



Malaysian Society of
Gastroenterology & Hepatology



Annual Scientific Meeting of MSGH

in conjunction with

Endoscopy Workshop 2026



PUSAT PERUBATAN
Medical Centre

28th to 30th August 2026

Kuala Lumpur Convention Centre
Kuala Lumpur, Malaysia

**Navigating the Changing
Landscape of
Digestive Diseases**

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SOUVENIR PROGRAMME & ABSTRACT BOOK

Unlock The Next Generation of Acid Control



Indication ¹



Erosive Gastroesophageal Reflux Disease



Non-Erosive Gastroesophageal Reflux Disease



Gastric Ulcer



Eradication of H. pylori*



*K-CAB should be concurrently given with appropriate antibiotic therapy treatment in patients with peptic ulcer and/or chronic atrophic gastritis. Patients with H. pylori infection should be treated with eradication therapy.

References: 1. K-CAB® (tegoprazan) Full Prescribing Information, Pharmaniaga Marketing Sdn. Bhd., Malaysia.

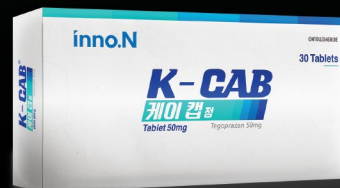
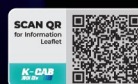
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MSGH EXECUTIVE COMMITTEE 2025-2027

President

Professor Dr Ida Normiha Hilmi

Immediate Past President

Datuk Dr Raman Muthukaruppan

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Dr Abraham George

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Dr Praveenna Nagarathnam

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Dr Syuhada Dan Adnan
Professor Dr Raja Affendi Raja Ali

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Professor Dr Ida Normiha Hilmi

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Dr Abraham George

Honorary Secretary

Dr Lau Su Yin

Honorary Treasurer

Dr Sattian Kollanthavelu

Committee Members

Datuk Dr Raman Muthukaruppan

Dr Muhammad Firdaus Md Salleh

Dr Alex Leow Hwong Ruey

SCIENTIFIC COMMITTEE

Professor Dr Ida Normiha Hilmi (*Chair*)

Professor Dr Chan Wah Kheong

Dr Adrian Chin Jun Liong

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Dr Praveenna Nagaratnam

Associate Professor Dr Nazri Mustaffa

Dr Nik Razima Wan Ibrahim

Dr Rafiz Abdul Rani

Dr Ruveena Bhavani Rajaram

Dr Syuhada Dan Adnan

ORGANISING COMMITTEE

ENDOSCOPY WORKSHOP

Professor Dr Sanjiv Mahadeva (*Advisor*)

Professor Dr Ida Normiha Hilmi (*Advisor*)

Professor Dr Chan Wah Kheong (*Advisor*)

Associate Professor Dr Chuah Kee Huat (*Course Director*)

Dr Shahreedhan Shahrani

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WELCOME MESSAGE



On behalf of the Executive Committee of the Malaysian Society of Gastroenterology & Hepatology, it gives me great pleasure to welcome you to GUT 2026, themed “Navigating the Changing Landscape of Digestive Diseases”.

This year’s meeting has been designed to provide practical updates on the rapid developments across all subspecialty areas in gastroenterology and hepatology - from the newest techniques in endoscopy, the ever-increasing armamentarium of therapies in IBD, the evolving approach to hepatocellular carcinoma; to the paradigm shift in how we manage obesity.

For the second consecutive year, GUT is being held in conjunction with a Live Endoscopy Workshop, jointly organised with the Universiti Malaya Medical Centre. We are delighted to bring together leading endoscopists from across the region to share their expertise through live demonstrations, discussion and practical insights.

We are also especially pleased to welcome you to the Kuala Lumpur Convention Centre (KLCC), set in the heart of our capital city and alongside one of Malaysia’s most recognisable landmarks, the Twin Towers.

I hope that GUT 2026 will provide not only an opportunity to update our knowledge and sharpen our clinical practice, but also a valuable occasion to reconnect with colleagues, exchange ideas and strengthen friendships within our gastroenterology and hepatology community.

Enjoy the meeting and let us change the landscape together!

A handwritten signature in black ink, reading 'Ida Normiha Hilmi'.

Professor Dr Ida Normiha Hilmi
Organising Chair, GUT 2026 &
President, MSGH

ROCHE ELECSYS® PIVKA-II AND GAAD SCORE: ENHANCING HCC SURVEILLANCE THROUGH EARLIER DETECTION

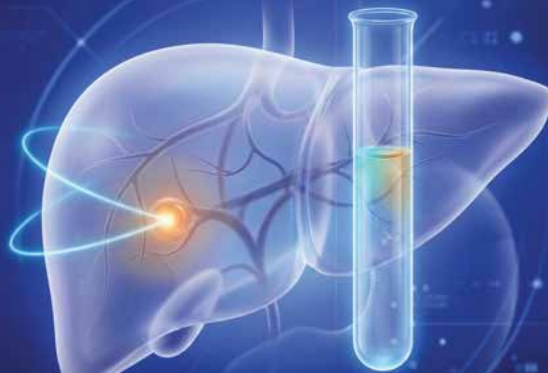
Hepatocellular carcinoma is often asymptomatic in its early stages. In Malaysia, **87.9% of cases are diagnosed too late**, making it the **5th most common cancer**.¹

~40–70%

5-year survival rate if
detected early^{2,3}

<5%

5-year survival rate if
detected late²

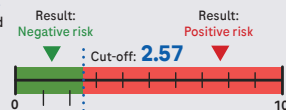


Elecsys® GAAD is a medical algorithm designed to support the detection of early-stage and all-stage HCC by integrating biomarker data with patient factors.⁴

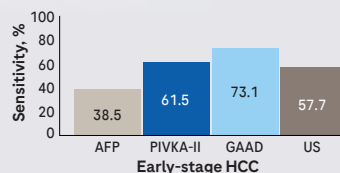


GAAD reveals a **risk factor score from 0–10**, which is the likelihood of the patient developing HCC

Score **>2.57** indicates a **positive** result and increases with increased risk of HCC



GAAD has a **sensitivity of 77.4% and 73.1%** for detection of **all-stage and early-stage HCC**, respectively, which increases to **92.5% when combined with ultrasound**.⁵



Abbreviations: AFP, alpha-fetoprotein; DCP, des-γ-carboxy prothrombin; GAAD, GAAD score (Gender, Age, AFP, and DCP model); HCC, hepatocellular carcinoma; PIVKA-II, protein induced by vitamin K absence or antagonist-II; US, ultrasound.

References: 1. Ministry of Health. Summary of the Malaysia National Cancer Registry Report 2017–2021. Available at: https://ncl.moh.gov.my/images/pdf_folder/SUMMARY-OF-MALAY-SIA-NATIONAL-CANCER-REGISTRY-REPORT-2017-2021.pdf. Accessed 4 Mar 2026. 2. El-Serag HB, Davila JA. *Therap Adv Gastroenterol* 2011;4:5–10. 3. Kao WY, et al. *Medicine (Baltimore)* 2015;94:e1929. 4. GAAD Method Sheet. Reference: 09964533001. 5. Huang, et al. 2022. APASL 2022 Single Topic Conference on Hepatocellular Carcinoma. P161.

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4TH GOH KHEAN LEE DISTINGUISHED LECTURE

Professor Dr Amit Maydeo

Citation by Professor Dr Sanjiv Mahadeva



Dr Amit Maydeo is currently the Chair of the Institute of Gastrosiences at Sir H. N. Reliance Foundation Hospital, Mumbai, India and Emeritus Professor at KEM Hospital. He is one of few unique individuals who began his medical career as a GI Surgeon, but later decided to focus on Advanced Gastrointestinal Endoscopy. This may be due to the influence of his mentor, the legendary Professor Dr Nib Soehendra from Hamburg, Germany, with whom Dr Maydeo had undergone a Fellowship in advanced therapeutic endoscopy.

Dr Maydeo, a pioneer in advanced gastrointestinal endoscopy in India, is recognised globally as a Therapeutic GI Endoscopist par excellence. Not only is he sought after by patients from all over the world for his expertise, but he is well known for his Endoscopy Fellowship programme, having trained more than 500 endoscopists from India and abroad. He has chaired 22 Mumbai LIVE Endoscopy courses, and is a regular invited Faculty to numerous Live Endoscopy Courses globally.

Dr Maydeo has served as President of the Society of Gastrointestinal Endoscopy of India and has been recognised with numerous awards, such as the esteemed Padma Shri Award in India, ASGE Master Endoscopist Crystal Award (2025), MISG, MSGEI, and multiple lifetime achievement awards.

Dr Maydeo is also a keen researcher and has published over 120 peer-reviewed publications and numerous textbook chapters. He is on the International Editorial Board of *Gastrointestinal Endoscopy* (GIE) and a past Co-Editor of *Endoscopy International Open*.

Most importantly, however, is that Dr Maydeo has been a long-term friend of the Malaysian Gastroenterology fraternity and has graced our Workshops and Scientific Conferences many times over the last two decades. He is also an old friend of the late Professor Dr KL Goh and hence most suited to deliver the 4th Goh Khean Lee Distinguished Lecture, entitled 'Pancreatobiliary Endoscopy - Past, Present & Future'.

26TH MSGH ORATION

Professor Dr Lim Seng Gee

Citation by Dr Tan Soek Siam



Professor Dr Lim Seng Gee is the Director of Hepatology at the Division of Gastroenterology and Hepatology, National University Health System, Singapore, where he previously served as the Chief of Division. His distinguished career began with his graduation from Monash Medical School in 1980 followed by his research MD at the Royal Free Hospital, London.

Professor Dr Lim actively shapes the global viral hepatitis elimination strategies through leadership roles in the International Coalition for Eradication of Hepatitis B, the HBV Forum, and the Global Hepatitis Summit. His expertise is sought worldwide, spanning appointments at France's ANRS Maladies Infectieuses Émergentes, the World Gastroenterology Organisation, the International Association for Study of Liver (2014-2018) and the AASLD Asia-Pacific Regional Advisory Council (2018).

Professor Dr Lim's pioneering work includes clinical trials of new treatments for chronic hepatitis B, translational research in viral hepatitis involving molecular biology and immunology of hepatitis B, and HBV elimination. He has secured peer review grant funding worth SGD \$58 million, including the momentous award of SGD \$25 million National Translational Clinical Research grant to investigate eradication of HBV, and a SGD \$10 million large collaborative grant. Professor Lim being in the forefront of the quest for HBV cure is the co-lead investigator for the bepirovirsen phase 3 trial published in New England Journal of Medicine in 2026. He has published 310 peer reviewed papers and an extraordinary H index of 71.

Closer to home, Professor Dr Lim's dedication to regional capacity building has transformed our specialty. He is the chairman of the Singapore Hepatology Conference and Science of HBV Cure Conference, of which the Malaysian Society of Gastroenterology and Hepatology is a proud partner. Generations of regional clinicians have directly benefited from his unwavering commitment to teaching and training from this invaluable annual forum. He was the past Chairman of the Asia Pacific Association for Study of the Liver (APASL) Liver Week 2013 Congress.

Professor Dr Lim's exceptional career has earned him the highest accolades. He was recently awarded the prestigious APDWF Okuda Lectureship in 2024. Furthermore he is a two-time recipient of the NMRC Clinician Scientist Award and the esteemed STaR award for research in HBV in 2025.

Finally, while Singapore proudly claims him today, we must acknowledge that his story began across the causeway. Professor Lim was born and raised in Malaysia. We take a special shared pride in his global achievements which are an inspiration to our fraternity.

23RD PANIR CHELVAM MEMORIAL LECTURE

Dr Gil Kaplan

Citation by Professor Dr Raja Affendi Raja Ali



Dr Gil Kaplan is a Professor in the Cumming School of Medicine at the University of Calgary, Canada. He is a gastroenterologist who is internationally renowned for studying the global epidemiology of inflammatory bowel disease (IBD). As the corresponding author, he has published in prestigious journals such as Nature, The Lancet and JAMA. He is an Associate Editor of Gastroenterology and an Academic Editor of PLOS Med. Between 2020 and 2025 Clarivate, Web of Science named Professor Dr Kaplan a Highly Cited Researcher in recognition of being in the top one percent of cited researchers.

Professor Dr Kaplan is a member of the International Organization for the study of IBD (IOIBD). He received the Canadian Association of Gastroenterology's Research Leader Award and was inducted into the Canadian Academy of Health Sciences.

MSGH LIFETIME ACHIEVEMENT AWARD

Datuk Dr Jayaram Menon

Citation by Datuk Dr Raman Muthukaruppan



Gastroenterology in Malaysia, and especially in Sabah, bears the indelible imprint of Datuk Dr Jayaram Menon. Over more than three decades, his career has been defined not simply by the positions he has held, but by what he has built; specialist services, training programmes, multidisciplinary capability and generations of doctors who have gone on to serve the profession.

For 28 years, Datuk Dr Jayaram served at Queen Elizabeth Hospital, Kota Kinabalu, where he developed the Gastroenterology Unit into a regional referral centre for complex GI and hepatobiliary diseases. He was instrumental in introducing and expanding therapeutic endoscopy services, including ERCP and advanced endoscopic interventions, bringing specialist care to patients who previously had to travel to the Peninsula.

The development of services was matched by an equally strong commitment to developing people. Datuk Dr Jayaram established and nurtured the MRCP training programme in Sabah, shaping generations of medical officers and physicians through his emphasis on sound clinical reasoning, procedural safety and compassion. As former National Head of Gastroenterology and National Head of Internal Medicine at the Ministry of Health Malaysia, he carried this commitment beyond Sabah, contributing to the strengthening of specialist services and the development of physicians nationally.

That same belief in building capability extended to the wider healthcare team. In 2009, Datuk Dr Jayaram pioneered the first structured Endoscopy Nursing training programme in the state and country. The initiative elevated standards of endoscopic practice and patient safety and became a model replicated elsewhere in Malaysia as well as South East Asia. He continues this work as Chairman of the MSGH Endoscopy Training Working Group.

Datuk Dr Jayaram's contribution to the profession has also extended beyond clinical practice. He has served the College of Physicians Malaysia with distinction, contributing to postgraduate training, professional standards and equitable access to specialist care. His quiet leadership has guided policy and mentored young leaders in the College. In 2025, the College conferred upon him its Lifetime Achievement Award, recognising a career dedicated to patients, teaching and the advancement of gastroenterology in Malaysia. His most enduring legacy is found not only in the services he developed, but in the people he trained, the standards he advanced and the culture of excellence, humility and service he helped foster.

PRE-CONGRESS WORKSHOPS

27th August 2026 (Thursday)

1. AEG-UMMC EUS WORKSHOP

Role of EUS in Managing Complex Pancreatobiliary Conditions

Time : 0830 hrs - 1500 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

2. LUMINAL THERAPEUTIC WORKSHOP

Salvation in GI Endoscopy: Rescue Techniques for Bleeding, Stricture and Perforation

Time : 0830 hrs - 1500 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

3. YOUNG GI CONSULTANTS FORUM

Time : 1500 hrs - 1725 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

PRE-CONGRESS SYMPOSIUM

27th August 2026 (Thursday)

ELAVATE: Transform 2L PBC Management with IQIRVO® (Elafibranor)

Time : 1900 hrs - 2100 hrs

Venue : Meeting Room 304 & 305, Kuala Lumpur Convention Centre, Kuala Lumpur

PROGRAMME SUMMARY

Date Time	28 th August 2026 (Friday)		29 th August 2026 (Saturday)		30 th August 2026 (Sunday)			
	GUT	MSGNMA (GIA)	GUT	MSGNMA (GIA)	GUT	MSGNMA (GIA)		
0730 - 0800	Registration		Registration					
0800 - 0830								
0830 - 0900	Welcome Address		OPENING REMARKS		SYMPOSIUM 3 Hepatology	MSGNMA LECTURE 8		
	4 th Goh Khean Lee Distinguished Lecture					MSGNMA LECTURE 9		
0900 - 0930	STATE-OF-THE-ART LECTURE 1					MSGNMA LECTURE 10		
0930 - 1000	Tea Satellite Symposium 1				SYMPOSIUM 1 Inflammatory Bowel Disease		LECTURE 2 23 rd Panir Chelvam Lecture	
1000 - 1030	Coffee / Tea						Introduction to CPG Guidelines on IBD	
1030 - 1100	STATE-OF-THE-ART LECTURE 2		Tea Satellite Symposium 3		Tea Satellite Symposium 6			
1100 - 1130	Malaysia Boleh - Best Endoscopic Video Competition		Coffee / Tea		Coffee / Tea			
1130 - 1200			LECTURE 1 26 th MSGH Oration		SYMPOSIUM 4 Conundrums in Cholangiocarcinoma: How to Approach	MSGNMA LECTURE 11		
1200 - 1230			MSGH Lifetime Achievement Award			MSGNMA LECTURE 12		
1230 - 1300	Revisiting the Guidelines on Upper GI Premalignant Conditions		Young Investigator Award Oral Poster Presentation			MSGNMA LECTURE 13		
1300 - 1330	Lunch Satellite Symposium 1		Lunch Satellite Symposium 2		Lunch Satellite Symposium 3			
1330 - 1400	Friday Prayers / Lunch				Changing the Story of Colorectal Cancer in Malaysia			
1400 - 1430	Opening Remarks LIVE DEMONSTRATIONS 1	Welcome Remarks	SYMPOSIUM 2 Update on the Latest Asian DGBI Consensus	MSGNMA LECTURE 5	Launching of Tak Nak Colon Cancer Campaign			
1430 - 1500		KEYNOTE LECTURE		MSGNMA LECTURE 6	STATE-OF-THE-ART LECTURE 3			
1500 - 1530		MSGNMA LECTURE 1		MSGNMA LECTURE 7	SYMPOSIUM 5 Metabolic Syndrome and GI Disorders			
1530 - 1600	Tea Satellite Symposium 2	Panel Discussion 1		Panel Discussion 2				
1600 - 1630	LIVE DEMONSTRATIONS 2	MSGNMA LECTURE 2	Tea Satellite Symposium 4		MSGH Graduation Ceremony			
1630 - 1700		MSGNMA LECTURE 3	Tea Satellite Symposium 5		Prize Presentation, Lucky Draw & Closing Remarks			
1700 - 1730		MSGNMA LECTURE 4	MSGH Annual General Meeting		Coffee / Tea			
1730 - 1900								
1930 - 2000	PRESIDENTIAL DINNER (By Invitation Only)							
2000 - 2130								

PRE-CONGRESS WORKSHOP 1

27TH AUGUST 2026 (THURSDAY)

AEG-UMMC EUS WORKSHOP

Role of EUS in Managing Complex Pancreatobiliary Conditions

Time : 0830 - 1500 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

Course Director : Chuah Kee Huat

International Faculty : Anthony Teoh

Local Faculties : Stanley Khoo, Praveenna Nagaratnam

Target Participants : Endoscopists with EUS experience, having performed at least 15 FNB procedures

Programme

0830 - 0900	Registration
0845 - 0900	Opening Remarks
0900 - 0930	Diagnostic/Staging of Pancreatic Malignancy and Optimizing EUS Fine Needle Biopsy <i>Praveenna Nagaratnam</i>
	Q&A
0930 - 1000	Strategy for EUS Biliary Drainage - When to Choose Which Approach <i>Chuah Kee Huat</i>
	Q&A
1000 - 1020	Tea break
1020 - 1100	Endoscopic Ultrasound-Guided Gastroenterostomy: A New Standard for Gastric Outlet Obstruction? <i>Anthony Teoh</i>
	Q&A

PRE-CONGRESS WORKSHOP 1

27TH AUGUST 2026 (THURSDAY)

1100 - 1120	Role of EUS RFA - How to Choose the Patient <i>Anthony Teoh</i> Q&A
1120 - 1220	Case Based Discussion <i>Stanley Khoo / Anthony Teoh / Praveenna Nagaratnam</i>
1220 - 1300	Lunch
1300 - 1450	HANDS-ON SESSION Station 1: EUS FNB Station 2: EUS Pseudocyst Plastic Stents Station 3: EUS LAMS Station 4: EUS RFA <i>Stanley Khoo / Anthony Teoh / Praveenna Nagaratnam / Chuah Kee Huat</i>
1450 - 1500	Closing Remarks

PRE-CONGRESS WORKSHOP 2

27TH AUGUST 2026 (THURSDAY)

LUMINAL THERAPEUTIC ENDOSCOPY WORKSHOP

Salvation in GI Endoscopy: Rescue Techniques for Bleeding, Stricture and Perforation

