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* 時 間：108年12月5日（四） 17:00-19:30 PM
* 地 點：台中福華大飯店16樓 海華樓 (台中市西屯區安和路129號)
* 主辦單位：台中榮民總醫院 胃腸肝膽科
* 主 持：葉宏仁主任
* 討論方式：病例報告20分鐘 (15分鐘報告、5分鐘討論)

專題演講 40分鐘 (30分鐘報告、10分鐘討論)

* 學 分：內科醫學會、消化系醫學會及消化系內視鏡醫學會

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| **17:00-17:30** | **報 到** |
| **17:30-17:50**  **病例報告** | **一位以貧血表現的腸胃道腫瘤患者**  羅華濃 葉宏仁  台中榮民總醫院 消化內科  This 65-year-old male has history of hypertension and history suffered from near syncope for 4 times in recent 6 months. Iron deficiency anemia was found in laboratory survey. During the whole course, he denied any GI symptoms such as tarry or bloody stool, nausea/vomiting, constipation, diarrhea, change of bowel habit, abdominal pain, or body weight loss, etc. He underwent colonoscopy which showed tubular adenoma without bleeder. However, panendoscopy revealed a giant submucosal gastric tumor. The abdominal CT scan disclosed submucosal mass in gastric antrum and duodenum with intraluminal extension. He was then transferred to our hospital and EUS was performed.  A large heterogeneous isoechoic tumor seemed to originating from the mucosal and submucosal layer, and the mp layer looked still intact. Then he as admitted to our GSward, and he underwent hemigastrectomy, bilateral trunkal vagotomy, and B-II anastomosis. The pathology finally reported gastrointestinal stromal tumor. |
| **17:50–18:10**  **病例報告** | **一位中年女性反覆腹痛拉肚子 ------- 一病例報告**  張凱智  林群凱  黃柏儒  朱家聲  周仁偉  鄭庚申  中國醫藥大學附設醫院  內科部消化系  This was a case of 38-year-old female with histories of tonsillitis for 20 years, genital ulcers for 3 years and recurrent oral ulcers for 1 years. This time, she presented with diffuse abdominal cramping pain for two days. Mild dysuria and diarrhea were accompanied. She was admitted on 2018/09/17. The diagnostic colonoscopy and esophagogastroduodenoscopy were carried out for unspecific abdominal pain and showed terminal ileum ulcers, colon ulcers and gastric ulcers. Biopsy showed ulcers with active inflammation. No dysplasia or malignancy was seen. |
| **18:10–18:50**  **專題演講** | **Advance in management of chronic hepatitis C in Taiwan**  **Chia-Yen Dai M.D., PhD.**  **Professor, Department of Internal Medicine**  **Kaohsiung Medical University Hospital, Kaohsiung Medical University**    Hepatitis C virus (HCV) infection may result in long-term liver complication including cirrhosis or hepatocellular carcinoma. Taiwan is an endemic country with 12-18% in adults and 3-4% of prevalence of HBsAg and anti-HCV, respectively. The prevalence of HCV infection varies geographically with some hyperendemic area identified in Taiwan  The goal of treatment of HCV-infected patients is to eradicate the viral replication, which may reduce the all-cause mortality and liver related health adverse consequences, including end-stage liver disease and hepatocellular carcinoma.  With developed regimens for CHC, a high SVR rate was achieved by the pegylated interferon/ribavirin therapy, particularly in Taiwan. Currently all oral DAA therapy achieved very high sustained virological response (SVR) rates with fewer adverse effects than IFN. Further refining the individualized therapy seems necessary after the all oral DAA therapy or the new generation DAAs are available for patients. The Taiwanese National Health Insurance has reimbursed all-oral DAA regimens for HCV since 2017 for the patients with advanced fibrosis and cirrhosis. The very high SVR rate is achieved with less adverse effects. Currently the development of pangenotypic agents let the treatment simplified. Careful evaluation of the patients’ conditions before and after therapy is mandatory. Elimination of HCV infection by 2030 is the major task supported by WHO. The war against HCV infection has a quite good success now and keeps going which needs the team work of all the professionals, government and non-government organizations. Elimination of HCV infection by 2025 is set by MOHW. There are some barriers which need to be overcome for the care cascade of HCV infection from screening, definite diagnosis, accessibility of OPD, treatment and follow up after cure or failure to respond to therapy. |
| **18:50–19:30**  **專題演講** | **The Application Contrast-Enhanced Endoscopic Ultrasound**  **顯影劑內視鏡超音波之應用**  廖思嘉醫師  台中榮民總醫院 胃腸肝膽科 |