

World Liver Conference 2018

May 25-26, 2018 | New York, USA



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Lower GI bleeding in patients with cirrhosis

ower gastrointestinal bleeding (LGIB) is an important cause of morbidity and mortality in patients with cirrhosis. It occurs in approximately 20% of all patients who present with gastrointestinal bleeding (GIB) with cirrhosis. Gastrointestinal diseases that cause LGIB in patients with cirrhosis include specific vascular diseases, inflammatory diseases and bowel ischemia. However, in patients with less severe cirrhosis and advancing age, the causes are much like the general population and must also be considered. The incidence and severity of LGIB in patients with cirrhosis depends upon the incidence of specific gastrointestinal diseases, coagulopathy, co-morbid diseases and polypharmacy. The evaluation and treatment of patients is adjusted to the rate and severity of hemorrhage and the clinical status of the patient and may be complicated by the presence

of visual, auditory and cognitive impairment due to hepatic encephalopathy. Bleeding may be chronic and mild or severe and life threatening, requiring endoscopic, radiologic or surgical intervention and methods to reduce portal hypertension.

Speaker Biography

Maxwell Chait is a Fellow of several prestigious organizations, including the American College of Physicians, American College of Gastroenterology, American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy. He is a Gastroenterologist and Assistant Professor of Medicine Columbia University College of Physicians and Surgeons in New York City. He has authored numerous publications in reputed journals. He is the Editor-in-Chief of the Journal of Liver: Disease & Transplantation and serves on the Editorial Board of the World Journal of Gastrointestinal Endoscopy.

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