Time : 0830 - 1500 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

Course Advisor : Sanjiv Mahadeva

Course Director : Rafiz Abdul Rani

Co-Course Directors : Thevaraajan Jayaraman, Liew Chiat Fong

International Faculties : Amit Maydeo, Luo Xiaobei, Wang Zhen

Local Faculties : Hari Suthan, Kok Wei Hao, Lau Su Yin, Mohamad Fadli Abd Rahman, Nik Razima Wan Ibrahim,
See Lay May, Khairil Khuzaini Zulkifli

Participants : Limit to 20 participants

Programme

0830 - 0840 Opening Remarks by
Rafiz Abdul Rani

0840 - 0855 **LECTURE 1**
Endoscopic Management of Refractory Variceal Haemorrhage
Lau Su Yin

0855 - 0910 **LECTURE 2**
Colonic Stenting in Malignant Bowel Obstruction
Thevaraajan Jayaraman

0910 - 0930 **LECTURE 3**
Novel Closure Device for Large GI Defects
Luo Xiaobei

PRE-CONGRESS WORKSHOP 2

27TH AUGUST 2026 (THURSDAY)

0930 - 0950

LECTURE 4

Innovative Approaches to Peptic Ulcer Bleeding

Amit Maydeo

0950 - 1030

Expert Forum

1030 - 1100

Briefing on Hands-On Stations followed by Tea Break

1100 - 1245

HANDS-ON SESSION 1

Station 1: SX Ella Danis Stent

Station 2: TaeWoong Luminal Self-Expanding Metal Stent

Station 3: Microtech Dual Action Tissue (DAT) Closure Device

Station 4: Ovesco Over-The-Scope-Clip (OTSC)

1245 - 1315

Lunch

1315 - 1450

HANDS-ON SESSION 2

Station 1: SX Ella Danis Stent

Station 2: TaeWoong Luminal Self-Expanding Metal Stent

Station 3: Microtech Dual Action Tissue (DAT) Closure Device

Station 4: Ovesco Over-The-Scope-Clip (OTSC)

1450 - 1500

Closing Remarks

Sanjiv Mahadeva

PRE-CONGRESS WORKSHOP 3

27TH AUGUST 2026 (THURSDAY)

YOUNG GI CONSULTANTS FORUM

Theme : Endoscopy 2.0: The New Frontier

Time : 1500 - 1725 hrs

Venue : Endoscopy Unit, 6th Floor Menara Selatan, Universiti Malaya Medical Centre, Kuala Lumpur

Forum Director : Shahreedhan Shahrani

International Faculty : Gil Kaplan, Parit Meekaroonkamol, Huang Wen-Hsin

Programme

1500 - 1505	Opening Remarks by Chairperson
1505 - 1520	The GI Training Journey: Mistakes, Milestones and Mentors <i>Tan Loh Joash</i>
1520 - 1535	Breaking Barriers: A Woman's Journey Through GI Training <i>Nurul Husna Baharudin</i>
1535 - 1550	Life in GI Training: The Academic Setting <i>Hak Keith Leung</i>
1530 - 1605	The Return After Fellowship <i>Shahreedhan Shahrani</i>
1045 - 1620	Life After Training: Things No One Tells You <i>Ng Inn Shan</i>
1620 - 1645	Q&A Panel Discussion <i>Moderators: Parit Mekaroonkamol / Huang Wen-Hsin</i>
1645 - 1710	Career 2.0: Navigating the New Frontier of Gastroenterology <i>Gil Kaplan</i>
1710 - 1725	Group Photo and Closing Remarks

PRE-CONGRESS SYMPOSIUM

27TH AUGUST 2026 (THURSDAY)

ELAVATE: Transform 2L PBC Management with IQIRVO® (Elafibranor)

Time : 1900 - 2100 hrs

Venue : Meeting Room 304 & 305, Kuala Lumpur Convention Centre, Kuala Lumpur

Programme

1800 - 1900	Registration & Dinner
1900 - 1905	Welcome
1905 - 1910	Opening Remarks <i>Chan Wah Kheong</i>
1910 - 1940	ELAVATE: Transform 2L PBC Management with IQIRVO® (Elafibranor) <i>Senamjit Kaur</i>
1940 - 1955	The Power of Two, The Power of IQIRVO
1955 - 2015	ALF and ACLF Phenotyps of AIH <i>Tan Soek Siam</i>
2015 - 2035	Recognizing but not Over-Diagnosing Overlap <i>Ruveena Bhavani</i>
2035 - 2050	Q&A
2050 - 2055	Closing

DAILY PROGRAMME

DAY 1 - 28TH AUGUST 2026 (FRIDAY)

0730 - 0830

Registration

Conference Hall 1

0830 - 0845

Welcome Address

Ida Normiha Hilmi

President, Malaysian Society of Gastroenterology & Hepatology

Chuah Kee Huat

Course Director

Opening Video

0845 - 0915

4th Goh Khean Lee Distinguished Lecture

Conference Hall 1

Pancreatobiliary Endoscopy - Past, Present & Future

Amit Maydeo

Citation: Sanjiv Mahadeva

0915 - 0955

STATE-OF-THE-ART LECTURE 1

Conference Hall 1

Moderators: Stanley Khoo / Thevaraajan Jayaraman

EUS-Guided Lumen - Apposing Metal Stents: Roles and Applications

Anthony Teoh Yuen Bun

Advances in Cholangioscopy Technology: Imaging, Lithotripsy and Beyond

Huang Wen-Hsin

0955 - 1025

Tea Satellite Symposium 1 (Reckitt Benckiser)

Conference Hall 1

Moderator: Raja Affendi Raja Ali

GERD is a Mechanical Problem: Treat the Reflux, Not the Acid

Andrew Ong Ming Liang

1025 - 1040

Coffee / Tea

DAILY PROGRAMME

DAY 1 - 28TH AUGUST 2026 (FRIDAY)

1040 - 1120

STATE-OF-THE-ART LECTURE 2

Moderators: **Raman Muthukaruppan / Victoria Kok**

Step-by-Step Approach to the Management of Upper GI Submucosal Lesions
Luo Xiobei

Closing the Gap: Endoscopic Management of GI Perforation
Parit Mekaroonkamol

Conference Hall 1

1120 - 1220

Malaysia Boleh - Best Endoscopic Video Competition

Moderators: **Abraham Matthew George / Ida Normiha Hilmi**

Judges: **Muhammad Firdaus Md Salleh / Gew Lai Teck / Chen Harn Chin**

Conference Hall 1

1220 - 1250

REVISITING THE GUIDELINES ON UPPER GI PREMALIGNANT CONDITIONS

Moderators: **Lau Peng Choong / Glenn George Koleth**

Barrett's Oesophagus
Ho Shiaw Hooi

Atrophic Gastritis
Hari Suthan

Conference Hall 1

1250 - 1330

Lunch Satellite Symposium 1 (Novo Nordisk)

Moderator: **Rosmawati Mohamed**

Merging MASH in the Metabolic Spectrum: The Emerging Influence of Semaglutide
Chan Wah Kheong

Conference Hall 1

1330 - 1400

Friday Prayers / Lunch

DAILY PROGRAMME

DAY 1 - 28TH AUGUST 2026 (FRIDAY)

GUT - Conference Hall 1	MSGNMA (GLA) - Meeting Room 304 & 305
1400 - 1530 Opening Remarks by UMMC Hospital Director <i>Mohd Zulkiflee Abu Bakar</i> Live Demonstrations 1 (Broadcast from UMMC) <i>Moderators: Jayaram Menon / Chiam Keng Hoong / Sattian Kollanthavelu / Gew Lai Teck</i> 1530 - 1600 Tea Satellite Symposium 2 (OLYMPUS) <i>Moderator: Ida Normiha Hilmi</i> Beyond EUS: The Expanding Role of Advance Ultrasound in IUS for IBD <i>Alex Leow Hwong Ruey</i>	1400 - 1410 Welcome Remarks <i>Jernih M Lim</i> <i>President, Malaysian Society of Gastroenterology Nursing, Assist Medical Officers & Associates & Course Director</i> 1410 - 1445 KEYNOTE LECTURE <i>Moderators: Lea Peterus / Jernih M Lim</i> Navigating the Changing Landscape of Endoscopy <i>Nenny Suzanah Sellamat</i> 1445 - 1515 MSGNMA LECTURE 1 <i>Moderators: Juwel Jusep / Steve Tay Kok Khiong</i> International Guidelines; Endoscope Reprocessing Update <i>Siriporn Ratanalert</i> 1515 - 1600 Panel Discussion 1 <i>Moderator: Haslinda Taipin</i> When Silence Becomes a Risk: Psychological Safety in the Endoscopy Team <i>Jernih M Lim / Nenny Suzanah Sellamat / Siriporn Ratanalert / Raman Muthukaruppan</i>

DAILY PROGRAMME

DAY 1 - 28TH AUGUST 2026 (FRIDAY)

GUT - Conference Hall 1	MSGNMA (GIA) - Meeting Room 304 & 305
1600 - 1730 Live Demonstrations 2 (Broadcast from UMMC) Moderators: <i>Praveenna Nagaratnam / Mandeep Singh / Adrian Chin / Mohamed Rezal Abdul Aziz</i>	1600 - 1630 MSGNMA LECTURE 2 Moderators: <i>Rohaida Daud / Haslinda Taipin</i> Beyond Routine Care: Building Research Culture in Endoscopy Nursing <i>Tan Woei Ling</i> 1630 - 1700 MSGNMA LECTURE 3 Moderators: <i>Philip Gisan / Che Mohamad Amran Che Omar</i> Advanced Endoscopy Nursing / GIA Practice: Expanding Nursing / GIA Roles in Therapeutic Endoscopy <i>Valentine Lesley Philiminus</i> 1700 - 1730 MSGNMA LECTURE 4 Moderators: <i>Juwel Jusep / Mohd Zulkifili Mohd Zain</i> Sustainable Practices in Endoscopy - Navigating Sustainability Policies & Infection Control Standards <i>Nenny Suzanah Sellamat</i>

1930 - 2130 **President's Dinner** (by invitation only)

DAILY PROGRAMME

DAY 2 - 29TH AUGUST 2026 (SATURDAY)

0800 - 0845

Registration

Conference Hall 1

0845 - 0900

Opening Remarks

Ida Normiha Hilmi

President, Malaysian Society of Gastroenterology & Hepatology and Organising Chair, GUT 2026

Opening Video

0900 - 1030

SYMPOSIUM 1 | Inflammatory Bowel Disease

Moderators: Nazri Mustaffa / Nik Razima Wan Ibrahim / Rafiz Abdul Rani

Enterocolitis in Asia: Distinguishing IBD from Infection and Other Mimics

Deborah Chia Hsin Chew

Integrating IUS in Daily Practice: My Experience

Shahreedhan Shahrani

Small Molecules for IBD: Present Practice and Future Frontiers

Ooi Choon Jin

Case Discussion (with interactive voting)

Mohd Hizami Mohamad Nor

Q&A

1030 - 1100

Tea Satellite Symposium 3 (Abbott)

Moderator: Sanjiv Mahadeva

Functional Dyspepsia Over Two Decades: Lessons Learned & Future Directions

Tadayuki Oshima

1100 - 1130

Coffee / Tea

1130 - 1200

LECTURE 1

26th MSGH Oration

Hepatitis B at a Turning Point: From Viral Suppression to Functional Cure

Lim Seng Gee

Citation: Tan Soek Siam

Conference Hall 1

DAILY PROGRAMME

DAY 2 - 29TH AUGUST 2026 (SATURDAY)

1200 - 1215

MSGH Lifetime Achievement Award

Citation: Raman Muthukaruppan

Jayaram Menon

Conference Hall 1

1215 - 1315

Young Investigator Award

Moderator: Lee Yeong Yeh

Conference Hall 1

Oral Poster Presentations

1315 - 1400

Lunch Satellite Symposium 2 (Medic Pro Healthcare)

Conference Hall 1

Ultrasound, X-ray and white light, 1 + 1 + 1 = ? Endoscopic Management of Pancreatic Duct Disease
Zhong, Ning

GUT - Conference Hall 1

1400 - 1600

SYMPOSIUM 2

Update on the Latest Asian DGBI Consensus

Moderators: Lee Yeong Yeh / Chuah Kee Huat

Second Asian Consensus Report on Functional Dyspepsia (2025): Updated Recommendation

Tadayuki Oshima

Hydrogen and Methane Breath Testing: The ANMA Monograph

Yinglian Xiao

Chronic Constipation: Asian Consensus Perspective

Kewin Siah

Gastroesophageal Reflux Disease (GERD) in Asia: Consensus Updates

Harry Chen

MSGNMA (GIA) - Meeting Room 304 & 305

1400 - 1425

MSGNMA LECTURE 5

Moderators: Valentine Lesley Philiminus / Rohaida Daud

Optimizing Team Performance in GI Emergencies: Anticipation, Communication, and Action

Tan Phei Oon

1425 - 1450

MSGNMA LECTURE 6

Moderators: Azizon Saad / Che Mohamad Amran Che Omar

Growing Demand, Limited Time: Sustaining Quality Documentation and Patient Education in Endoscopy Services

Manorani K Doresamy

1450 - 1515

MSGNMA LECTURE 7

Moderators: Norleza Hassan / Philip Gisan

From Audit to Action: Using Quality Improvement to Transform Endoscopy Nursing Practice

Che Muhamad Fadzil Che Man

DAILY PROGRAMME

DAY 2 - 29TH AUGUST 2026 (SATURDAY)

<i>GUT - Conference Hall 1</i>	<i>MSGNMA (GIA) - Meeting Room 304 & 305</i>
Practical approach to DGBI Case 1 <i>Wong Mung Seong</i> Case 2 <i>Lew Kean Guan</i> Q&A	1515 -1605 Panel Discussion 2 <i>Moderators: Mohd Zulkifli Mohd Zain / Azizon Saad</i> Clinical Pearls and Pitfalls in Advanced Endoscopy Nursing <i>Lead Panelist: Valentine Lesley Philiminus</i> <i>Panelists: Che Muhamad Fadzil Che Man / Nurul Fazly Abu Nain / Mohd Farid Khalid</i>

1600 - 1630	Tea Satellite Symposium 4 (Johnson & Johnson) <i>Moderator: Ida Normiha Hilmi</i> Real Patients, Real Decisions: A Case-Based Exploration of the IL-23 Era <i>Julajak Limsrivilai</i>	<i>Conference Hall 1</i>
1630 - 1700	Tea Satellite Symposium 5 (Servier) <i>Moderator: Lee Yeong Yeh</i> The Role of Sb CNCM 1-745 Across the GI Care Continuum <i>Mahendra Raj</i>	<i>Conference Hall 1</i>
1700 - 1900	MSGH Annual General Meeting	

DAILY PROGRAMME

DAY 3 - 30TH AUGUST 2026 (SUNDAY)

0800 - 0830

Registration

GUT - Conference Hall 1	MSGNMA (GIA) - Meeting Room 304 & 305
0830 - 1000 SYMPOSIUM 3 Hepatology <i>Moderators: Syuhada Dan Adnan / Lau Su Yin / Ruveena Bhavani</i> Expert Dialogue: Updates on Malaysian Consensus in Hepatology Malaysian Consensus on Early Detection of Hepatocellular Carcinoma and Management of Acute Variceal Bleeding <i>Chan Wah Kheong / Rosmawati Mohamed / Lee Yeong Yeh / Ooi Wei Keat</i> **HCC Video Presentation MSGH-GAT Joint Symposium When “Natural” isn’t Safe: The Rising Burden of Herbal and Supplement-Related DILI <i>Tawasek Tanwandee</i> Practical Integration of EUS into Hepatology Practice <i>Parit Mekaroonkamol</i> Q&A	0830 - 0900 MSGNMA LECTURE 8 <i>Moderator: Azizon Saad</i> The Science Behind Safe Endoscope Reprocessing <i>Lea Peterus</i> 0900 - 0930 MSGNMA LECTURE 9 <i>Moderator: Che Muhamad Fadzil Che Man</i> Polypectomy Toolbox: Understanding Devices for Safe and Effective Polyp Removal <i>Juwel Jusep</i> 0930 - 1000 MSGNMA LECTURE 10 <i>Moderator: Rohaidah Daud</i> Navigating Cholangioscopy: A Team-Based Approach <i>Nurul Fazly Abu Nain</i>

1000 - 1030

LECTURE 2

23rd Panir Chelvam Lecture

From Global Perspectives to Local Solutions: Addressing the Emerging Burden of IBD in Malaysia

Gil Kaplan

Citation: Raja Affendi Raja Ali

Conference Hall 1

DAILY PROGRAMME

DAY 3 - 30TH AUGUST 2026 (SUNDAY)

1030 - 1040

Introduction to CPG Guidelines on IBD

Muhammad Firdaus Md Salleh / Nik Razima Wan Ibrahim

Conference Hall 1

1040 - 1110

Tea Satellite Symposium 6 (Takeda)

Treatment Selection and Long-Term Outcomes in Crohn's Disease

Alex Leow Hwong Ruey

Conference Hall 1

1110 - 1130

Coffee / Tea

GUT - Conference Hall 1	MSGNMA (GLA) - Meeting Room 304 & 305
1130 - 1300 SYMPOSIUM 4 Conundrums in Cholangiocarcinoma: How to Approach Moderators: <i>Praveenna Nagaratnam / Adrian Chin</i> Approach to Hilar Strictures <i>James Emmanuel</i> Imaging and Role of Interventional Radiology in the Management of Hilar Cholangiocarcinoma <i>Melisa Lim</i> Endoscopic Management of Hilar Cholangiocarcinoma <i>Chris Wadsworth</i> Case Presentation (Trainees) <i>Thomas Koshy</i> Q&A	1130 - 1200 MSGNMA LECTURE 11 Moderator: <i>Valentine Lesley Philiminus</i> Understanding Nasojejunal Tubes: Indications, Care and Management <i>Siti Hajariah Hashim</i> 1200 - 1230 MSGNMA LECTURE 12 Moderator: <i>Philip Gisan</i> Endoscopic Haemostasis: Tools, Techniques and Teamwork <i>Mohd Farid Khalid</i> 1230 - 1300 MSGNMA LECTURE 13 Moderator: <i>Norleza Hassan</i> Optimizing Tissue Sampling: The Role of Fine Needle Biopsy (FNB) <i>Tan Fong Chuan</i>

1300 - 1345

Lunch Satellite Symposium 3 (Pharmaniaga)

Moderator: *Jayaram Menon*

From PPI to PCABs: The Next Frontier in Acid Related Disease Management

Ganesananthan Shanmuganathan

Conference Hall 1

DAILY PROGRAMME

DAY 3 - 30TH AUGUST 2026 (SUNDAY)

1345 - 1410

Changing the Story of Colorectal Cancer in Malaysia

Muhammad Radzi Abu Hassan

Conference Hall 1

1410 - 1430

Launching of Tak Nak Colon Cancer Campaign

Moderator: Alex Leow Hwong Ruey

*Muhammad Radzi Abu Hassan / Elaine Ng Hui Been / Nurhashim Haron /
Tengku Nazeedah Tengku Mahmood / Murallitharan Munisamy*

Conference Hall 1

1430 - 1500

STATE-OF-THE-ART LECTURE 3

Moderator: Alex Leow Hwong Ruey

The Forgotten Pillar: The Role of Nutrition and Dietary Therapy in GI Diseases
Ennaliza Salazar

Conference Hall 1

1500 - 1630

SYMPOSIUM 5 | Metabolic Syndrome and GI Disorders

Moderator: Sattian Kollanthavelu / Chan Wah Kheong

Lancet Commission on Obesity: What It Means for Malaysia
Rohana Abdul Ghani

Conference Hall 1

Newer Pharmacotherapy and its Role in MASLD: How can we Optimise Care?
Chan Wah Kheong

Bariatric Endoscopy: Why the Time is Now in Obesity and Metabolic Care
Sattian Kollanthavelu

Recent Advancements in Obesity Care: A Surgeon's Perspective
Nik Ritza Kosai Nik Mahmood

