 500 examinations a year, normally 1000 a year. Then it's good. This is what a GP in Germany makes in his practice every year, 1000 to 2000 examinations.

Could you tell us about the use of USG in routine gastroenterology practices in Europe?

In Europe, I gave at the UEG two years ago, an overview. Nearly in one third of the countries, the gastroenterologists they make themselves ultrasounds. Then we have in another part, nearly half of the countries like France and Scandinavia, the radiologist is delegated ultrasound, it's integrated in the system of imaging systems. The radiologists do it. Then we have the UK, and in UK sonographers are doing that not doctors. But we think the Germans and Germany speaking countries like Swiss, Austria, also Italy, Romania, some of the East European countries, they use the system of clinical ultrasounds. Clinical ultrasound means that every kind of doctor uses ultrasound to do his work better. To make diagnostics, to make follow up, after care and whatever. That is very important because ultrasound is non-invasive, no radiation, you can learn it, and it's a benefit if it is not necessary to make a delegation. Also the radiologists should do it cause they have more experience to compare it in differentiation of liver tumors. They can compare it to other methods. That is all when they make interventions and special applications.

Why do you think USG is less used in America?

That is a question of history. I think there is a change now, and it will change in the future. The Americans that is the system the radiologists make it there, they have also technicians that means they have helpers. Now they have founded a very strong students ultrasound education society. The students they learn anatomy with ultrasound and make it. Also the emergency doctors do it themselves because they realized ultrasound is very useful in emergency situation. I think it will change in the next decade.

What is the role of USG in fast diagnosis and it's power in referring the patient to the specialist?

Okay. Fast examination, that is a special word for a special protocol to detect fluids in the abdomen after a trauma. That was the first step. Now they look for other signs of emergency like free gas in thorax or other things emergency signs. I think that is very important and in Germany they emergency doctors that do it fast in the first step because ultrasound is faster than the other methods. The other methods are like CT or others, we also in Germany a rich country, we have not only a CT system for all the emergency patience to come in. First step is to look with ultrasound, then we decide what is the next step. Also for doctors in ambulance they learn it more and more. I think nearly half of the GPs have already ultrasound systems. And we have 3 level system. We think there are easy questions; everyone can give an answer to that. Free fluid, urinary obstruction, Gallbladder stones. Then there are more difficult questions where you need other specialists or IBD for instance or you need other imaging methods. That is our system.

Could you give us knowledge about the recent developments in USG like elastography and contrast USG?

Five years ago elastography become more and more common and 10 years ago the contrast media, it was again a revolution we had. Development in the years in ultrasound, in the 90's the colour Doppler, power Doppler, whatever. And then the contrast media. With the contrast media we have now the same level like the other imaging methods in the detection of liver metastases. That is one important impact. We have better possibility in differentiation of benign liver tumors and of benign pancreatic tumors and the differentiation of the EUS in gastroenterology brings us a lot of cystic tumors. The contrast media in EUS or percutaneous ultrasound, bring us the possibility of differentiation. That is very important. We have a lot of questions for contrast media and indication for contrast media ultrasound. We also the real size of abscesses and activity of IBD and others that are questioned for contrast media ultrasound, contrast enhanced ultrasound. And elastography is very new. Ioan Sporea, co-director of our course, is expert in that topic, that is especially in the hepatic diagnostic. Fibrosis, the level of fibrosis on the way to cirrhosis and chronic hepatitis that is very important. But we have other question, where we can give an answer with elastography that is nodules, tumor differentiation, lymph node differentiation and others. And this is the future I think.

I think you gave the answer of the next question, but how do you see the future of ultrasound in the world?

The big companies they realize that the most important imaging method all over the world is ultrasound, because we have areas where the modern and big imaging machines MRI and CT, they are not there. They are too expensive and in areas of South America and areas of Africa and so on, they are ultrasound places are most important. Ultrasound also plays the most important role in the future because the GP start their diagnostic, not only by diagnostic with hands and eyes, they look into the body. We are the World Federation Ultrasound I am working for, they are also working on a better student education program. The doctors have to learn it after their study, but the ultrasound examination should be integrated in first step of body examination in the study.