Q&A

1630 - 1645

MSGH Graduation Ceremony

1645 - 1700

Prize Presentation, Lucky Draw & Closing Remarks

1700 - 1730

Tea Break

MODERATORS

Azizon Saad

Penang General Hospital
Penang

Ruveena Bhavani Rajaram

Thomson Hospital
Selangor

Chan Wah Kheong

Universiti Malaya Medical Centre
Kuala Lumpur

Che Mohamad Amran Che Omar

Hospital Raja Permaisuri Bainun
Ipoh, Perak

Chen Harn Chin

Subang Jaya Medical Centre
Selangor

Chiam Keng Hoong

Pantai Hospital Penang
Penang

Adrian Chin

Gleneagles Hospital Kuala Lumpur
Kuala Lumpur

Chuah Kee Huat

Universiti Malaya Medical Centre
Kuala Lumpur

Abraham Matthew George

KPJ Johor Specialist Hospital
Johor Bahru, Johor

Gew Lai Teck

Pantai Hospital Kuala Lumpur
Kuala Lumpur

Phillip Gisan

Queen Elizabeth Hospital Sabah
Kota Kinabalu, Sabah

Haslinda Taipin

Training Institute Ministry of Health Malaysia
Kota Kinabalu, Sabah

Thevaraajan Jayaraman

Hospital Al-Sultan Abdullah, UiTM
Selangor

Stanley Khoo

Sunway Medical Centre
Selangor

Victoria Kok

Hospital Umum Sarawak
Kuching, Sarawak

Glenn George Koleth

Hospital Sultan Ismail
Johor Bahru, Johor

MODERATORS

Lau Peng Choong

Pantai Hospital Kuala Lumpur
Kuala Lumpur

Lau Su Yin

Hospital Sultan Abdul Aziz Shah, UPM
Selangor

Lee Yeong Yeh

Universiti Sains Malaysia
Kubang Kerian, Kelantan

Alex Leow Hwong Ruey

Pantai Hospital Kuala Lumpur
Kuala Lumpur

Jernih Majalu Lim

Penang Adventist Hospital
Penang

Sanjiv Mahadeva

Universiti Malaya Medical Centre
Kuala Lumpur

Jayaram A/L N S Menon

Pantai Hospital Ayer Keroh
Melaka

Mohamed Rezal Abdul Aziz

Universiti Malaya Medical Centre
Kuala Lumpur

Mohd Zulkifli Mohd Zain

Hospital Canselor Tuanku Muhriz
Kuala Lumpur

Raman Muthukaruppan

Queen Elizabeth Hospital
Kota Kinabalu, Sabah

Praveenna Nagaratnam

Hospital Kuala Lumpur
Kuala Lumpur

Nazri Mustaffa

Universiti Sains Malaysia
Kubang Kerian, Kelantan

Nik Razima Wan Ibrahim

Hospital Ampang
Selangor

Norleza Hassan

Hospital Kuala Lumpur
Kuala Lumpur

Rafiz Abdul Rani

Hospital Al-Sultan Abdullah, UiTM
Selangor

Raja Affendi Raja Ali

Sunway Medical Centre
Selangor

MODERATORS

Rohaidah Daud

Hospital Tunku Azizah
Kuala Lumpur

Mandeep Singh

Gleneagles Hospital
Kuala Lumpur

Syuhada Dan Adnan

Hospital Sultanah Nur Zahirah
Kuala Terengganu, Terengganu

Tan Soek Siam

Sunway Medical Centre
Selangor

Steve Tay Kok Khiong

Queen Elizabeth Hospital
Kota Kinabalu, Sabah

FACULTY BIODATA



Amit Maydeo

Professor Dr Amit Maydeo is the Chair of the Institute of Gastrosciences at Sir H. N. Reliance Foundation Hospital; and Emeritus Professor at KEM Hospital, Mumbai, India. A pioneer of advanced gastrointestinal endoscopy in India, he trained in GI surgery at Tata Memorial Hospital and advanced therapeutic endoscopy at the University Hospital of Hamburg, Germany, under Professor Dr Nib Soehendra. He has served as President of the Society of Gastrointestinal Endoscopy of India and is on the International Editorial Board of Gastrointestinal Endoscopy (GIE) and a past Co-Editor of Endoscopy International Open. His honours include the Padma Shri, ASGE Master Endoscopist Crystal Award (2025), MISG, MSGEI, and multiple lifetime achievement awards.

Professor Dr Maydeo has authored over 120 peer-reviewed publications, numerous textbook chapters, and has trained more than 500 endoscopists from India and abroad. He has chaired 22 Mumbai LIVE Endoscopy courses and is internationally recognised for advancing therapeutic endoscopy, education, innovation, and research.



Chan Wah Kheong

Dr Chan Wah Kheong is Professor of Medicine, Director of the Division of Gastroenterology and Hepatology, and Senior Consultant Gastroenterologist and Hepatologist at the Universiti Malaya, the Universiti Malaya Medical Centre and the Universiti Malaya Specialist Centre. He served as Executive Committee Member for the Malaysian Society of Gastroenterology and Hepatology between 2015 and 2021. He was the Scientific Co-Chair and a core member of the Organising Committee for the Asian Pacific Digestive Week (APDW) 2021.

Professor Dr Chan completed two terms as Associate Editor for the Journal of Gastroenterology and Hepatology between 2018 and 2023, and is a current member of the Editorial Board for Clinical Gastroenterology and Hepatology, Alimentary Pharmacology and Therapeutics, and Clinical and Molecular Hepatology. He is recognised as one of the top 2% scientists in the world in their respective fields in a single year since 2021.

FACULTY BIODATA



Che Muhamad Fadzil Che Man

Mr Che Muhamad Fadzil is a Nurse Clinician (Clinical Resource Nurse) at Endoscopy Unit, Gleneagles Hospital Kuala Lumpur (2020 - now). He has almost 20 years' experience in nursing, 17 of which were with Endoscopy. He has worked in the Ministry of Health Malaysia and several private hospitals in Malaysia, with an international clinical experience in Saudi Arabia.

Mr Che Muhamad Fadzil is passionate about endoscopy nursing, patient safety, quality improvement, and data driven evidence-based practice. He has led multiple award-winning quality improvement initiatives focused on documentation compliance, sedation safety, and service excellence. Awarded several awards for best quality improvement projects. He is a regular speaker and facilitator for nursing education and professional development programmes and is committed to advancing nursing practice through leadership, innovation, and continuous learning.



Harry Chen

Professor Dr Harry Chen is Director of the Digestive Health Center, at Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation. He concurrently holds the position of Professor of Medicine at Tzu Chi University. He is the current president of Taiwan Neurogastroenterology and Motility Society. He is currently appointed to be a member for scientific committee and GC in ANMA, and AGA UGI council. He graduated from College of Medicine, National Yang Ming Chiao Tung University, Taiwan in 1992 and subsequently obtained a postgraduate medical degree at the University of New South Wales (PhD of Medicine), Australia in 2009.

Professor Dr Chen also gained experience working overseas as a researcher at the Gastrointestinal Motility Research Center, Lynn Health Science Institute, Oklahoma, USA (2000-2001), and at Division of Gastroenterology, St George's Hospital, New South Wales, Australia (2006-2007). His major interests in research include esophageal physiology and motility, the pathogenesis of GERD, and GI motility.

FACULTY BIODATA



Deborah Chia Hsin Chew

Dr Deborah Chew Chia Hsin is a Consultant Gastroenterologist and Hepatologist at Sunway Medical Centre Velocity, Kuala Lumpur. She obtained her medical degree from the University of Aberdeen, United Kingdom, and holds Membership of the Royal College of Physicians (UK) and the Specialty Certificate Examination in Gastroenterology and Hepatology (UK). She completed advanced fellowship training in gastroenterology, including EUS, ERCP and hepatology, and received certification of completion of Gastroenterology and Hepatology training from the Malaysian conjoint board.

Dr Chew's clinical and academic interests include inflammatory bowel disease, therapeutic endoscopy and hepatology. She has been involved in international and local clinical research, including studies in ulcerative colitis and Crohn's disease, and has presented and spoken at numerous national and international gastroenterology meetings. She has also contributed to peer-reviewed publications and book chapters in gastroenterology.



James Emmanuel

Dr James Emmanuel is Consultant Gastroenterologist and Hepatologist with subspecialty interests in advanced therapeutic endoscopy, pancreaticobiliary diseases, ERCP, EUS, third-space endoscopy, and bariatric endoscopy. He completed an Advanced Endoscopy Fellowship at Humanitas Research Hospital, Milan, Italy. His research focuses on pancreaticobiliary endoscopy, endoscopic innovation, artificial intelligence in endoscopy, and gastrointestinal cancer detection. He has authored publications in leading journals, including Gastrointestinal Endoscopy, Digestive Endoscopy, Endoscopy International Open, and JGH Open.

Dr Emmanuel is an invited faculty member at numerous international meetings and hands-on endoscopy workshops across Asia, including the Asia Pancreatobiliary Expert Meeting (Japan), GI-VISION (India), and regional ERCP/EUS mentorship programmes in Vietnam and Cambodia. In 2025, he represented Malaysia at the World Cup of Endoscopy during DDW, San Diego, where he received the ASGE "Best of the Best" Video Plenary Award for his novel procedure, Transhepatic Endobiliary Vascular Intervention (THEVI).

FACULTY BIODATA

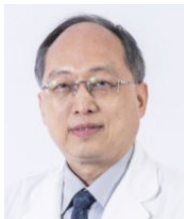
Ho Shiaw Hooi



Dr Ho Shiaw Hooi is a Consultant Gastroenterologist and Physician at Hospital Picaso, Petaling Jaya, Malaysia. He is also a visiting consultant to Universiti Malaya Medical Centre, Kuala Lumpur. He is a Faculty Member of Asian Novel Bio-Imaging & Intervention Group (ANBIIG), Councillor of Asian-Pacific Society for Digestive Endoscopy (APSDE), Fellow of the Japan Gastroenterological Endoscopy Society (JGES) and International Advisor of Advances in Digestive Medicine (AIDM).

Dr Ho has served as Associate Editor of BioMed Central (BMC) Gastroenterology (2017-2026), Committee Member (2019-2021) of the Malaysian Society of Gastroenterology & Hepatology (MSGH), Associate Professor of Medicine (2017-2025) at Universiti Malaya (UM) and Director (2020-2024) of the Combined Endoscopy Unit at UM Medical Centre (UMMC). He was also appointed as Visiting Assistant Professor to Kyushu University, Japan (2016) and Visiting Professor to Lanzhou University, China (2023) respectively.

Huang Wen-Hsin



Dr Huang Wen-Hsin graduated from the China Medical University in Taichung, Taiwan, and completed his training in Internal Medicine and Gastroenterology at the China Medical University Hospital. He is currently a Clinical Associate Professor at the College of Medicine, China Medical University, and serves as Deputy Director of the Division of Digestive Medicine and Director of the Diagnostic and Therapeutic Center of Endoscopy and Ultrasonography at China Medical University Hospital. His clinical and research interests focus on pancreatobiliary diseases, ERCP, EUS, cholangiopancreatography, and advanced therapeutic endoscopy.

Dr Huang is a Board Member of the Digestive Endoscopy Society of Taiwan (DEST) and the Gastroenterological Society of Taiwan (GEST), and has extensive experience in endoscopic management of complex biliary and pancreatic disorders. He is actively involved in endoscopy education and training programmes and has published widely in the fields of gastroenterology and interventional endoscopy.

FACULTY BIODATA



Juwel Jusep

Ms Juwel Jusep is a Clinical Resource Nurse in the Endoscopy Unit at Penang Adventist Hospital, Penang with over 20 years of nursing experience. She began her career in 2002 and has specialised in endoscopy nursing since 2005. In her current role, she focuses on staff education, mentorship and promoting best practices to enhance patient safety and care quality.

Ms Juwel Jusep holds a Bachelor of Nursing from Monash University, a Post Basic Certification in Endoscopy Nursing from Queen Elizabeth Hospital Sabah, and a Nursing Diploma from Adventist College of Nursing, Penang. She is passionate about developing nursing talent and strengthening team collaboration in clinical practice.



Gil Kaplan

Dr Gil Kaplan is Professor in the Cumming School of Medicine at the University of Calgary, Canada. He is a gastroenterologist who is internationally renowned for studying the global epidemiology of inflammatory bowel disease (IBD). As the corresponding author, he has published in prestigious journals such as Nature, The Lancet and JAMA. He is an Associate Editor of Gastroenterology and an Academic Editor of PLOS Med. Between 2020 and 2025 Clarivate, Web of Science named him a Highly Cited Researcher in recognition of being in the top one percent of cited researchers.

Dr Kaplan is a member of the International Organization for the study of IBD (IOIBD). He received the Canadian Association of Gastroenterology's Research Leader Award and was inducted into the Canadian Academy of Health Sciences.

FACULTY BIODATA



Sattian Kollanthavelu

Dr Sattian Kollanthavelu is a Consultant Gastroenterologist and Hepatologist at Mawar Medical Centre, Seremban, Negri Sembilan. He holds an MD (UMS), MRCP (UK) and CMIA (Malaysia) and has more than 10 years of experience in gastroenterology, hepatology and advanced endoscopy. He previously served as Head of the Gastroenterology & Hepatology Unit at Hospital Tuanku Ja'afar, Seremban, Negri Sembilan. His clinical practice encompasses a broad range of gastrointestinal, hepatobiliary and advanced endoscopic disorders, with a particular interest in therapeutic and metabolic endoscopy. He has a special interest in endoscopic bariatric and metabolic therapy, including endoscopic sleeve gastroplasty (ESG) and revisional bariatric endoscopy, and has been involved in the development of ESG in Malaysia since 2025.

Dr Kollanthavelu is actively involved in medical education and professional development and serves as Honorary Treasurer of the Malaysian Society of Gastroenterology and Hepatology.



Lea Peterus

Ms Lea Peterus is a dedicated registered nurse with 14 years of experience in the healthcare field, currently serving at Penang Adventist Hospital, Penang. She has spent seven of those years working in Medical Ward, where she developed strong clinical skills and a deep commitment to patient care. In 2023, she further advanced her professional qualifications by completing her Post-Basic Certificate in Endoscopy Nursing at ILKKM Johor Bahru, Johor graduating with distinction. Her growing interest in infection prevention led her to take on the role of Infection Control Link Nurse within her hospital, where she actively supports the implementation of infection control protocols and contributes to raising awareness among her colleagues.

Passionate about both clinical excellence and infection control, Ms Peterus strives to enhance standards of safety and quality, particularly within the endoscopy unit. Her dual focus on hands-on patient care and infection control practices positions her as a well-rounded, committed healthcare professional.

FACULTY BIODATA



Lee Yeong Yeh

Professor Dr Lee Yeong Yeh is Professor of Medicine and Consultant of Gastroenterology, Hepatology and Internal Medicine at Universiti Sains Malaysia. He has authored more than 300 papers in high-impact journals including Gastroenterology and Gut, several book chapters and textbooks, and listed in the Stanford's Top 2% in the World in their respective field (citation impact in a single year). JCI Malaysia awarded him the Outstanding Young Malaysian Award in 2015 and the Top Research Scientist of Malaysia by the Academy of Sciences Malaysia in 2018.

Professor Dr Lee is the senior editor of a number of journals including the Malaysian Journal of Medical Sciences. He is Immediate Past President of the Malaysian Society of Gastroenterology & Hepatology (MSGH), Past Scientific Chair of Asia Pacific Digestive Week (APDW) 2021 and committee member of numerous international societies.



Lew Kean Guan

Dr Lew Ken Guan is a gastroenterologist with a special interest in gastrointestinal motility disorders, disorders of gut-brain interaction (DGBI), esophageal physiology, and neurogastroenterology. He is actively involved in establishing and expanding gastrointestinal motility services, including high-resolution impedance manometry (HRIM) and 24-hour multichannel intraluminal impedance-pH (MII-pH) monitoring.

Dr Lew clinical interests include esophageal motility disorders, refractory gastroesophageal reflux disease, functional gastrointestinal disorders, belching disorders, and dysphagia. He is committed to advancing motility practice through clinical service development, education, and research, and has presented at national and regional scientific meetings. He is passionate about translating evidence-based guidelines into practical approaches that improve patient care and is dedicated to promoting awareness and accessibility of gastrointestinal motility testing in Malaysia.

FACULTY BIODATA



Jernih M Lim

Ms Jernih M Lim is the Nurse Manager of Outpatient & Endoscopy Services at Penang Adventist Hospital, Malaysia, with over 25 years of nursing experience in clinical and healthcare leadership. She oversees the Outpatient Clinics, Endoscopy Unit, Audiology, Optometry, and Speech Therapy Services. She holds a Bachelor of Science (Nursing) from Edith Cowan University, Australia, a Graduate Certificate in Gastroenterology Nursing from Queensland University of Technology, Australia, a Post Basic Certificate in Gastrointestinal Endoscopy Nursing from the Ministry of Health Malaysia, and has completed the Healthcare Leadership Programme at the National University of Singapore.

Ms Lim is the President of the Malaysian Society of Gastroenterology Nurses and Medical Assistants (MSGNMA) and the Founding Chairperson, Scientific Programme Lead Nursing Scientific Programme. She also organised the 1st MSGNMA Scientific Course in 2025. An invited faculty member at national and international scientific meetings, she is a regular faculty speaker for the GUT Nursing Programme and Endoscopy Workshop. Her professional interests include endoscope reprocessing, infection prevention and control, patient safety, quality improvement, leadership, and endoscopy nursing education.



Melisa Lim

Dr Melisa completed her undergraduate studies in 2004 and her training in Radiology specialty in 2013, both from the Faculty of Medicine, Universiti Malaya. She underwent training for her fellowship in Interventional Radiology in Hospital Selayang, Hospital Kuala Lumpur and National Cancer Center, Tokyo, Japan from 2016-2018. She is currently the head of Angiography and Interventional Radiology Unit, Hospital Kuala Lumpur and is actively involved in training of medical officers in both the Radiology masters programme under UKM as well as those under the parallel pathway.

FACULTY BIODATA



Lim Seng Gee

Professor Dr Lim Seng Gee is Director of Hepatology at the Division of Gastroenterology and Hepatology, National University Health System, Singapore. He graduated in 1980 from Monash Medical School completed his research MD at the Royal Free Hospital. He is currently chairman of the Singapore Hepatology Conference and Science of HBV Cure Conference, and was previously the Chairman of the Asia Pacific Association for Study of the Liver (APASL) Liver Week 2013 Congress. He is also a governing council board member of the International Coalition for Eradication for Hepatitis B (ICE-HBV) and a steering committee member of HBV Forum.

Professor Dr Lim is a council member of the Global Hepatitis Summit [International Symposium on Viral Hepatitis and Liver Disease (ISVHLD)]. He is Scientific Advisory Board member for ANRS Maladies Infectieuses Emergentes, France and member of liver disease committee of World Gastroenterology Organisation. He is faculty at the Asia Pacific EBM workshop. He was recently awarded the APDWF Okuda Lectureship in 2024. His research includes clinical trials of new treatments for chronic hepatitis B and translational research in viral hepatitis, involving molecular biology and immunology of hepatitis B, and HBV elimination. He has published 310 peer reviewed publications. He is the co-lead investigator for the bepirovirsen phase 3 trial published in NEJM 2026. In 2018, he was awarded the NMRC CSA twice and the STaR award in 2025 for research in HBV. His H index is 71.



Luo Xiobei

Dr Luo Xiaobei is an Associate Professor and Master's Supervisor at Nanfang Hospital, Southern Medical University, Guangzhou, China where she serves as Director of Ward I. She is an advanced interventional endoscopist specialising in minimally invasive therapy, particularly early gastrointestinal cancer detection and endoscopic submucosal dissection (ESD). She has performed live demonstrations at international conferences and pioneered modified ESD techniques for challenging duodenal lesions.

Dr Luo serves as Vice Chair of the Youth Committee of the Guangdong Society of Gastrointestinal Endoscopy, and as a Youth Committee Member of the Chinese Society of Gastrointestinal Endoscopy. She is also Vice Chair of the Robotic Digestive Endoscopy Surgery Group of the Chinese Society of Gastrointestinal Endoscopy, and serves on the Endoscopic Ultrasound Group of the Chinese Medical Association, the Capsule Endoscopy Group of the Chinese Medical Doctors' Association. Her research interests include advanced endoscopy, capsule endoscopy, AI-assisted diagnosis, gastrointestinal bleeding, and patient-derived organoid models in gastrointestinal cancers.

FACULTY BIODATA



Manorani K Doresamy

Ms Manorani Doresamy has 20 years of experience in Endoscopy Nursing and has extensive experience in endoscopy nursing management and service development. She previously served as the Nurse Manager of the Endoscopy Unit at Subang Jaya Medical Centre, Selangor for 10 years.

Ms Manorani holds a Master's Degree in Business Administration (MBA) and a Post Basic Certificate in GI Endoscopy Nursing with Distinction from the Ministry of Health, Malaysia. She is also a Committee Member of the Malaysian Society of Gastroenterology Nurses, Medical Assistants & Associates (MSGNMA).



Mohd Farid Khalid

Mr Mohd Farid Khalid is a Staff Nurse in the Endoscopy Unit at Hospital Sultanah Aminah Johor Bahru, Johor, Malaysia. With over nine years of experience as local preceptor in endoscopy nursing. He is actively involved in clinical education, mentoring nurse and students, and promoting competency-based training in gastrointestinal endoscopy. His clinical experience includes assisting with diagnostic and advanced therapeutic procedures such as gastroscopy, colonoscopy, ERCP, EUS, EMR, ESD, and PEG Placement.

Mr Mohd Farid has participated in various endoscopy workshops and continuing nursing education programmes and professional conference, with a strong interest in endoscopic haemostasis, patient safety, quality improvement, and multidisciplinary teamwork. Passionate about lifelong learning and professional development, he is committed to advancing evidence-based endoscopy nursing practice and delivering safe, high-quality patient care.

FACULTY BIODATA



Mohd Hizami Mohamad Nor

Dr Mohamad Hizami Bin Mohamad Nor is a fourth-year Gastroenterology and Hepatology fellow at Hospital Kuala Lumpur, Malaysia. He graduated with an MB BCH BAO from the National University of Ireland, Galway, and subsequently obtained the Doctor of Internal Medicine qualification from Universiti Kebangsaan Malaysia. His fellowship training has included clinical rotations at Hospital Queen Elizabeth, Sabah; Hospital Tengku Ampuan Rahimah, Klang, Selangor; and dedicated subspecialty training in Neurogastroenterology and Gastrointestinal Motility at Hospital Universiti Sains Malaysia.

Dr Mohd Hizami's clinical and research interests include inflammatory bowel disease, disorders of gut-brain interaction, and gastrointestinal motility. He has co-authored peer-reviewed publications in the fields of hepatology and gastroenterology, including work on probiotics in non-alcoholic fatty liver disease. He is actively involved in clinical research, medical education, and the development of neurogastroenterology services in Malaysia.



Muhammad Firdaus Md Salleh

Dr Muhammad Firdaus bin Md Salleh is a Consultant Gastroenterologist and Hepatologist at Hospital Sultanah Aminah, Johor Bahru, Johor and the National Head of Gastroenterology and Hepatology Services, Ministry of Health Malaysia. He is actively involved in the development of gastroenterology and hepatology services, subspecialty training and national clinical policies. He chairs the Malaysian Clinical Practice Guidelines on the Management of Inflammatory Bowel Disease working group and is involved in national initiatives in viral hepatitis elimination, liver health, endoscopy training and IBD care.

Dr Muhammad Firdaus also contributes to the Gastroenterology and Hepatology Training Conjoint Board and is actively engaged in clinical research including multicentre trials in inflammatory bowel disease. His professional interests include inflammatory bowel disease, viral hepatitis, chronic liver disease, endoscopy and the development of sustainable gastroenterology services in Malaysia.

FACULTY BIODATA



Muhammad Radzi Abu Hassan

Datuk Dr Muhammad Radzi Abu Hassan, former Director-General of Health Malaysia (2023-2025), is a Consultant Gastroenterologist and Hepatologist renowned for his contributions to hepatitis C (HCV) elimination and colorectal cancer (CRC) control. He led Malaysia's national HCV initiative, pioneering the use of affordable direct-acting antivirals and decentralising care to primary health centres.

Concurrently, Datuk Dr Muhammad Radzi coordinated the National Cancer Patient Registry - Colorectal Cancer and advanced national CRC screening programme using stool-based tests, while championing patient navigation to reduce delays in diagnosis and treatment. As a recipient of the 2025 RCSI Lifetime Achievement Award and listed among the Stanford/Elsevier Top 2% Scientists, he remains a steadfast advocate for accessible, patient-centred gastrointestinal care.



Raman Muthukaruppan

Datuk Dr Raman Muthukaruppan Chettiar is a senior consultant physician and gastroenterologist based at Hospital Queen Elizabeth, Kota Kinabalu, Sabah since 2004. He serves as the Head of Medical Services for the state of Sabah and Head of the Internal Medicine Department. He is also the head of Gastroenterology & Hepatology Unit and therapeutic endoscopist specialising in advanced, minimally invasive therapeutic endoscopy to manage complex pancreaticobiliary diseases and gastrointestinal cancers.

Apart from being a clinical physician, Datuk Dr Raman has driven local academia as a past Adjunct Professor at Universiti Malaysia Sabah. Internationally, he evaluates postgraduate medical candidates in internal medicine as an examiner for MRCP (UK) PACES and establishes Sabah as an elite examination hub since 2024. He is the currently the Immediate Past President of the Malaysian Society of Gastroenterology & Hepatology (2025-2027). He has trained and mentored over 30 gastro fellows since 2009. In recognition of his foundational work, he was conferred the prestigious state award PGDK in 2014, which carries the Datukship title.

FACULTY BIODATA



Parit Mekaroonkamol

Associate Professor Dr Parit Mekaroonkamol is an advanced endoscopist specialising in pancreatobiliary diseases, therapeutic EUS, ERCP, and third-space endoscopy.

His research focuses on innovative endoscopic techniques, serving as principal investigator on trials for severe acute pancreatitis, G-POEM for gastroparesis, bariatric endoscopy, AI integration, endoscopic GERD therapies, simulation-based medical education, and POEM for achalasia. He has authored multiple clinical guidelines on ERCP, subepithelial lesions, and celiac plexus neurolysis.

Associate Professor Dr Mekaroonkamol holds key leadership roles, including Chief of Academic Affairs for the Thai Association for Gastrointestinal Endoscopy and Director of Corporate Relations for the Gastroenterological Association of Thailand. Internationally, he serves on committees for the World Endoscopy Organization and the Asia-Pacific Society for Digestive Endoscopy. He is also Assistant Dean for International Affairs at Chulalongkorn University's Faculty of Medicine, Bangkok, Thailand.



Nenny Suzanah Sellamat

Ms Nenny Suzanah is currently a Senior Assistant Director of the Ambulatory Division in Singapore General Hospital. She has over 35 years of healthcare experience in various fields - nursing, operations, and administration, including programme development and research, and project management. In the past two decades, she has led the development of several hospital facilities and more recently, the endoscopy centres in Outram Campus.

Additionally, Ms Nenny Suzanah is also involved in various cluster-level projects. In the past decade, she has been active in teaching and training, and is passionate in skills development, quality improvement, infection control, quality and safety, and transformative projects. More recently, she is involved in other future-oriented initiatives such as AI and digital technology, and sustainability projects which may transform the landscape of endoscopy services and operations in the future. She has also led a number of quality improvement projects and co-authored clinical articles in journals. She is currently overseeing endoscopy operations and administration, strategic planning, and future endoscopy development in the Outram Campus. Due to the extensive experience, she has been invited to polytechnics and many international conferences, and workshops to share her experience and expertise in endoscopy operations and development.

FACULTY BIODATA

Nik Razima Wan Ibrahim



Dr Nik Razima is Senior Consultant of Gastroenterology and Hepatology currently based in Hospital Ampang, Selangor. She graduated from Leicester University UK before continuing with Masters in Internal Medicine in UKM, then subsequently completed the Fellowship of Gastroenterology and Hepatology under MOH.

Dr Nik Razima's interest includes Inflammatory Bowel Disease, Metabolic Associated Steatotic Liver Disease and Colorectal Cancer.

Nik Ritza Kosai Nik Mahmood



Associate Professor Dato' Dr Nik Ritza Kosai Nik Mahmood graduated from University of St Andrews, Scotland, followed by University of Manchester, England and a Fellow of the Royal College of Surgeons of England. He completed his surgical training in the United Kingdom and is currently the Head and Senior Consultant in Upper Gastrointestinal, Bariatric and Metabolic Surgical Unit, Department of Surgery, Hospital Canselor Tuanku Muhriz, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur. His unit is currently the highest volume centre in Malaysia for bariatric procedures in addition to Upper GI cancers and Functional GI procedures and Surgery and is currently one of the main Upper GI training centre for Malaysian Upper GI subspecialty trainees and over a decade has conducted international upper GI surgical fellowship programme.

Associate Professor Dato' Dr Nik Ritza Kosai is very active in research and collaborative work with the medical industries and has received well over a million ringgit in research grants. He has published around 300 peer reviewed publication, book chapters, national clinical practice guidelines, news paper and magazine articles and has been regularly featured on podcast, radio and television. He was recently named in the worlds top 5% scientist in the 2025 SciRank Global registry. He was the Past President of the Malaysian Bariatric and Metabolic surgical society and Past Vice president of the Malaysia Upper GI society. He is currently a committee member of Malaysia upper GI subspecialty training programme and in the Education Committee of the National Specialist Registry (NSR).

FACULTY BIODATA



Nurul Fazly Abu Nain

Mr Nurul Fazly Abu Nain is an Endoscopy Nurse with more than 10 years of clinical experience in Gastrointestinal (GI) Endoscopy Nursing. He serves as a local preceptor for the Post Basic in GI Endoscopy Nursing training. He has been actively involved in organising Endoscopy Nursing Workshops and has served as a course coordinator for the programme. He has also contributed to the development of the Ministry of Health Nursing Practice Guideline for G.I Endoscopy Nursing, supporting the professional standards and nursing practice of GI Endoscopy in Malaysia.

Mr Nurul Fazli holds a Bachelor of Nursing with Honours from Universiti Teknologi MARA (UiTM), and a Post Basic qualification in Gastrointestinal Endoscopy Nursing from MOH training centre. He has also been involved as a co-researcher in research published in the Malaysian Medical Journal, reflecting his interest in advancing evidence-based practice and professional development in Nursing.



Ooi Choon Jin

Dr Ooi Choon Jin obtained his MBBS from National University of Singapore and is a fellow of the Royal College of Physicians, Edinburgh and Academy of Medicine Singapore. From 1998 to 2000, he trained at the Center for the Study of Inflammatory Bowel Disease at Massachusetts General Hospital and Harvard Medical School, USA.

Dr Ooi is Associate Professor (Adjunct), Duke-NUS Medical School, Singapore. He is currently the President of the Asian Pacific Association of Gastroenterology (APAGE) and Chair for APAGE Inflammatory Bowel Disease Committee; President for Asian Education Network in Inflammatory Bowel Disease (AEN-IBD) and an Advisory Board Member, Asian Organization of Crohn's and Colitis.

FACULTY BIODATA



Ooi Wei Keat

Dr Ooi Wei Keat is a Consultant Upper Gastrointestinal, Bariatric and General Surgeon at Gleneagles Hospital Kota Kinabalu, Malaysia. He completed his National Subspecialty Training in Upper GI Surgery under the Ministry of Health Malaysia, followed by a fellowship at Erasmus University Medical Center, Rotterdam, The Netherlands. He specialises in upper gastrointestinal oncology, minimally invasive and robotic surgery, bariatric and metabolic surgery, endoscopy, and clinical nutrition.

Dr Ooi serves on several national committees for Upper GI Surgery and Clinical Nutrition and is actively involved in postgraduate surgical training, research, and guideline development. He has published in peer-reviewed international journals and is a frequent invited speaker at regional and international scientific meetings. His current research focuses on upper gastrointestinal cancer, minimally invasive surgery, perioperative nutrition, and enhanced recovery after surgery (ERAS).



Tadayuki Oshima

Professor Dr Tadayuki Oshima is Professor of the Department of Gastroenterology at Nagoya City University West Medical Center, Japan. He is a gastroenterologist and physician-scientist specialising in disorders of gut-brain interaction, gastroesophageal reflux disease, gastrointestinal mucosal barrier function, and endoscopic treatment. His major research interests include functional dyspepsia, GERD, tight junctions, adhesion molecules, and mucosal barrier dysfunction.

Professor Dr Oshima has conducted clinical and translational research focusing on the pathophysiology and treatment of functional gastrointestinal disorders. He is a Fellow of the American College of Gastroenterology and serves on the Steering Committee of the Asian Neurogastroenterology and Motility Association. He has contributed to international guidelines and consensus statements on functional dyspepsia, GERD, and achalasia, and serves as an associate editor for journals including the Journal of Neurogastroenterology and Motility and Digestion.

FACULTY BIODATA



Rohana Abdul Ghani

Professor Dr Rohana Abdul Gani is Consultant Endocrinologist and Professor of Medicine at the Faculty of Medicine, MARA Technology University, Kuala Lumpur, Malaysia. She received her undergraduate education in University College Dublin, Dublin, Ireland. She pursued her postgraduate studies in Masters in Internal Medicine and subsequently completed her Endocrine Fellowship Training at the National University of Malaysia.

Professor Dr Rohana is actively involved in the teaching of both undergraduate and postgraduate students within the faculty. She is also involved in the Endocrine services including the UiTM Endocrine and Weight Management Clinic. She is one of the researchers within the faculty leading various international as well as national research grants with special interests in the various aspects of diabetes and obesity. She was a member of the development of various Clinical Practice Guidelines including for Gestational Diabetes in 2019, Management of Type 2 Diabetes Mellitus in 2021, Management of Obesity in 2023 and Management of Heart Failure 2023. She also represented Malaysia in the new Consensus on Care and Management of Obesity in South and Southeast Asia- a collaboration with the Asia Oceania Association for the Study of Obesity (AOASO). She is currently the President of the Malaysian Society of Obesity (MYOS).



Rosmawati Mohamed

Professor Dato' Dr Rosmawati Mohamed is a Consultant Hepatologist at Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur. She currently chairs the Ministry of Health Technical Working Group for Liver Cancer and is leading the development and implementation of Malaysia's Liver Health Initiative as part of the National Strategic Plan for Liver Cancer 2026-2030.

Professor Dato' Dr Rosmawati is also a member of various committees of the Malaysian Medical Council governing specialist recognition and continuous professional development. She previously served as Master of the Academy of Medicine of Malaysia for eight years. She has held global and regional leadership roles in viral hepatitis elimination and liver cancer initiatives, including serving with the World Health Organization, and continues to contribute actively to clinical practice, research, specialist training, and national health policy, particularly in viral hepatitis, metabolic dysfunction-associated steatotic liver disease (MASLD), and liver cancer.

FACULTY BIODATA



Ennaliza Salazar

Dr Ennaliza Salazar is a Consultant Gastroenterologist in the Department of Gastroenterology, Hepatology and Nutrition at Singapore General Hospital. She completed a Clinical Nutrition Fellowship at Toronto General Hospital, Canada, and has a special interest in clinical nutrition, inflammatory bowel disease, intestinal failure, and nutrition support.

Dr Salazar's research focuses on malnutrition, sarcopenia, parenteral nutrition, and optimising nutritional care across acute and community settings. She is actively involved in clinical research, education, and quality improvement initiatives, with numerous publications and presentations at regional and international conferences. She is passionate about translating evidence into practical, patient-centred care and fostering multidisciplinary collaboration to improve nutrition and gastrointestinal outcomes. She also contributes to public education and professional training in digestive health and clinical nutrition through national and regional initiatives.



Shahreedhan Shahrani

Dr Shahreedhan Shahrani is an Internal Medicine Consultant and a Gastroenterologist and Hepatologist from Universiti Malaya Medical Centre (UMMC), Kuala Lumpur, Malaysia. She received her MBBS from IIUM and has a Masters Degree in Internal Medicine from Universiti Malaya. She successfully completed the European Specialty Examination in Gastroenterology and Hepatology, and completed subspecialty training in the Malaysian Gastroenterology and Hepatology Training Programme.

Dr Shahreedhan has won multiple awards including the Asia Pacific Gastroenterology Fellowship Award. She completed a clinical and research fellowship at St Vincent's Hospital Melbourne (SVHM), Australia in advance IBD, with a special interest in neurogastroenterology and motility. Her research is centred on treatment optimisation in IBD. She is certified in intestinal ultrasound (IBUS and GENIUS). She currently runs the IUS service in UMMC and helps train others locally and regionally, in IUS. She is also active in performing and training others in advance endoscopy and has been actively involved in research and clinical trials. She was a member of the APAGE Emerging Leaders Committee of APAGE for the term 2023-2025.

FACULTY BIODATA



Kewin Siah

Dr Kewin T H Siah is a Senior Consultant Gastroenterologist at the National University Hospital, Singapore, and Associate Professor at the National University of Singapore. He is Clinical Director of the Gastro-Motility Laboratory and leads services in Disorders of Gut–Brain Interaction (DGBI).

Dr Siah is Chair of the ANMA-APAGE DGBI Education Taskforce and Co-Chair of the Rome Foundation Complementary and Integrative Medicine (CIM) Section. He also serves in an editorial role at the Journal of Neurogastroenterology and Motility and is Secretary General of the Asian Neurogastroenterology and Motility Association (ANMA).

His clinical and research interests include IBS, functional dyspepsia, gastrointestinal motility, gut-brain axis disorders, gastrointestinal dysautonomia, and small fiber neuropathy, with a focus on advancing precision medicine and integrative care in Asian populations.



Siriporn Ratanaalert

Ms Siriporn Ratanaalert is a distinguished clinical nurse specialist and leader in gastroenterology and digestive endoscopy in Thailand. Currently serving as Past President of the Endoscopy Nurse Society of Thailand, her extensive career at the NKC Institute of Gastroenterology and Hepatology, Songklanagarind Hospital, focuses on optimizing gastrointestinal care and patient safety.

Ms Ratanatert's research has pioneered methods to enhance patient tolerance, reduce anxiety, and improve cooperation during invasive procedures. Key contributions include foundational work on the benefits of preoperative education improves quality of patient care for endoscopic retrograde cholangiopancreatography and collaborative guidelines for endoscopy practice during public health crises. Furthermore, she is a recognised international contributor to hygiene and patient safety, participating in the WEO position statement on hygiene in digestive endoscopy, which standardizes reprocessing and infection control across Asia and the Middle East.

FACULTY BIODATA



Siti Hajariah Hashim

Ms Siti Hajariah Hashim is a Registered Nurse (September 1996 - April 2026). She possesses the following qualifications:

1. Post Basic Midwives (2006-2007)
2. Post Basic Gastrointestinal Assistant (2010)

and has experiences in the Management of Enteral and Parenteral Care and Management of Tube Care.



Hari Suthan

Dr Hari Suthan is Head of the Gastroenterology and Hepatology Unit and Deputy Head of the Endoscopy Unit at Hospital Kuala Lumpur (HKL). He completed his specialist training in Gastroenterology and Hepatology under the Ministry of Health Malaysia, following which he pursued fellowship training in Advanced Endoscopy in Portsmouth, United Kingdom. His advanced endoscopy training focused on the endoscopic diagnosis of early gastrointestinal cancers, endoscopic resection and treatment of early gastrointestinal neoplasia, and third-space endoscopy.

Dr Hari currently leads the Advanced Luminal Endoscopy Service at HKL which serves as a tertiary referral service for patients requiring advanced diagnostic and therapeutic luminal endoscopy. His principal area of clinical interest is Endoscopic Submucosal Dissection (ESD), particularly in the management of early gastrointestinal neoplasia. He is actively involved in training and education in advanced endoscopy and has conducted several workshops at HKL focusing on the detection and characterisation of early gastrointestinal neoplastic lesions and ESD. He has also been invited to perform ESD and support advanced endoscopic procedures at other centres across Malaysia.

FACULTY BIODATA



Tan Fong Chuan

Ms Tan Fong Chuan is the Senior Nurse Manager at Cengild G.I. Medical Centre, Kuala Lumpur, Malaysia, with 21 years of nursing experience, including 17 years specialising in gastrointestinal endoscopy. She holds a Post Basic qualification in Gastrointestinal Endoscopy and a Bachelor of Nursing. Throughout her career at Tung Shin Hospital, Prince Court Medical Centre, Sunway Medical Centre Velocity, and Cengild G.I. Medical Centre, she has led endoscopy services, quality improvement initiatives, patient safety programmes and nursing workforce development.

Ms Tan is passionate about advancing endoscopy nursing practice, operational excellence and delivering safe, high-quality, patient-centred care through continuous quality improvement and multidisciplinary collaboration.



Tan Phei Oon

Dr Tan Phei Oon is currently a Consultant Physician, Gastroenterologist & Hepatologist at Hospital Fatimah, Ipoh, Perak. He obtained his undergraduate MD from Universiti Putra Malaysia in 2008 and obtained his MRCP (UK) postgraduate qualification in 2012. He completed the Gastroenterology and Hepatology Fellowship and did his Advanced Fellowship in Neurogastroenterology at Universiti Sains Malaysia in 2020. After completing his fellowship, he served in Hospital Raja Permaisuri Bainun, Ipoh, Perak as Gastroenterologist and Hepatologist from 2021-2023 and was Perak state gastroenterologist from 2022-2023 with the Ministry of Health Malaysia.