What do you think about Turkey and Istanbul? Have you been here before, what do you think about Turkey and Istanbul?

That is a question if I like the country, yes. I have been it's my second time in Istanbul, first was for 1 and a half days on my way to Sudan I visited with my wife. It's a very nice, and huge city. Yesterday, I had some time to look around. It was a nice day. My first boat tour of the Bosphorous, was very nice.

Any other cities in Turkey that you have visited before?

In the near I have been some years ago in the near of Antalya, there was a meeting there I have been already but not so much.

We have you know a lot of people Turkish people live in Germany and you know the political relationship is not so easy in this you know that. But I like to be here.

Last words;

We believe, ultrasound examination and ultrasound is a very important tool in the hand of the gastroenterologist. Not only endoscopy, they need both. That's why we say gastroenterologists have to open both eyes – they have two eyes – the endoscopy and ultrasound and they have to learn. That's why we are here, to teach.



MESSAGE FROM THE EDITOR IN CHIEF OF TJG



Dear Colleagues,

We are excited to welcome you to İstanbul for the WCOG 2019 and we wanted to share some brief information regarding the Turkish Journal of Gastroenterology.

2018 was a successful year for Turkish Journal of Gastroenterology. According Journal Citation Reports 2019 released by Clarivate Analytics, the journal’s Impact Factor is now 1.107. This underlines the continuing success of the journal as a medium of high-quality communications in the field of Gastroenterology and Hepatology. Thank you all for your contributions!

While 2020 nears, we would like to share some up-to-date information regarding our content traffic. During the first 9 months of the year, the Turkish Journal of Gastroenterology received more than 750 international submissions, 75% of these were original research articles. The editorial board and the editorial office are working very hard to make sure the submissions are provided with a decision as quick as possible while rapidly publishing accepted papers.

Please reach out to us if you have any feedback regarding the review and publication processes.

In order to meet with you face to face we have participated in Digestive Disease Week (DDW) for the second time in 2019 in San Diego, and we are getting ready to meet with our colleagues again in a few weeks during the United European Gastroenterology Week (UEG) in Barcelona. While we promoted our journal at these meetings to our international colleagues, we have enjoyed catching up with our existing authors and reviewers.

I hope that you are enjoying the nice weather in İstanbul. Please make sure to come and visit the journal’s booth at the exhibition area!

Sincerely,

Osman Cavit Özdoğan, MD
Editor in Chief Turkish Journal of Gastroenterology

POPULAR APPS FOR MEDICAL PROFESSIONALS

Everyone is living in a mobile world—including doctors. Below is a list of popular medical apps for doctors and physicians, based on reviews and number of downloads.

1. Epocrates



This is the gold standard of medical apps—it’s available for both iOS and Android, and has been downloaded millions of times. Doctors use this app to look up drug information and interactions, find other providers for consults and referrals, and quickly calculate patient measurements such as BMI.

Pricing: While the app itself and most of its content is free, access to additional information and functionality (such as lab guides, alternative medications, and disease information) requires an in-app purchase of Epocrates Essentials for \$174.99 a year.

2. Hep i chart



A clinically useful, reliable, comprehensive, up-to-date, evidence-based drug-drug interaction resource is frequently used to screen interactions concerning hepatitis C therapy

Pricing: This app is free to download and use.

3. Figure 1



You can view and share medical images with other physicians using this iOS and Android app. Hundreds of thousands of users send, comment on, and search through medical images in Figure 1’s visual database.

Pricing: This app is free to download and use.

4. MedPage Today



MedPage Today is an excellent resource for medical news and other resources. It’s a highly-rated app that allows you to customize the type of information you receive.

- MedPage Today allows you to:
- Receive breaking medical news reports on your phone
 - Set preferences by specialty and interests to manage the news articles you receive
 - View information in multimedia formats
 - Access medical information from more than 30 specialties
 - Retrieve information regarding prescription drug and OTC medications
 - Research information on diseases and medical conditions
 - Access coverage to more than 60 meetings and conferences
 - Share information through Twitter and email

Pricing: MedPage Today is available for iPad, iPhone and Android. It’s free, but you need to register.