Dr Tan's specialises in various procedures such as oesophageal and anorectal manometry, anorectal biofeedback therapy, oesophageal pH-impedance study, gastroscopy, colonoscopy and endoscopic mucosal resection. His areas of interest include upper and lower gastrointestinal motility, GI cancer screening and functional GI disorders. He has research publications and abstracts on topics related to functional GI disorders, endoscopy and liver disorders.

FACULTY BIODATA



Tan Woei Ling

Dr Tan Woei Ling is a Senior Lecturer at the Faculty of Nursing, Universiti Malaya, Kuala Lumpur. She is an educator, researcher, and mentor with extensive experience in nursing education, evidence-based practice, patient safety, and healthcare quality improvement. Her research interests include endoscopy nursing, implementation science, pressure injury prevention, infection prevention and control, nursing competency, and the integration of artificial intelligence in healthcare education and research.

Dr Tan has supervised numerous postgraduate research projects, served as an examiner, journal reviewer, and invited speaker at national and international conferences, and actively collaborates with healthcare institutions to translate research into clinical practice. Passionate about developing future nurse leaders and researchers, she advocates for cultivating a sustainable research culture that empowers nurses to transform everyday clinical challenges into evidence-based innovations, ultimately improving patient outcomes, professional excellence, and healthcare quality.



Tawasek Tanwandee

Dr Tawasek Tanwandee is a distinguished hepatologist and Professor of Gastroenterology at the Division of Gastroenterology and Hepatology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand, where he has dedicated over 35 years to clinical practice, research, and medical education. He is currently President-Elect of the Gastroenterological Association of Thailand, and Secretary General of the Liver Foundation of Thailand. Additionally, he is an esteemed steering committee member of the Asian Pacific Association for the Study of the Liver (APASL), a past President of both APASL and the Thai Association for the Study of the Liver (THASL).

Dr Tanwandee's primary interests focus on the treatment of chronic hepatitis B and C, hepatocellular carcinoma, and the cost-effectiveness of hepatitis B and C therapies. He is an active member of several prestigious international organizations, including the American Gastroenterological Association (AGA), the American College of Gastroenterology (ACG), the American Association for the Study of Liver Diseases (AASLD), the European Association for the Study of the Liver (EASL), and the Asian Pacific Association.

FACULTY BIODATA



Anthony Teoh Yuen Bun

Dr Anthony Teoh Yuen Bun is currently an Honorary Consultant Surgeon in the Hong Kong Sanatorium Hospital. He was previously the Deputy Director of Endoscopy and Professor in The Chinese University of Hong Kong. He is also the Chairman of the WEO Research Subcommittee, President of the Hong Kong Hernia Society and the Asian EUS group. He also serves as Secretary to the Hong Kong EUS society and a council member of the Hong Kong College of Surgeons, Hong Kong Hernia society, Hong Kong Society of Robotic Surgery and Hong Kong Society of Digestive Endoscopy. He graduated from The Chinese University of Hong Kong in 2001 and after completing his surgical training, he has received training in many international centres including the Kitasato University East Hospital and the Cancer Institute Hospital (Ariake) in Japan, the University of Washington, Cornell University and Stanford University in USA.

Dr Anthony Teoh is a winner of multiple awards including 2019 Asian Pacific Digestive Week Emerging Leaders Lectureship, Carlos Pellegrini Traveling Fellow, American Society for Gastrointestinal Endoscopy endoscopic research awards, the GB Ong and Li Shield's Medal (best candidate in the fellowship examinations both locally and internationally). He is currently an Associate Editor for Gastrointestinal Endoscopy, Digestive Endoscopy, Endoscopy International Open and Techniques in Gastrointestinal Endoscopy.



Valentine Lesley Philiminus

Mr Valentine Lesley is a senior Medical Assistant in Endoscopy Queen Elizabeth Hospital, Kota Kinabalu, Sabah. He has 27 years working experience in healthcare. six years' experience in national service PLKN Sepang, Selangor and PLKN Tanaki, Tambunan. He is one of the pioneers in preparation of post basic Gastrointestinal endoscopy programme in Malaysia.

Mr Lesley has authored numerous abstracts submitted to GUT and given due acknowledgement effort on several international publications. He also has an innovative mind and constantly thinks of beneficial way to improve endoscopy unit and new endoscopic skill.

FACULTY BIODATA



Chris Wadsworth

Dr Chris Wadsworth is a Consultant Gastroenterologist, Endoscopist and Pancreatobiliary Physician at Hammersmith Hospital, Imperial College Healthcare NHS Trust, London, UK and an Honorary Senior Lecturer at Imperial College London, UK. He graduated in 2001 and trained in London at St Mary's, Hammersmith and St Mark's hospitals, with a short travelling fellowship at the Mayo Clinic, Minnesota, USA and a senior fellowship in advanced therapeutic endoscopy in Liverpool. Imperial College London awarded him a PhD in 2013 for work on endoscopic imaging of the biliary tree and pancreas, and he was appointed consultant in 2014.

Dr Wadsworth's practice includes ERCP and EUS in a regional HPB unit. His research interests are the multimodality diagnosis of cholangiocarcinoma, biomarkers for pancreatobiliary cancer, and quality standards and training in complex endoscopy.



Wong Mung Seong

Dr Wong Mung Seong is a Gastroenterologist and Hepatologist at Universiti Putra Malaysia, Selangor. She obtained her Bachelor of Medicine and Bachelor of Surgery (MBChB) from the University of Sheffield, United Kingdom, followed by a Master of Medicine in Internal Medicine from Universiti Sains Malaysia. She subsequently completed her subspecialty training under the Ministry of Higher Education. Her academic and research interests include disorders of gut-brain interaction, constipation, biofeedback and high-resolution manometry.

Dr Wong has received several academic awards, including the Young Investigator Award at APDWF and several Best Oral Presentation awards locally and internationally. She has numerous publications in peer-reviewed journals, including Scientific Reports, Alimentary Pharmacology & Therapeutics, Digestive Diseases and Sciences, BMC Gastroenterology, and Frontiers in Medicine, covering gastroenterology, hepatology, functional gastrointestinal disorders and metabolic liver disease.

FACULTY BIODATA



Yinglian Xiao

Dr Xiao Yinglian graduated from medical school of Sun Yat-Sen University in China. She got her MD and PhD degrees there, and she was also trained in the Northwestern University in Chicago as a research fellow. Her research interest is neurogastroenterology and motility. She has played an important role in setting up the standards for the Chinese Gastrointestinal Motility Testing Center, diagnostic and therapeutic guidelines for various motility disorders.

Professor Dr Xiao is currently the President of Chinese Society of Neuogastroenterology and Motility. She is a member of Chinese society of Gastroenterology and ANMA. She is the joint chair of ANMA-APAGE education task force.

YOUNG INVESTIGATOR AWARDS

- ID 010 DELIVERING HEPATITIS C CURE BEYOND SPECIALIST CENTRES: A REGISTRY-BASED REAL-WORLD STUDY OF DECENTRALISED SOFOSBUVIR-RAVIDASVIR THERAPY IN MALAYSIA**
Chan Wah Loong¹, Jazlan Jamaluddin², Dalyana Hamid @ Osman³, Zamrina Ahmat³
¹*Division of Gastroenterology and Hepatology, Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia*
²*Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia*
³*Klinik Kesihatan AU2, Taman Keramat, Kuala Lumpur, Malaysia*
- ID 022 COMPARISON OF STRATEGIES FOR IDENTIFYING PATIENTS WITH TYPE 2 DIABETES (T2D) FOR PHARMACOLOGICAL THERAPY FOR METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH): A HISTOLOGY-BASED STUDY WITH DECISION CURVE ANALYSIS AND SIMULATED REAL-WORLD PREVALENCE COHORT**
Nisha Puvanendran¹, Lee-Lee Lai¹, Sanjiv Mahadeva¹, Nik Raihan Nik Mustapha², Pavitratha Puspanathan³, Jimmy Che-To Lai^{4,5}, Terry Cheuk-Fung Yip^{4,5}, Grace Lai-Hung Wong^{4,5}, Vincent Wai-Sun Wong^{4,5}, Wah-Kheong Chan¹
¹*Gastroenterology and Hepatology Unit, Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia*
²*Department of Pathology, Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia*
³*Department of Pathology, Hospital Pulau Pinang, Pulau Pinang, Malaysia*
⁴*Department of Medicine and Therapeutics, Medical Data Analytics Centre, The Chinese University of Hong Kong, Hong Kong, China*
⁵*State Key Laboratory of Digestive Disease, Institute of Digestive Disease, The Chinese University of Hong Kong, Hong Kong, China*
- ID 025 COLONIC MICROPLASTIC BURDEN IN INFLAMMATORY BOWEL DISEASE: ASSOCIATIONS WITH DISEASE ACTIVITY AND OXIDATIVE STRESS DYSREGULATION**
Wei Si Soong¹, Lai Ti Gew¹, Jactty Chew¹, Chong Chearn Lee², Wei Hao Kok², Hong Heng See^{3,4}, Norfilza Mohd Mokhtar^{5,6}, Raja Affendi Raja Ali^{1,6}
¹*Jeffrey Cheah Sunway Medical School, Faculty of Medical and Life Sciences, Sunway University, Selangor, Malaysia*
²*Department of Medicine, Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
³*Department of Chemistry, Faculty of Science, Universiti Teknologi Malaysia, Johor Bahru, Johor, Malaysia*
⁴*Centre for Sustainable Nanomaterials, Ibnu Sina Institute for Scientific and Industrial Research, Universiti Teknologi Malaysia, Johor Bahru, Johor, Malaysia*
⁵*Research Management Centre, Management and Science University (MSU), Shah Alam, Selangor, Malaysia*
⁶*Gut Research Group, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia*
- ID 030 ESOPHAGOGASTRIC JUNCTION BARRIER RESPONSES TO A MODIFIED BERNSTEIN-TYPE ACID CHALLENGE: A PILOT HIGH-RESOLUTION MANOMETRY STUDY**
Mohamad Hizami Mohamad Nor¹, Lee Yeong Yeh¹, Mina Ayad¹, Nashrulhaq Tagiling², Azliani Aziz¹, Siti Norhasliza Muhamad¹, Tan Loh-Joash¹, Nur Fazimah Sahran³
¹*Gastrointestinal Function and Motility Unit, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*
²*Department of Nuclear Medicine, Radiotherapy and Oncology, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*
³*Dietetic Program, School of Health Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia*

YOUNG INVESTIGATOR AWARDS

ID 073

EFFICACY OF FODMAPS RESTRICTION IN DISORDERS OF GUT BRAIN INTERACTION: PRELIMINARY RESULTS FROM A RANDOMISED CONTROLLED TRIAL

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ID 087

CARVEDILOL VERSUS ENDOSCOPIC BAND LIGATION FOR THE PRIMARY PREVENTION OF ESOPHAGEAL VARICEAL BLEEDING IN PATIENTS WITH HEPATOCELLULAR CARCINOMA, AN OPEN-LABEL MULTICENTER RANDOMIZED CONTROLLED TRIAL

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DELIVERING HEPATITIS C CURE BEYOND SPECIALIST CENTRES: A REGISTRY-BASED REAL-WORLD STUDY OF DECENTRALISED SOFOSBUVIR-RAVIDASVIR THERAPY IN MALAYSIA

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OBJECTIVE(S): Hepatitis C virus (HCV) elimination requires direct-acting antiviral (DAA) regimens that remain effective beyond specialist centres. We evaluated the real-world effectiveness of sofosbuvir plus ravidasvir (SOF/RDV) delivered through Malaysia's decentralised HCV programme.

METHODOLOGY: This registry-based observational cohort used the national My HIV Care Cascade registry. Adults with confirmed active HCV infection who received SOF/RDV in public hospitals or primary care clinics between 2018 and 2024 were included. Patients without cirrhosis received 12 weeks of therapy, while those with compensated cirrhosis received 24 weeks. Treatment response was assessed by HCV ribonucleic acid at 12 weeks or HCV core antigen at 24 weeks. Multivariable logistic regression evaluated factors associated with treatment failure.

RESULTS: Among 1,143 patients, median age was 48 years and 92.4% were male. Most were Malay (81.8%); 71.3% were people who inject drugs and 4.3% had HIV co-infection. Overall, 863 patients (75.5%) completed therapy. Sustained virological response (SVR) testing was available in 504 patients; 469 achieved SVR, giving a cure rate of 93.1%. SVR among people who inject drugs was comparable to non-PWID patients. No baseline factor independently predicted treatment failure, although non-significant trends were observed for transfusion exposure, sexual transmission and HIV co-infection. Mortality was low (1.2%).

DISCUSSION: SOF/RDV retained high effectiveness under routine programmatic conditions, including among traditionally underserved populations managed outside tertiary hepatology services.

CONCLUSION(S): Decentralised SOF/RDV delivery in Malaysia achieved clinical trial-level cure rates and supports primary care-led DAA scale-up as a practical model for HCV elimination.

COMPARISON OF STRATEGIES FOR IDENTIFYING PATIENTS WITH TYPE 2 DIABETES (T2D) FOR PHARMACOLOGICAL THERAPY FOR METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH): A HISTOLOGY-BASED STUDY WITH DECISION CURVE ANALYSIS AND SIMULATED REAL-WORLD PREVALENCE COHORT

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BACKGROUND / OBJECTIVE: This study aimed to evaluate strategies for identifying patients with T2D for pharmacological therapy for MASH.

METHODS: We included 538 T2D patients with MASLD who underwent liver biopsy and liver stiffness measurement (LSM) by vibration-controlled transient elastography. Patients with histological MASH and F2-F3 fibrosis were considered as candidates for pharmacological therapy. Four strategies were evaluated, S1: LSM 8-15 kPa, S2: LSM 10-15 kPa, S3: Elevated FIB-4 (>1.3 for age <65 years, >2.0 for age ≥65 years) followed by LSM 8-15 kPa, S4: Elevated FIB-4 followed by LSM 10-15 kPa. Decision curve analysis was performed and analyses were repeated in a simulated cohort with 11.5% MASH and F2-F3 fibrosis, approximating estimated real-world prevalence.

RESULTS: The proportion of patients identified for pharmacological therapy decreased, with more patients correctly classified and a lower false positive rate, but a marginally higher false negative rate and a decrease in the absolute number of patients correctly identified for pharmacological therapy across the strategies, from S1 (40.5%, 61.6%, 65.6%, 17.0% and 75, respectively), S2 (24.9%, 70.1%, 59.7%, 18.8% and 54, respectively), S3 (14.0%, 74.7%, 45.8%, 21.8% and 32, respectively), to S4 (10.7%, 75.7%, 40.0%, 22.3% and 27, respectively). In the simulated cohort, similar findings were observed. S4 became superior at a threshold probability of 36% in the original cohort and 16% in the simulated cohort.

CONCLUSION: The results of this study provide important data to guide choice of strategy for identifying patients with T2D for pharmacological therapy for MASH.

COLONIC MICROPLASTIC BURDEN IN INFLAMMATORY BOWEL DISEASE: ASSOCIATIONS WITH DISEASE ACTIVITY AND OXIDATIVE STRESS DYSREGULATION

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INTRODUCTION: Microplastics (MPs) are increasingly implicated in intestinal inflammation, but their clinical relevance in inflammatory bowel disease (IBD) remains poorly defined. This study examined the association between colonic MPs burden and disease severity and explored potential oxidative stress mechanisms in IBD.

METHODOLOGY: MPs were extracted from inflamed colonic tissue of patients with ulcerative colitis (UC), Crohn's disease (CD), and non-inflamed healthy controls, and characterized by laser direct infrared spectroscopy. Serum oxidative stress was assessed via reactive oxygen species (ROS) activity and antioxidant enzymes (superoxide dismutase [SOD], catalase, glutathione peroxidase [GSH-Px]). Non-parametric tests, multiple linear regression and correlation analyses examined the relationship between MP abundance, disease severity and oxidative stress biomarkers.

RESULTS AND DISCUSSION: A total of 102 participants (31 UC, 20 CD, 3 unclassified IBD, 48 controls) were recruited. MP abundance was highest in UC as compared with unclassified IBD, CD, and controls ($p=0.002$). Multiple linear regression showed greater disease severity (UC Mayo Score and CD Harvey Bradshaw Index) was significantly associated with higher MP abundance (95% CI: 708.74-3556.45, $p=0.004$). Polyethylene terephthalate, polyurethane, polyamide, and polytetrafluoroethylene predominated across IBD tissues. MP abundance correlated positively with ROS and GSH-Px, but negatively with SOD, suggesting differential, enzyme-specific antioxidant responses to MP-associated oxidative stress.

CONCLUSION: MP abundance is highest in patients with moderate UC and is significantly associated with disease severity and oxidative stress in both UC and CD patients. Larger longitudinal cohorts and mechanistic investigations are warranted to clarify causal relationships, as MPs can potentially influence the natural history of IBD.

ESOPHAGOGASTRIC JUNCTION BARRIER RESPONSES TO A MODIFIED BERNSTEIN-TYPE ACID CHALLENGE: A PILOT HIGH-RESOLUTION MANOMETRY STUDY

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BACKGROUND: Resting esophagogastric junction contractile integral (EGJ-CI) may not reflect the dynamic capacity of the anti-reflux barrier. This pilot study evaluated EGJ responses to a modified Bernstein-type acid challenge during high-resolution manometry (HRM).

METHODS: Six adults underwent HRM with graded distal esophageal acid challenge. A neonatal nasogastric tube was secured alongside the HRM catheter, with its tip positioned approximately 1 cm proximal to the manometrically identified upper border of the lower esophageal sphincter. Incremental volumes of diluted apple cider vinegar were administered during continuous HRM recording. EGJ-CI and integrated relaxation pressure (IRP) were assessed at baseline and following each infusion. Secondary peristaltic responses were also recorded.

RESULTS: Five participants completed the standardised 2-20 mL protocol, while one underwent an initial pilot protocol. EGJ-CI responses were heterogeneous and non-linear. Three participants demonstrated higher mean post-acid EGJ-CI than baseline. All had low baseline EGJ-CI values (2-13 mmHg·cm) and showed sustained overall augmentation during acid exposure. Participants with higher baseline EGJ-CI (36-41 mmHg·cm) demonstrated variable or attenuated responses. No consistent dose-response relationship was observed, while IRP responses were variable. Secondary peristalsis and chest discomfort occurred more frequently at higher infusion volumes.

CONCLUSION: A modified Bernstein-type acid challenge demonstrated apparent EGJ barrier augmentation in individuals with low baseline EGJ-CI. This may represent a dynamic EGJ adaptive reserve not captured by resting HRM. Larger controlled studies correlating acid-provoked responses with objective reflux burden are warranted to evaluate its potential as a physiological marker of anti-reflux barrier competence.

EFFICACY OF FODMAPS RESTRICTION IN DISORDERS OF GUT BRAIN INTERACTION: PRELIMINARY RESULTS FROM A RANDOMISED CONTROLLED TRIAL

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BACKGROUND AND AIMS: Fermentable- Oligo-Di-Monosaccharides and Polyols (FODMAPs) restriction provides gastrointestinal symptom relief in disorders of gut-brain interaction (DGBI). However, these restrictions lower quality of life (QoL) and drive food avoidance or orthorexia nervosa. We aimed to compare the impact of three dietary approaches on these clinical and psychological parameters.

METHODOLOGY: In this randomised controlled trial, 24 patients with DGBI were assigned to a Low FODMAP diet, Gentle FODMAP diet, or Traditional Dietary Advice (TDA) for 2 weeks. Pre and post assessments included Irritable Bowel Syndrome Severity Scores (IBS-SSS), Health-related Quality of Life (EQ-5D-5L), Hospital Anxiety and Depression Scale (HADS), Orthorexia-related behaviors (ORTO-15), Nine-Item Avoidant/Restrictive Food Intake Disorder Screen (NIAS), and nutrient intake. Continuous variables were analysed using mixed ANOVA, while categorical variables were analysed using chi-square tests.

RESULTS: Gastrointestinal symptoms improved from baseline across all three diets ($p < 0.05$). Significant arm-to-arm interactions were observed for QoL mobility ($p = 0.016$) and usual activities ($p = 0.031$). Overall energy ($p = 0.007$), fat ($p < 0.001$), and iron ($p = 0.039$) intake were reduced for all three groups. Orthorexia-related behaviors decreased significantly ($p = 0.004$), with the Low FODMAP diet showing the greatest improvement ($p = 0.016$). HADS scores improved, despite descriptive analyses revealing heightened picky eating and food fears post-intervention.

CONCLUSION: All three diets reduced DGBI symptoms, but the low FODMAP diet best improved QoL and orthorexia behaviors despite reducing nutrient intake and increasing food anxiety. The complete dataset will confirm the comparative effectiveness of these interventions.

CARVEDILOL VERSUS ENDOSCOPIC BAND LIGATION FOR THE PRIMARY PREVENTION OF ESOPHAGEAL VARICEAL BLEEDING IN PATIENTS WITH HEPATOCELLULAR CARCINOMA, AN OPEN-LABEL MULTICENTER RANDOMIZED CONTROLLED TRIAL

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BACKGROUND: To compare the efficacy and safety of carvedilol versus EVL for primary prevention of esophageal variceal bleeding (EVB), overall survival (OS), liver decompensation (LD), and adverse events (AEs) in hepatocellular carcinoma (HCC) patients with high-risk esophageal varices.

METHODS: Patients with HCC and medium-to-large varices without prior EVB were randomized 1:1 to carvedilol (max 12.5-25 mg/day) or EVL every 4 weeks until eradication. Outcomes (EVB, OS, non-variceal UGIB, LD, AEs) were analyzed using competing-risk regression.

RESULTS: Between July 2024 and March 2026, 67 patients were randomized (carvedilol n=33, EVL n=34) with comparable baseline characteristics. During 12-month follow-up (median 9.2 months), carvedilol vs. EVL showed no significant differences in EVB (9.1% vs 17.6%, p=0.32), overall mortality (18.2% vs 41.2%, p=0.09), non-variceal UGIB (0% vs 9.1%, p=0.24), LD (27.3% vs 44.1%, p=0.15), or AEs (33.3% vs 44.1%, p=0.17). In the carvedilol group, 55.9% reached target dose, 8.8% required dose reduction, and 17.6% discontinued due to AEs.

Multivariate analysis identified bilirubin >2 mg/dL as an independent factor for EVB (aHR 8.26, 95% CI: 2.06-33.11, p=0.003). Mortality predictors included liver failure (aHR 12.36, 95% CI: 4.57-33.40, p<0.001) and portal vein thrombosis (aHR 7.42, 95% CI: 2.74-20.08, p<0.001).

CONCLUSION: Carvedilol and EVL showed comparable efficacy and safety for primary EVB prevention in HCC patients, with no significant differences in OS or LD. Bilirubin >2 mg/dL predicted EVB risk, while liver failure and portal vein thrombosis predicted mortality.

POSTER PRESENTATIONS

- ID 002** **SHORT-TERM OUTCOMES OF ULTRASOUND-GUIDED MICROWAVE ABLATION VERSUS TRANSARTERIAL CHEMOEMBOLIZATION IN INTERMEDIATE-STAGE HEPATOCELLULAR CARCINOMA**
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- ID 003** **ENDOSCOPIC ULTRASOUND-GUIDED LIVER BIOPSY: A SINGLE-ENDOSCOPIST, SINGLE-PATHOLOGIST REAL-WORLD EXPERIENCE IN 170 PATIENTS FROM A REGIONAL HEPATOLOGY REFERRAL CENTER (2022-2026)**
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²Thomson Hospital Kota Damansara, Selangor, Malaysia
- ID 004** **POLYP AND ADENOMA DETECTION RATES IN COLONOSCOPY: A RETROSPECTIVE REVIEW AT A PRIVATE MALAYSIAN HOSPITAL**
Tong Yi Fan^{1,2}, Chieng Jin Yu², Pan Yan¹, Mustafa Al-Shagga¹
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- ID 005** **CORRELATION OF PATIENT REPORTED OUTCOME (PRO-3) & QUANTITATIVE FECAL OCCULT BLOOD TEST (IFOBT) WITH ENDOSCOPIC & HISTOLOGICAL INDICES IN INFLAMMATORY BOWEL DISEASE (IBD); A CROSS-SECTIONAL PILOT STUDY**
Nadia Khan¹, Deborah Chia Hsin Chew², Raja Affendi Raja Ali², Wei Hao Kok², Rosnah Sutan³
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³Department of Community Health, Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- ID 006** **CLINICAL PROFILE AND DISEASE CHARACTERISTICS OF INFLAMMATORY BOWEL DISEASE IN A MALAYSIAN TERTIARY REFERRAL CENTRE: A RETROSPECTIVE SINGLE-CENTRE STUDY**
M M X Goh, M F Limun
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 007** **REAL-WORLD OUTCOMES OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY FOR CHOLEDOCHOLITHIASIS: A THREE-YEAR EXPERIENCE FROM A TERTIARY REFERRAL CENTRE**
M M X Goh, P Nagaratnam
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

POSTER PRESENTATIONS

- ID 008** **HEREDITARY HEMORRHAGIC TELANGIECTASIA PRESENTING WITH CIRRHOSIS AND PANCREATIC INVOLVEMENT: A RARE CASE PRESENTATION**
Chun Chiu Lee, Jun Keong Lee
Internal Medicine Department, Hospital Sarikei, Sarawak, Malaysia
- ID 009** **PHLEBOSCLEROTIC COLITIS: A CASE REPORT IN HOSPITAL TUANKU JAAFAR SEREMBAN**
Z H Ching, K K Ng
Hospital Tuanku Jaafar Seremban, Negeri Sembilan, Malaysia
- ID 011** **PREVALENCE AND CLINICAL CHARACTERISTICS OF IRON DEFICIENCY ANAEMIA IN INFLAMMATORY BOWEL DISEASE: A RETROSPECTIVE COHORT STUDY FROM HOSPITAL KUALA LUMPUR, MALAYSIA**
Thivaganesh Rajendran
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 012** **IRON DEFICIENCY ANAEMIA AND ALARM FEATURES IN THE DETECTION OF UPPER GASTROINTESTINAL MALIGNANCY: A SINGLE-CENTRE RETROSPECTIVE COHORT STUDY FROM HOSPITAL KUALA LUMPUR**
Thivaganesh Rajendran
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 013** **DIAGNOSTIC YIELD AND CLINICAL IMPACT OF VIDEO CAPSULE ENDOSCOPY AFTER NEGATIVE BIDIRECTIONAL ENDOSCOPY IN PATIENTS WITH IRON DEFICIENCY ANAEMIA AND OBSCURE GASTROINTESTINAL BLEEDING: A SINGLE-CENTRE RETROSPECTIVE COHORT STUDY**
Thivaganesh Rajendran
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 015** **EVALUATING THE UPTAKE OF FIBROSIS-4 INDEX AS A SCREENING TOOL FOR LIVER FIBROSIS IN PATIENTS WITH TYPE 2 DIABETES**
Calven Fu-Hao Lim¹, Min Chow¹, Jess Jie-Ying Ng¹, Hak-Keith Leung¹, Guo-Jeng Tan¹, Lee-Ling Lim^{2,3,4,5,6}, Jeyakantha Ratnasingham², Shireene Ratna Vethakkan², Pavai Sthaneshwar⁷, Wah-Kheong Chan¹
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POSTER PRESENTATIONS

- ID 016 CLINICAL CHARACTERISTICS, MICROBIOLOGICAL PROFILE, MANAGEMENT, AND OUTCOMES OF PYOGENIC LIVER ABSCESS: A 2-YEAR (2024-2025) EXPERIENCE FROM SARAWAK GENERAL HOSPITAL, MALAYSIA**
Kay-Keng Tan, Muhammad Khairul Amiry, Wai-Hou Khuan, Yoke-Fun Ho, Victoria Kok Shing Ling, Wing-Hang Woo
Gastroenterology and Hepatology Unit, Department of Medicine, Sarawak General Hospital, Kuching, Sarawak, Malaysia
- ID 017 DIAGNOSTIC CHALLENGE OF RECURRENT GASTROINTESTINAL BLEEDING: LATE JEJUNAL METASTASIS AS INITIAL MANIFESTATION OF METASTATIC RENAL CELL CARCINOMA - A CASE REPORT**
Nur Syazrina Gulab Khan¹, Mohd Shamsul Amri Ismail², Aminudin Rahman Mohd Mydin³, Muhammad Ash-Shafhawi Adznan⁴
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- ID 020 CLINICOPATHOLOGICAL CHARACTERISTIC OF EARLY ONSET COLORECTAL CANCER IN SARAWAK - A SINGLE-CENTRE RETROSPECTIVE STUDY**
Woo Wing Hang¹, Tan Kay Keng¹, Pan Jia Wern², Kenneth Voon Kher Ti³, Ho Yoke Fun¹, Victoria Kok Shing Ling¹
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²*Genomics and Bioinformatics, Cancer Research Malaysia, Selangor, Malaysia*
³*Colorectal Surgery Unit, Sarawak General Hospital, Sarawak, Malaysia*
- ID 021 COLORECTAL CANCER IN SARAWAK: EPIDEMIOLOGY, CLINICAL PRESENTATION, AND PATHOLOGICAL CHARACTERISTICS**
Woo Wing Hang¹, Tan Kay Keng¹, Pan Jia Wern², Kenneth Voon Kher Ti³, Ho Yoke Fun¹, Victoria Kok Shing Ling¹
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- ID 023 PREVALENCE OF HEPATIC STEATOSIS AMONG ADULTS UNDERGOING HEALTH SCREENING IN AN EMERGING TERTIARY CENTRE IN MALAYSIA**
M H H Zulkifli^{1,2}, K K Zulkifli^{1,2}, N Izham^{1,2}, K Krishnan², T Jayaraman², R Abdul Rani^{1,2}, A Chandramouli^{1,2}
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POSTER PRESENTATIONS

- ID 024 REAL WORLD EXPERIENCE OF ENDOSCOPIC ULTRASOUND GUIDED LIVER BIOPSY WITH A THREE PRONG ASYMMETRIC TIP NEEDLE: A FIVE-YEAR SINGLE-CENTRE STUDY**
Kularaja Krishnan¹, Mardiana Abdul Aziz², Muhammad Ilham Abdul Hafidz^{1,3}, Khairil Khuzaini Zulkifli^{1,3}, Rafiz Abdul Rani^{1,3}, Thevaraajan Jayaraman^{1,3}
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- ID 026 COLONIC ASPERGILLOSIS MIMICKING REFRACTORY ULCERATIVE COLITIS IN A PATIENT RECEIVING BIOLOGIC THERAPY: A CASE REPORT**
S F Salim, S D Adnan
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia
- ID 029 STOOL pH AS A NON-INVASIVE SURROGATE BIOMARKER OF GUT MICROBIAL COMMUNITY COMPOSITION IN DISORDERS OF GUT-BRAIN INTERACTION**
Mohamad Hizami Mohamad Nor¹, Lee Yeong Yeh¹, Devora Freitas^{3,4}, Chong Chun Wie^{3,4}, Nashrulhaq Tagiling², Azliani Aziz¹, Siti Norhasliza Muhamad¹, Tan Loh-Joash¹, Nur Fazimah Sahran⁵
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- ID 031 KNOWLEDGE GAPS IN PREGNANCY-RELATED INFLAMMATORY BOWEL DISEASE CARE AMONG DOCTORS AT A MALAYSIAN TERTIARY HOSPITAL: A CROSS-SECTIONAL STUDY**
Nik Nursyazwani Aahmad Husni¹, Mohamad Hizami Mohamad Nor¹, Nani Draman², Lee Yeong Yeh¹, Nazri Mustaffa¹
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- ID 032 CONCOMITANT MÉNÉTRIÉR DISEASE AND ACHALASIA: AVOIDING DIAGNOSTIC ANCHORING IN PERSISTENT DYSPHAGIA**
Mohamad Hizami Mohamad Nor, Lee Yeong Yeh, Nazri Mustaffa
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- ID 033 GENOTYPE-SPECIFIC HEPATITIS B VIRUS X AND REVERSE TRANSCRIPTASE GENE MUTATIONS AMONG PATIENTS WITH CHRONIC HEPATITIS B IN KELANTAN, MALAYSIA**
Quan Wenjun¹, Mohamad Hizami Mohamad Nor¹, Lee Yeong Yeh¹, Rafidah Hanim Shueb², Nazri Mustaffa¹
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POSTER PRESENTATIONS

- ID 034 IMPROVING BOSTON BOWEL PREPARATION SCALE (BBPS) SCORES THROUGH PATIENT EDUCATION (IMPRESS) - A SINGLE CENTRE CLINICAL AUDIT**
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- ID 035 INFLAMMATION-DRIVEN PHAGE-BACTERIA ECOLOGICAL DYNAMICS IN INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW OF HUMAN CLINICAL EVIDENCE**
Timothy Yu Yee Ong, Jactty Chew, Long Chiau Ming, Raja Affendi Raja Ali
Jeffrey Cheah Sunway Medical School, Faculty of Medical and Life Sciences, Sunway University, Selangor, Malaysia
- ID 036 AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER IN ADULTS WITH INFLAMMATORY BOWEL DISEASE: A CROSS-SECTIONAL STUDY OF PREVALENCE AND PREDICTORS**
Y L Tan, Ida Hilmi, Fatin Liyana Azhar, Nazihah Wafi
Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
- ID 037 PREDICTORS OF EARLY CLINICAL FAILURE AFTER COLONIC SELF-EXPANDABLE METAL STENTING FOR LARGE-BOWEL OBSTRUCTION**
Wah-Loong Chan¹, Tina Preet Kaur¹, Lois Low Xin Ning¹, Stanley Khoo², Kee Huat Chuah¹, Sanjiv Mahadeva¹
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- ID 038 WHEN TUBERCULOSIS DOES NOT EXPLAIN EVERYTHING: THE DIAGNOSTIC CHALLENGE OF PERSISTENT COLITIS FOLLOWING ANTI-TUBERCULOUS THERAPY**
Fion Suet Li Liew¹, Wei Hao Kok¹, Su Wei Loi², Priyatharisini Durganaudu³, Isa Mohamed Rose², Chong Chearn Lee¹
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- ID 039 OESOPHAGEAL DYSMOTILITY IN SYSTEMIC AUTOIMMUNE DISEASE: A HIGH-RESOLUTION MANOMETRY STUDY OF PREVALENCE AND PATTERNS**
Izham N^{1,2}, Abdul Rani R^{1,2}, Jayaraman T^{1,2}, Zulkifli K K^{1,2}, Zulkifli H H^{1,2}, Suliman E², YY Lee³
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- ID 040 THE MISSING DUCT: A DIAGNOSTIC CHALLENGE IN RECURRENT ACUTE PANCREATITIS**
Lalitha S Shanmugam, Nik Razima Wan Ibrahim
Hospital Ampang, Selangor, Malaysia

POSTER PRESENTATIONS

- ID 041 SPECTRUM OF ACHALASIA SUBTYPES AT A NEW GASTROENTEROLOGY CENTRE: A SINGLE-CENTRE REVIEW**
Izham N^{1,2}, Abdul Rani R^{1,2}, Zulkifli K K^{1,2}, Zulkifli H H^{1,2}, Chandramouli A^{1,2}, Jayaraman T^{1,2}
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- ID 042 ACHALASIA IN ADVANCED AGE: A DIMINISHING THERAPEUTIC ARMAMENTARIUM**
Allaudeen N A¹, Izham N^{1,2}, Abdul Rani R^{1,2}, Zulkifli K K^{1,2}, Zulkifli H H^{1,2}, Krishnan K¹, Jayaraman T^{1,2}
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- ID 043 WHEN STANDARD TESTING FALLS SHORT: COMBINED MUCOSAL INTEGRITY TEST SCORE (MIVU™) AND WIRELESS PH MONITORING (ALPHA-ONE) UNMASKS PPI-REFRACTORY REFLUX**
Izham N^{1,2}, Abdul Rani R^{1,2}, Zulkifli K K^{1,2}, Jayaraman T^{1,2}
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- ID 044 PROFOUND HYPOXAEMIA IN CIRRHOSIS: SOLVING THE DIAGNOSTIC PUZZLE OF HEPATOPULMONARY SYNDROME**
Nur Maizura Mohd Khafi, Syuhada Dan Adnan, Ahmad Syahidan Yusof
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- ID 045 HEPATOCELLULAR CARCINOMA IN MALAYSIA: SHIFTING TREND IN AETIOLOGY AND THE IMPACT OF SURVEILLANCE ON CLINICAL OUTCOMES**
E-Shing Teoh¹, Kay Yeng Tang¹, Mei Ying Au¹, Hak-Keith Leung¹, Guo-Jeng Tan¹, Anushya Vijayananthan², Yeong-Sing Lee³, Peng-Soon Koh³, Shamsul Mohd Zain⁴, Wah-Kheong Chan¹
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- ID 046 MICRO- AND NANOPLASTIC-ASSOCIATED GUT-LIVER AXIS DISRUPTION AND MASLD-RELATED LIVER INJURY: A SYSTEMATIC REVIEW OF HUMAN AND IN VIVO MAMMALIAN EVIDENCE**
Arunkumar Subramanian, Raja Affendi Raja Ali, Vetriselvan Subramaniyan
Faculty of Medical and Life Sciences, Sunway University, Selangor, Malaysia

POSTER PRESENTATIONS

- ID 047 REAL-WORLD DIAGNOSIS OF DISORDERS OF GUT-BRAIN INTERACTION: COMPARING PHYSICIAN ASSESSMENT WITH THE ROME IV DIAGNOSTIC QUESTIONNAIRE IN A PROSPECTIVE MULTICENTRE STUDY**
Jun Xin Lim¹, Jing Yi Leong¹, Xin Hui Khoo¹, Dévora Freitas^{2,3}, Ahmad Danial Bin Noor Zainureen^{2,3}, Shanthi Krishnasamy⁴, Kewin Tien Ho Siah^{5,6}, Song Cheen^{7,8}, Yeong Yeh Lee⁹, Qasim Ayub^{2,10,11}, Chong Chun Wie^{2,3}, Sanjiv Mahadeva¹, Kee Huat Chuah¹
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- ID 048 CLINICAL OUTCOMES AFTER COLONIC SELF-EXPANDABLE METAL STENTING: TREATMENT-PATHWAY COMPLETION, SURVIVAL AND STOMA AVOIDANCE**
Wah-Loong Chan¹, Tina Preet Kaur¹, Lois Low Xin Ning¹, Stanley Khoo², Kee Huat Chuah¹, Sanjiv Mahadeva¹
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- ID 049 PANCREATIC DUCT STENTING FOR POST ERCP PANCREATITIS PROPHYLAXIS: WHICH STENT TO USE?**
S C Khoo, Y Z Tay, M A Hatta, P M Tan, M F Limun, P Nagaratnam, H S Thasnamoorthi
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- ID 050 CLINICAL BURDEN AND TREATMENT SATISFACTION IN PRIMARY CHRONIC CONSTIPATION: A MALAYSIAN TERTIARY-CARE STUDY**
Wah Loong Chan, Jun Xin Lim, Nazneen Mohamed Yusoff, Jing Yi Leong, Sanjiv Mahadeva, Kee Huat Chuah
Division of Gastroenterology and Hepatology, Department of Medicine, Faculty of Medicine, Universiti Malaya / Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
- ID 051 REFRACTORY HYPOALBUMINAEMIA IN PREGNANCY SECONDARY TO CYTOMEGALOVIRUS GASTROENTERITIS: A RARE CASE REPORT**
H P Yam, K Z Tee, C L Gan, K S Tan
Hospital Melaka, Melaka, Malaysia

POSTER PRESENTATIONS

- ID 052 CLINICAL HETEROGENEITY AND SEVERE COMPLICATIONS OF CRONKHTE-CANADA SYNDROME: A MALAYSIAN TERTIARY-CENTRE CASE SERIES**
Wah Loong Chan, Keat Yieng Toh, Alex Leow Hwong Ruey, Ida Normiha Hilmi
Division of Gastroenterology and Hepatology, Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
- ID 053 PREVALENCE AND RISK FACTORS OF PURE METABOLIC-ASSOCIATED STEATOTIC LIVER DISEASE AMONG PEOPLE LIVING WITH HIV IN MALAYSIA**
R X Ng^{1,2,3}, B H Ang⁴, M Y Wong¹, N S Mohd Taib⁵, C Chan⁶, S Shih⁶, G Dore⁶, S F Syed Omar^{1,2}, W L Lim⁷, S Mohd Zain⁷, W K Chan⁴, R I S Raja Azwa^{1,2}
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- ID 054 DIAGNOSTIC SPECTRUM AND REFERRAL PATTERNS FOR HIGH-RESOLUTION ESOPHAGEAL MANOMETRY AT A MALAYSIAN TERTIARY CENTRE**
Wah Loong Chan, Jing Yi Lim, Jun Xin Lim, Azlan Bin Alwi, Li-Yi Lim, Keat Yieng Toh, Sanjiv Mahadeva, Kee Huat Chuah
Division of Gastroenterology and Hepatology, Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
- ID 055 EPIDEMIOLOGY OF ALCOHOLIC LIVER CIRRHOSIS IN KUCHING, SARAWAK FROM YEAR 2022-2025: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY**
Lionel T Y Poh, Yoke Fun Ho, Victoria S L Kok
Sarawak General Hospital, Kuching, Sarawak, Malaysia
- ID 056 THE RURAL REALITY OF PYOGENIC LIVER ABSCESS: A 3-YEAR INSIGHT FROM HOSPITAL LIMBANG**
W K Chong, V S L Kok
Gastroenterology and Hepatology Unit, Department of Medicine, Sarawak General Hospital, Sarawak, Malaysia

POSTER PRESENTATIONS

- ID 057 WHEN HYPERTHYROIDISM MASQUERADES AS AN ULCERATIVE COLITIS FLARE: A DIAGNOSTIC CHALLENGE**
Muhammad Ashraf Mohd Hatta, Tay Yang Zet, Mohd Fairul Bin Limun
Gastroenterology and Hepatology Unit, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 058 PREDICTORS OF METABOLIC DYSFUNCTION ASSOCIATED FATTY LIVER DISEASE**
Shanthi Krishnasamy¹, Norhashimah Norsuddin¹, Deborah Chew Chia Hsin², Nik Madihah Nik Aziz³, Syaratul Dalina Yusoff⁴, Aznida Firzah Abdul Aziz⁵
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- ID 060 ENDOSCOPIC ULTRASOUND GUIDED BOTULINUM TOXIN INJECTION FOR REFRACTORY TYPE II PELVIC FLOOR DYSSYNERGIA: A NOVEL THERAPEUTIC APPROACH**
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- ID 061 PREVALENCE OF ANXIETY AND DEPRESSIVE SYMPTOMS AND THEIR IMPACT ON QUALITY OF LIFE IN PATIENTS WITH DYSPEPSIA UNDERGOING ENDOSCOPIC EVALUATION IN MALAYSIA**
Amirulaida Mohd Yunus^{1,2}, Kularaja Krishnan K^{1,2}, Mohd Hasnul Helmi Zulkifli^{1,2}, Annamalai Chandramouli A^{1,2}, Nabilah Izham^{1,2}, Khairil Khuzaini Zulkifli^{1,2}, Rafiz Abdul Rani^{1,2}, Thevaraajan Jayaraman^{1,2}
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- ID 062 NOT YOUR USUAL CONS: STAPHYLOCOCCUS LUGDUNENSIS BACTEREMIA MASQUERADING AS CONTAMINANT IN DECOMPENSATED CIRRHOSIS**
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- ID 063 SPIRAL CONTRACTILE ACTIVITY OF THE DISTAL ESOPHAGUS**
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POSTER PRESENTATIONS

- ID 064 RUPTURED LEFT RENAL PARENCHYMAL INFECTION COMPLICATED BY EXTENSIVE NECROTIZING FASCIITIS, PNEUMOMEDIASTINUM, AND MULTIORGAN DYSFUNCTION IN AN ELDERLY DIABETIC WOMAN**
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- ID 065 WHEN SWALLOWING BECOMES A STRUGGLE: A CASE REPORT ON ADOLESCENT ACHALASIA**
Y Arumugam, M Y Yap¹, S Y Lau^{1,2}, M S Wong^{1,2}
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- ID 066 BEYOND NEGATIVE ENDOSCOPY: A DIAGNOSTIC CHALLENGE IN REFRACTORY IRON DEFICIENCY ANEMIA**
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- ID 070 ONE STALK, TWO POLYPS: SUCCESSFUL ENDOSCOPIC RESECTION OF A RARE BIFID PEDUNCULATED COLORECTAL ADENOMA**
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- ID 071 BARRIERS TO IDENTIFYING AND REFERRING HIGH-RISK COLORECTAL CANCER PATIENTS FOR LYNCH SYNDROME EVALUATION AMONG NON-GENETIC HEALTHCARE PROFESSIONALS IN MALAYSIA**
Nur Tiara Hassan¹, Yong Quan Lee¹, Heamanthaa Padmanabhan¹, Sok Kun Tae², Stanley Khoo³, Hak Keith Leung⁴, Winnie Peitsee Ong⁵, Malwinder Singh Sandhu⁶, Meheshinder Singh⁷, Sook-Yee Yoon⁸
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POSTER PRESENTATIONS

- ID 072 EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA (HCC) IN SARAWAK GENERAL HOSPITAL (SGH) FROM 2021 TO 2025**
M J Y Ling, Y F Ho, V Kok
Sarawak General Hospital, Kuching, Sarawak, Malaysia
- ID 074 BLEEDING GASTRIC RUGAL VARICES TREATED SUCCESSFULLY WITH HAEMOCLIPS. A CASE REPORT AND LITERATURE REVIEW**
Christabel S M Ooi, Doreen S C Koay, Robert P H Ding, Michael J W Ding
Island Hospital, Pulau Pinang, Malaysia
- ID 075 ANCYLOSTOMA CEYLANICUM HOOKWORM INFESTATION MASQUERADING AS INFLAMMATORY BOWEL DISEASE: A DIAGNOSTIC CHALLENGE**
R N A Raja Amir Shah², N Izham^{1,2}, K Kularaja², K K Zulkifli^{1,2}, T Jayaraman^{1,2}, RA Rani^{1,2}, C C Heo³
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- ID 076 A RETROSPECTIVE COHORT STUDY ON PATIENTS HOSPITALIZED FOR FIRST DECOMPENSATION OF LIVER CIRRHOSIS IN A TERTIARY CARE HOSPITAL IN MALAYSIA**
Kay Yeng Tang, Mei Ying Au, E-Shing Teoh, Hak-Keith Leung, Guo-Jeng Tan, Wah-Kheong Chan
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- ID 078 DIAGNOSTIC PERFORMANCE AND HISTOPATHOLOGICAL SPECTRUM OF ENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE BIOPSY IN A FLEDGLING MALAYSIAN GASTROENTEROLOGY SERVICE CENTRE: A THREE-YEAR ANALYSIS**
Mohd Hasnul Helmi Zulkifli^{1,2}, Khairil Khuzaini Zulkifli^{1,2}, Nabilah Izham^{1,2}, Kularaja Krishnan², Rafiz Abdul Rani^{1,2}, Thevaraajan Jayaraman^{1,2}
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- ID 079 DISCORDANCE BETWEEN BLOOD-BASED FIBROSIS SCORES AND TRANSIENT ELASTOGRAPHY IN CHRONIC HEPATITIS B: A SINGLE-CENTRE AUDIT**
J J C Chan^{1,2}, N A Asli¹, A N Mohd Zabidi¹, N N Roslan¹, N R Wan Ibrahim²
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POSTER PRESENTATIONS

- ID 080 OUR JOURNEY TOWARDS A DEDICATED TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPSS) SERVICE: TEAMWORK MAKES THE DREAM WORK**
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- ID 081 OUTCOMES OF CROHN'S DISEASE: A TERTIARY CENTRE EXPERIENCE**
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- ID 083 ENTEROSCOPY WITH PRIOR CAPSULE ENDOSCOPY VERSUS WITHOUT: A TERTIARY CENTRE EXPERIENCE**
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- ID 084 ASSESSING KNOWLEDGE OF LIVER CIRRHOSIS AMONG MALAYSIAN PATIENTS WITH CHRONIC LIVER DISEASE**
Chee Kin Wong¹, Hak Keith Leung², Pauline Siew Mei Lai^{3,4}, Lai Yeng Chow⁵, Pei Han Chan¹, Ruveena Bahavani Rajaram², Sanjiv Mahadeva²
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- ID 085 RECURRENT HYPERTRIGLYCERIDEMIA-INDUCED ACUTE PANCREATITIS SECONDARY TO UNCONTROLLED DIABETES MELLITUS: A CASE REPORT**
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Department of Internal Medicine, Hospital Kapit, Sarawak, Malaysia
- ID 086 METADOXINE FOR THE TREATMENT OF METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE AND INCREASED ALCOHOL INTAKE (METALD): A RANDOMIZED CROSSOVER TRIAL - PRELIMINARY ANALYSIS**
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POSTER PRESENTATIONS

- ID 088 ASSESSING BASIC GASTROINTESTINAL ENDOSCOPY TRAINING INFRASTRUCTURE, TRAINEE SATISFACTION AND BARRIERS TO TRAINING - A NATIONAL SURVEY**
Kamarularifin Mohd Fadir^{1,3}, Hizami Amin Tai^{1,2}, Wong Mung Seong^{1,3}, Lau Su Yin^{1,3}
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³*Department of Medicine, Hospital Sultan Abdul Aziz Shah, University Putra Malaysia, Selangor, Malaysia*
- ID 089 ADVANCING ACHALASIA CARE: A SINGLE-CENTRE PER ORAL ENDOSCOPIC MYOMECTOMY (POEM) EXPERIENCE FROM EAST MALAYSIA: HOSPITAL QUEEN ELIZABETH, SABAH**
Ian Victor, Nazihah Azis, Raman Muthukaruppan
Gastroenterology & Hepatology Unit, Hospital Queen Elizabeth 1, Kota Kinabalu, Sabah, Malaysia
- ID 090 TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS) AT A TERTIARY REFERRAL CENTRE IN EAST MALAYSIA: AN INITIAL SINGLE-CENTRE REGISTRY EXPERIENCE FROM HOSPITAL QUEEN ELIZABETH, SABAH**
Ian Victor¹, Senamjit Kaur¹, Aida Shazlin², Zakhirati Zainol Abidin³, Raman Muthukaruppan¹
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- ID 091 EFFECTIVENESS OF FENOFIBRATE ADD-ON THERAPY IN PRIMARY BILIARY CHOLANGITIS: INSIGHT FROM THE SABAH-PBC REGISTRY**
Soraya Atria, Janice Sylvia, Senamjit Kaur, Raman Muthukaruppan
Gastroenterology and Hepatology Unit, Department of Medicine, Hospital Queen Elizabeth 1, Kota Kinabalu, Sabah, Malaysia
- ID 092 IgG4-RELATED PANCREATOBILIARY DISEASE CASE SERIES: A CLINICAL PERSPECTIVE**
Soraya Atria, Nazihah Azis, Raman Muthukaruppan
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- ID 093 ENDOSCOPIC ULTRASOUND GUIDED LIVER BIOPSY: A SINGLE TERTIARY CENTRE EXPERIENCE**
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- ID 097 PREVALENCE OF ADVANCED COLORECTAL NEOPLASIA FOLLOWING PYOGENIC LIVER ABSCESS: A SINGLE-CENTER RETROSPECTIVE STUDY**
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SHORT-TERM OUTCOMES OF ULTRASOUND-GUIDED MICROWAVE ABLATION VERSUS TRANSARTERIAL CHEMOEMBOLIZATION IN INTERMEDIATE-STAGE HEPATOCELLULAR CARCINOMA

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OBJECTIVE(S): To compare the short-term radiological and biochemical outcomes of ultrasound-guided microwave ablation (USG-MWA) and transarterial chemoembolization (TACE) in selected patients with intermediate-stage hepatocellular carcinoma (HCC).

METHODOLOGY: This retrospective comparative cohort study reviewed medical records from Anshan Cancer Hospital, China, between 2018 and 2020. A total of 102 patients with Barcelona Clinic Liver Cancer stage B HCC were included: 51 underwent USG-MWA, and 51 underwent TACE. Tumour response at 1 month was assessed using modified Response Evaluation Criteria in Solid Tumours (mRECIST). Alpha-fetoprotein (AFP), total bilirubin (TBIL), and alanine aminotransferase (ALT) were measured at baseline, 7 days, and 1 month. Between-group comparisons and longitudinal biochemical changes were analysed using appropriate statistical tests, including mixed-design repeated-measures analysis of variance.

RESULTS: Baseline demographic, tumour, and biochemical characteristics were comparable between groups. USG-MWA achieved a significantly higher complete response rate than TACE at 1 month (68.6% vs. 31.4%, $P < 0.001$). AFP declined significantly in both groups, with a greater overall reduction following USG-MWA. No significant between-group interaction was observed for TBIL or ALT trajectories, although transient early biochemical fluctuations were more pronounced after TACE. No major complications were documented.

DISCUSSION: The findings suggest that USG-MWA may provide superior short-term local tumour control and biomarker response in carefully selected intermediate-stage HCC patients, without evidence of increased short-term hepatic biochemical deterioration.

CONCLUSION(S): USG-MWA was associated with better short-term tumour response and greater AFP reduction than TACE. Larger prospective multicentre studies with longer follow-up are warranted.

ENDOSCOPIC ULTRASOUND-GUIDED LIVER BIOPSY: A SINGLE-ENDOSCOPIST, SINGLE-PATHOLOGIST REAL-WORLD EXPERIENCE IN 170 PATIENTS FROM A REGIONAL HEPATOLOGY REFERRAL CENTER (2022-2026)

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OBJECTIVES: To evaluate the diagnostic yield, tissue adequacy, fibrosis staging, safety, and real-world outcomes of endoscopic ultrasound-guided liver biopsy (EUS-LB) in a regional hepatology referral center.

METHODOLOGY: A retrospective analysis was conducted on 170 consecutive patients who underwent EUS-guided liver biopsy between January 2022 and June 2026. All procedures were performed by a single experienced endoscopist, and all histopathological assessments were reported by a single dedicated gastrointestinal and hepatobiliary pathologist. A 19-gauge EUS fine-needle biopsy (FNB) needle was used in 89.4% of procedures and a 22-gauge needle in 10.6%.

RESULTS: A total of 170 patients underwent EUS-LB, comprising 98 males (57.8%) and 72 females (42.2%), with a mean age of 51.2 years. MASH/NASH was the most common diagnosis (50.3%), followed by autoimmune hepatitis (10.5%), AIH-PBC overlap syndrome (8.8%), primary biliary cholangitis (5.9%), drug-induced liver injury-like changes (4.1%), near-normal histology (2.9%), and other diagnoses (17.6%). Advanced fibrosis or cirrhosis (F3-F4) was present in 59.4% of patients. Technical success was achieved in 99.4% of procedures, while diagnostic adequacy (>10 portal tracts) was achieved in 95.3% of biopsies. Mean portal tract yield was 34.3 (maximum 77), with >40 portal tracts obtained in 41.2% of cases. Two needle passes with a mean of four actuations per pass were sufficient in 85.3% of procedures. 81% of patients were discharged on the same day. Two major bleeding complications (1.2%) occurred without mortality.

CONCLUSIONS: EUS-guided liver biopsy demonstrated high technical success, excellent tissue adequacy, reliable fibrosis staging, and low complication rates. In routine clinical practice, EUS-LB is a safe, efficient, predominantly ambulatory procedure with substantial diagnostic value.

POLYP AND ADENOMA DETECTION RATES IN COLONOSCOPY: A RETROSPECTIVE REVIEW AT A PRIVATE MALAYSIAN HOSPITAL

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OBJECTIVE: Colorectal cancer is the second most common cancers in Malaysia. Characterizing the polyp detection rate (PDR), adenoma detection rate (ADR), and patient profile are key to strengthening screening.

METHODS: A retrospectively reviewed all colonoscopies performed at Pantai Hospital Ampang from 1 January 2022 to 31 March 2026. Demographic, procedural, and histological data were analyzed using chi-square, Kruskal-Wallis, and multivariate logistic regression.

RESULTS: Among 2,307 patients, 1,139 (49.4%) were male and 1,168 (50.6%) females. Mean age was 48.7 ± 15.3 years, and 35.4% had comorbidities. Most patients were Chinese (61.8%), day-care cases (67.3%), and investigated for abdominal symptoms (63.2%). Bowel preparation was adequate in 97.8%, caecal intubation was achieved in 100%, and mean withdrawal time was 9.3 minutes. Overall PDR was 43.7% and ADR was 22.3%. ADR increased with age, peaking at 37.9% in patients aged 60-79 years ($p < 0.001$), and was higher in males than females (28.4% vs 16.4%, $p < 0.001$). Most polyps were distal (51.9%), and hyperplastic polyps were the commonest histology (45.8%). No procedure-related complications occurred. Although Chinese patients had the highest crude ADR (26.2%), ethnicity was not an independent predictor after adjustment.

DISCUSSION: Local ADR approached the $\geq 25\%$ benchmark despite a predominantly diagnostic cohort. Age and male sex were key determinants of adenoma detection, reflecting cumulative adenoma development and established sex-related neoplastic risk.

CONCLUSION: These findings expand limited local colonoscopy data and call for further analysis of procedural factors associated with adenoma detection to guide colonoscopy quality improvement.

CORRELATION OF PATIENT REPORTED OUTCOME (PRO-3) & QUANTITATIVE FECAL OCCULT BLOOD TEST (iFOBT) WITH ENDOSCOPIC & HISTOLOGICAL INDICES IN INFLAMMATORY BOWEL DISEASE (IBD); A CROSS-SECTIONAL PILOT STUDY

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BACKGROUND AND OBJECTIVES: Inflammatory bowel disease (IBD) requires regular assessment of symptoms and disease activity. Although colonoscopy is the gold standard for monitoring, it is invasive and burdensome. This study evaluated the correlation of the Patient-Reported Outcome-3 (PRO-3) index and quantitative fecal occult blood test (iFOBT) with endoscopic and histological disease activity in ulcerative colitis (UC) and Crohn's disease (CD).

METHODS: A single center, cross-sectional pilot study recruited patients with established IBD that were scheduled for colonoscopy. Correlations between PRO-3, quantitative iFOBT, and endoscopic and histological disease activity were assessed. Optimal iFOBT cut-off values for differentiating disease severity were determined using receiver operating characteristic curve (ROC) and corresponding area under the curve (AUC) analysis.

RESULTS: Among 40 IBD patients, iFOBT results were available for 34 patients. PRO-3 scores correlated significantly with iFOBT ($p=0.442$, $p=0.009$) and strongly with UCEIS ($p=0.697$, $p<0.001$), but not with SES-CD. ROC analysis demonstrated excellent discriminative ability of iFOBT for UCEIS with AUC value of 0.897 (95% CI: 0.726-1.000, $p=0.001$) and fair accuracy for the Nancy Index (AUC 0.705, $p=0.0042$). An iFOBT cut-off of 76 ng/mL yielded 90% sensitivity and 87.5% specificity for endoscopic activity. For histological activity, a lower threshold of 49.5 ng/mL improved sensitivity (66%), whereas 185 ng/mL improved specificity (89%).

CONCLUSION: iFOBT may serve as a useful non-invasive monitoring tool in UC. Different thresholds may be applied for screening versus confirming active inflammation.

Keywords: IBD, iFOBT, PRO-3, Nancy, endoscopy, UC, CD

CLINICAL PROFILE AND DISEASE CHARACTERISTICS OF INFLAMMATORY BOWEL DISEASE IN A MALAYSIAN TERTIARY REFERRAL CENTRE: A RETROSPECTIVE SINGLE-CENTRE STUDY

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OBJECTIVE: Inflammatory bowel disease (IBD), comprising Crohn's disease (CD) and ulcerative colitis (UC), is increasingly recognised across Asia, although local epidemiological data remain limited. This study aimed to characterise the demographic, clinical and treatment profiles of IBD patients managed in a Malaysian tertiary referral centre.

METHODOLOGY: A retrospective review of patients with established IBD attending Hospital Kuala Lumpur was conducted. Demographic characteristics, disease phenotype and treatment patterns were analysed.

RESULTS: A total of 169 patients were identified, comprising 92 (54.4%) CD and 77 (45.6%) UC patients. Among CD patients, 56.5% were male and 52.2% were of Indian ethnicity. Most were diagnosed between 17 and 40 years of age (Montreal A2, 76.1%). Ileocolonic disease (L3) predominated (71.7%), while stricturing and penetrating phenotypes were equally common (37.0% each). Perianal disease was present in 40.2% of patients. Biologic therapy was utilised in 66.3% of CD patients. Among UC patients, 51.9% were male and Malays represented the largest ethnic group (41.6%). Pancolitis was the most common disease extent (50.6%), followed by left-sided colitis (36.4%). Biologic therapy was prescribed in 20.8% of UC patients.

DISCUSSION: CD predominated over UC, contrasting with historical Asian data. The predominance of extensive disease phenotypes and high biologic utilisation reflects a substantial burden of moderate-to-severe IBD managed in tertiary practice.

CONCLUSION: These findings highlight the evolving epidemiology of IBD in Malaysia and the growing need for specialised multidisciplinary care and advanced therapeutics.

REAL-WORLD OUTCOMES OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY FOR CHOLEDOCHOLITHIASIS: A THREE-YEAR EXPERIENCE FROM A TERTIARY REFERRAL CENTRE

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OBJECTIVE: Endoscopic retrograde cholangiopancreatography (ERCP) is the cornerstone of management for choledocholithiasis. We evaluated stone clearance outcomes and utilisation of advanced endoscopic techniques in a high-volume tertiary referral centre.

METHODOLOGY: A retrospective audit was conducted on all ERCP procedures performed for bile duct stone extraction at Hospital Kuala Lumpur between January 2023 and May 2026. Demographics, stone clearance outcomes and endoscopic interventions, including sphincterotomy, balloon sphincteroplasty, mechanical lithotripsy and SpyGlass cholangioscopy, were analysed.

RESULTS: A total of 1,098 ERCP procedures were included, comprising 531 (48.4%) males and 567 (51.6%) females. Complete bile duct clearance was achieved in 628 procedures (57.2%), while partial clearance was achieved in 377 (34.3%). Overall technical success, defined as complete or partial stone clearance, was achieved in 91.5% of procedures. Stone extraction failed in 93 cases (8.5%). Balloon extraction was the predominant retrieval technique, utilised in 1,086 procedures (98.9%). Balloon sphincteroplasty and sphincterotomy were performed in 293 (26.7%) and 272 (24.8%) procedures, respectively. Mechanical lithotripsy was required in 76 cases (6.9%), while SpyGlass-assisted cholangioscopy was utilised in 59 cases (5.4%).

DISCUSSION: High stone clearance rates were achieved despite the complexity of cases managed in a tertiary referral centre. While conventional extraction techniques successfully treated most patients, advanced modalities such as mechanical lithotripsy and SpyGlass cholangioscopy facilitated the management of difficult stones and enhanced procedural success.

CONCLUSION: ERCP remains the cornerstone of treatment for choledocholithiasis, achieving high biliary clearance rates with low procedural failure in expert hands. Advanced endoscopic technologies further optimise outcomes in complex biliary stone cases.

HEREDITARY HEMORRHAGIC TELANGIECTASIA PRESENTING WITH CIRRHOSIS AND PANCREATIC INVOLVEMENT: A RARE CASE PRESENTATION

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INTRODUCTION: Hereditary haemorrhagic telangiectasia (HHT), or Rendu-Osler-Weber disease, is an autosomal dominant vascular disorder characterized by telangiectasias and arteriovenous malformations involving mucocutaneous and visceral organs. Hepatic involvement is common but often underrecognized and may radiologically mimic cirrhosis, leading to diagnostic challenges.

RESULTS: We are presenting a 45-year-old woman who was initially diagnosed with cirrhosis based on imaging showing a nodular liver and features of portal hypertension. She presented with a two-month history of reduced effort tolerance and bilateral lower limb swelling. Laboratory evaluation revealed severe iron deficiency anemia (haemoglobin 3.5 g/dL) with normal liver and renal function tests. Viral hepatitis, autoimmune markers, and tumour markers were negative. Ultrasound demonstrated hepatomegaly with prominent hepatic vasculature. Further evaluation revealed recurrent epistaxis, a strong family history, and mucocutaneous telangiectasias, fulfilling the Curaçao criteria for HHT. Echocardiography showed preserved ejection fraction with ventricular dilatation. Upper endoscopy was unremarkable. Four-phase CT liver demonstrated multiple hypervascular hepatic and pancreatic lesions with features of portal hypertension. A diagnosis of HHT with hepatic involvement was made. The patient was treated with iron supplementation and beta blockers.

CONCLUSION: Hepatic vascular malformations occur in up to 74% of patients with HHT and are often asymptomatic. Radiological findings may closely resemble cirrhosis due to vascular derangements rather than true parenchymal fibrosis. A multimodal diagnostic approach integrating clinical, radiological, and familial features is critical for accurate diagnosis.

PHLEBOSCLEROTIC COLITIS: A CASE REPORT IN HOSPITAL TUANKU JAAFAR SEREMBAN

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Phlebosclerotic colitis (PC) is a rare form of chronic ischemic colitis which is characterized by calcification of venous system in colonic wall. We report a case in our center to raise the diagnostic awareness of PC and its management. A 64 years old man with chronic smoker and alcoholism presented with abdominal pain requiring multiple hospitalizations, where he repeatedly underwent the same investigations. Computed Tomography Angiography Mesentery showed long segment large bowel wall thickening of the ascending colon, hepatic flexure and transverse colon with prominent vessels with no contrast blush, extravasation of contrast or vascular malformation. Magnetic Resonance Enterography showed mild small bowel obstruction due to long segment colitis extending from caecum to mid transverse colon. Colonoscopy showed bluish discoloration and abundant veins from ascending colon till proximal descending colon with narrowing at mid ascending colon and mid transverse colon. Histopathological examination of mid transverse colon tissue showed hyaline change of mucosal and submucosal vessels without overt mucosal ischemia changes. Congo red stain was negative. The clinical presentation is non-specific, such as abdominal pain, vomiting and constipation. This disease is reported to be associated with portal hypertension, chronic kidney disease, prolonged usage of herbal medications, smoking and alcoholism. A wait and watch approach and lifestyle modification were implemented for this patient. His symptoms remained stable during clinic follow up. In conclusion, it is crucial to have awareness of the PC to avoid unnecessary repetitive investigations and inappropriate interventions.

PREVALENCE AND CLINICAL CHARACTERISTICS OF IRON DEFICIENCY ANAEMIA IN INFLAMMATORY BOWEL DISEASE: A RETROSPECTIVE COHORT STUDY FROM HOSPITAL KUALA LUMPUR, MALAYSIA

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OBJECTIVES: Iron deficiency anaemia (IDA) is a common extraintestinal manifestation of inflammatory bowel disease (IBD) that contributes to significant morbidity and impaired quality of life. This study determined the prevalence of IDA and evaluated its clinical characteristics among patients with Crohn's disease (CD) and ulcerative colitis (UC).

METHODOLOGY: A retrospective cohort study was conducted involving 178 patients with IBD managed at Hospital Kuala Lumpur. Demographic characteristics, disease phenotype and extent, disease duration, haematological indices, iron studies and treatment modalities were reviewed. Associations between anaemia severity and disease characteristics were analysed.

RESULTS: IDA was identified in 110 of 178 patients, giving a prevalence of 61.8%. Among patients with IDA, 55% were male, with most diagnosed between 20 and 40 years of age. Ileocolonic disease (L3) was the predominant CD phenotype (60%), while pancolitis (50%) and left-sided colitis (40%) were the most common UC disease extents. Severe anaemia (haemoglobin <8 g/dL) occurred more frequently in patients with penetrating or stricturing CD and extensive UC. Anaemia severity was significantly associated with disease extent and phenotype ($p < 0.01$). The lowest haemoglobin levels were 5.7 g/dL in CD and 3.6 g/dL in UC. Oral iron supplementation was the commonest treatment (>50%), followed by intravenous iron (20%) and blood transfusion (10%).

DISCUSSION AND CONCLUSION(S): IDA affected nearly two-thirds of patients with IBD and was associated with more extensive and complicated disease phenotypes. Routine screening, early diagnosis, timely iron replacement and optimal control of intestinal inflammation are essential to improve long-term clinical outcomes.

IRON DEFICIENCY ANAEMIA AND ALARM FEATURES IN THE DETECTION OF UPPER GASTROINTESTINAL MALIGNANCY: A SINGLE-CENTRE RETROSPECTIVE COHORT STUDY FROM HOSPITAL KUALA LUMPUR

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OBJECTIVE(S): To evaluate the prevalence and diagnostic significance of alarm features, particularly iron deficiency anaemia (IDA), in patients with upper gastrointestinal (GI) malignancy in the context of evolving age-based screening thresholds.

METHODOLOGY: A retrospective cohort study was conducted at the Department of Gastroenterology and Hepatology, Hospital Kuala Lumpur. Patients diagnosed with upper GI malignancy following oesophagogastroduodenoscopy (OGDS) between January and December 2025 were included. Clinical presentation, demographic characteristics, iron status, and endoscopic findings were reviewed. Associations between alarm features and malignancy detection were analysed.

Results: Among 4,869 OGDS procedures, 60 patients were diagnosed with upper GI malignancy. Patients were predominantly male (80%), aged 37-83 years; 25% were aged <50 years. IDA was present in 26 patients (43%) and was significantly associated with malignancy detection ($p<0.05$). Gastrointestinal bleeding was universal. Additional alarm features included weight loss (37%), persistent vomiting (25%), refractory dyspepsia (20%), and dysphagia/odynophagia (17%). Gastric malignancy was most frequent (42%), followed by duodenal tumours/infiltrative disease (25%), oesophageal carcinoma (20%), gastrointestinal stromal tumours (8%), and other malignancies (5%).

DISCUSSION: Despite increasing reliance on age-based screening thresholds, a substantial proportion of upper GI malignancies occurred in patients aged <50 years. Alarm features remain essential for case detection in routine practice. IDA demonstrated a strong association with malignancy and should prompt early endoscopic evaluation irrespective of age, supporting a symptom-driven strategy alongside population screening.

CONCLUSION(S): Alarm features, particularly IDA, remain critical for detecting upper GI malignancy. One-quarter of cases occurred in patients <50 years, underscoring the limitations of age-restricted screening and the importance of maintaining symptom-based endoscopic referral pathways.

DIAGNOSTIC YIELD AND CLINICAL IMPACT OF VIDEO CAPSULE ENDOSCOPY AFTER NEGATIVE BIDIRECTIONAL ENDOSCOPY IN PATIENTS WITH IRON DEFICIENCY ANAEMIA AND OBSCURE GASTROINTESTINAL BLEEDING: A SINGLE-CENTRE RETROSPECTIVE COHORT STUDY

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OBJECTIVE: To evaluate the diagnostic yield, safety, and clinical impact of video capsule endoscopy (VCE) in patients with iron deficiency anaemia (IDA) and obscure gastrointestinal bleeding (OGIB) following negative bidirectional endoscopy.

METHODOLOGY: A retrospective cohort study was conducted at Hospital Kuala Lumpur including consecutive patients who underwent VCE between January 2023 and April 2026 for IDA, overt OGIB, or occult OGIB after negative or inconclusive oesophagogastroduodenoscopy and colonoscopy. Data on indications, findings, capsule completion, retention, and subsequent management were analysed. Diagnostic yield was defined as detection of clinically significant small bowel pathology. Management impact was defined as any change in clinical or therapeutic strategy following VCE.

Results: Forty patients were included (22 males, 55%; 18 females, 45%; age range 26-85 years). Indications were IDA alone (n=24), overt OGIB (n=10), and occult OGIB (n=6). Clinically significant small bowel pathology was identified in 38/40 patients (95%). Findings included angiodysplasia (n=16), small bowel ulceration (n=11), inflammatory enteropathy (n=7), active bleeding without lesion (n=3), and small bowel tumours (n=2). Capsule completion was achieved in 38/40 cases (95%), with capsule retention in 1/40 (2.5%). VCE resulted in management change in 28/40 patients (70%), including device-assisted enteroscopy (n=3), argon plasma coagulation (n=4), surgery (n=1), targeted medical therapy (n=10), iron replacement alone (n=4), and conservative management (n=10). Management categories were not mutually exclusive.

DISCUSSION: VCE demonstrates high diagnostic yield and significant clinical utility in detecting small bowel pathology in patients with negative bidirectional endoscopy.

CONCLUSION: VCE is highly effective and safe, with substantial impact on management, supporting its early use in patients with unexplained IDA and OGIB.

EVALUATING THE UPTAKE OF FIBROSIS-4 INDEX AS A SCREENING TOOL FOR LIVER FIBROSIS IN PATIENTS WITH TYPE 2 DIABETES

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Metabolic dysfunction–associated steatotic liver disease (MASLD) is common among patients with type 2 diabetes (T2D) and can progress to cirrhosis and hepatocellular carcinoma, yet fibrosis is often clinically silent. This study evaluated the uptake of the Fibrosis-4 index (FIB-4) as a risk stratification tool and the downstream referral practices for patients with T2D.

This was a retrospective study of patients with T2D attending the University of Malaya Medical Centre Diabetes Clinic in 2023. An elevated FIB-4 ≥ 1.3 served to identify subjects at an increased risk of progressing to cirrhosis.

The data of 1,009 patients was analysed [median age 62 (IQR: 52-71), 40.7% male]. Overall, 28.8% (291/1009) had an elevated FIB-4. Among patients with elevated FIB-4, only 12% (35/291) were referred for further hepatology evaluation. Patients who were referred for further hepatology evaluation were more likely to have a prior diagnosis of hepatic steatosis and elevated serum alanine aminotransferase, aspartate aminotransferase, and gamma-glutamyl transferase levels, as well as lower low-density lipoprotein cholesterol and platelet counts. On the other hand, 3.3% (24/718) of patients with low FIB-4 were referred for further hepatology evaluation. Majority of referred patients [91.5% (54/59)] underwent FibroScan without a hepatology clinic visit. Only a minority were seen in the hepatology clinic prior to FibroScan.

FIB-4 appeared to be under-utilised, with the majority of high-risk patients not referred for further hepatology evaluation. This may translate to missed opportunities for timely identification and management of progressive liver disease, which can potentially prevent cirrhosis and its complications.

CLINICAL CHARACTERISTICS, MICROBIOLOGICAL PROFILE, MANAGEMENT, AND OUTCOMES OF PYOGENIC LIVER ABSCESS: A 2-YEAR (2024-2025) EXPERIENCE FROM SARAWAK GENERAL HOSPITAL, MALAYSIA

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OBJECTIVE: To describe the clinical characteristics, microbiological profile, management strategies, and clinical outcomes of patients with pyogenic liver abscess (PLA) treated in Sarawak General Hospital.

METHODOLOGY: A retrospective observational study was performed involving adult patients diagnosed with PLA between January 2024 until December 2025. Demographic, clinical, laboratory, radiological, microbiological, treatment, and outcome data were retrieved from medical records and evaluated using descriptive statistics.

RESULTS: A total of 83 patients were included, with mean age of 56.6 ± 12.3 years, and 62.7% were male. Fever (88.0%) and abdominal pain (57.8%) were the most common presenting symptoms. Diabetes mellitus was the predominant comorbidity (63.9%), followed by hypertension (45.8%) and alcohol use disorder (16.9%). *Klebsiella pneumoniae* was the predominant organism, accounting for 70.6% of positive blood cultures and 79.3% of positive liver aspirate cultures. Percutaneous drainage was performed in 91.6% of patients, predominantly using pigtail catheter drainage (86.8%). ICU admission was required in 21.7% of patients. The in-hospital mortality and liver abscess recurrence rates were 8.4% and 13.3%, respectively.

DISCUSSION: Our findings showed that PLA predominantly affected middle-aged men with diabetes mellitus and was mainly cryptogenic. *Klebsiella pneumoniae* remained the principal pathogen, reflecting the epidemiological pattern reported in many Asian populations.

CONCLUSION: Early diagnosis, appropriate antimicrobial therapy, and image-guided percutaneous drainage resulted in favorable clinical outcomes. These findings deliver valuable local epidemiological data to guide the management of PLA in Malaysia.

DIAGNOSTIC CHALLENGE OF RECURRENT GASTROINTESTINAL BLEEDING: LATE JEJUNAL METASTASIS AS INITIAL MANIFESTATION OF METASTATIC RENAL CELL CARCINOMA - A CASE REPORT

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INTRODUCTION: Jejunal metastasis from Renal Cell Carcinoma is extremely rare. Although Renal cell carcinoma (RCC) represents approximately 90% of primary renal malignancies and commonly metastasize to lung, bones, liver and brain, gastrointestinal involvement is uncommon. Small bowel metastases may occur many years after presumed curative nephrectomy as obscure gastrointestinal bleeding, anemia and bowel obstruction.

CASE: A 55-year-old man with a history of left radical nephrectomy performed over 12 years ago for a renal mass (histopathology unavailable) presented with melena and symptomatic anemia shortly after started on dual antiplatelet for ST-elevation Myocardial Infarction (STEMI) treated with coronary stenting. Initial investigations, including colonoscopy failed to identify the bleeding source. CT thorax, abdomen, and pelvis revealed multiple bilateral pulmonary nodules, and CT-guided lung biopsy confirmed metastatic clear cell Renal Cell Carcinoma (ccRCC). Capsule endoscopy was unrevealing, while oesophagogastroduodenoscopy (OGDS) demonstrated duodenal ulcers. PET-CT further demonstrated metastatic disease involving bilateral pulmonary nodules and abdominal lymph nodes, and pembrolizumab (Keytruda) immunotherapy was initiated.

Despite treatment, the patient continued to experience recurrent melena, anemia, and a new episode of abdominal bloating. Repeat CT imaging several months later revealed an obstructing intraluminal jejunal mass. He subsequently underwent laparoscopic small bowel resection with primary anastomosis. Histopathological examination confirmed metastatic clear cell renal cell carcinoma involving the jejunum.

Conclusion: This case illustrates a rare occurrence of late small bowel metastasis from Renal Cell Carcinoma presenting more than a decade after radical nephrectomy.

CLINICOPATHOLOGICAL CHARACTERISTIC OF EARLY ONSET COLORECTAL CANCER IN SARAWAK - A SINGLE-CENTRE RETROSPECTIVE STUDY

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BACKGROUND: Early-onset colorectal cancer (EOCRC), defined as colorectal cancer diagnosed at ≤ 50 years, is increasing globally and demonstrates distinct clinicopathological characteristics compared with late-onset colorectal cancer (LOCRC). However, data from the multi-ethnic population of Malaysian Borneo remain limited. This study investigated the clinicopathological features of EOCRC in Sarawak.

METHODS: This retrospective single-centre study included 452 patients diagnosed with colorectal cancer at Sarawak General Hospital between 1 January 2020 and 31 July 2025. Patients were classified as EOCRC (≤ 50 years, $n=70$) or LOCRC (>50 years). Demographic, clinical, and pathological characteristics were compared using descriptive statistics and Pearson's chi-square tests in R.

RESULTS: EOCRC accounted for 15.5% of colorectal cancer cases, exceeding the reported 10-13% incidence in Asian and Western populations. Patients were predominantly male (60%); Malays comprised 27.1%, followed by Chinese (25.7%), Bidayuh (21.4%), and Iban (20.0%). Left-sided tumours accounted for 87.0% of cases. The most common presenting symptoms were rectal bleeding (39.1%), altered bowel habits (17.4%), and abdominal pain (13.0%). Compared with LOCRC, EOCRC was more frequently associated with smoking, alcohol consumption (29.4%; $p=0.001$), and a family history of cancer (34.4%; $p=0.038$). Histologically, EOCRC demonstrated higher rates of mucinous adenocarcinoma (16.9% vs. 4.9%) and poorly differentiated tumours (6.2% vs. 3.0%; $p<0.001$). Stage IV disease was also more common in EOCRC (45.0% vs. 36.3%; $p=0.01$).

CONCLUSIONS: EOCRC in Sarawak has distinct clinicopathological features and is frequently diagnosed at an advanced stage. Earlier recognition and evaluation of symptomatic younger adults may improve outcomes, particularly those with a family history of cancer.

COLORECTAL CANCER IN SARAWAK: EPIDEMIOLOGY, CLINICAL PRESENTATION, AND PATHOLOGICAL CHARACTERISTICS

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BACKGROUND: Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer-related death worldwide. However, epidemiological data from the multi-ethnic population of Malaysian Borneo remain limited. This study described the epidemiological and clinicopathological characteristics of CRC in Sarawak.

METHODS: We conducted a single-centre retrospective study of 452 patients diagnosed with CRC at Sarawak General Hospital between 1 January 2020 and 31 July 2025. Demographic, clinical, and histopathological data were analysed using descriptive statistics and chi-square tests, in R.

RESULTS: The mean age at diagnosis was 61.8 ± 12.3 years, with a male predominance (61.6%). Chinese patients comprised the largest ethnic group (34.6%), followed by Malays (29.0%), Bidayuh (18.6%), and Iban (15.5%). Smoking was reported in 41.0% of patients ($p=0.028$), and 16.4% had a family history of malignancy. Hypertension (53.0%), dyslipidaemia (31.8%), and diabetes mellitus (27.8%) were common comorbidities. Left-sided CRC commonly presented with rectal bleeding (41.6%) and altered bowel habits (27.8%) while right-sided CRC more frequently presented with altered bowel habits (21.6%), abdominal pain (13.5%), weight loss (13.5%), and anaemia (10.8%). Most patients presented with advanced disease (stage III-IV, 69.3%). Mucinous adenocarcinoma was more frequent among Bidayuh (8.6%) and Malay (11.0%) patients than Chinese (2.7%) and Iban (4.3%). Left-sided tumours accounted for 90.3% of cases with adenocarcinoma as the predominant histological subtype (92.9%).

CONCLUSION: CRC in Sarawak is characterised by advanced-stage presentation and ethnic differences in tumour histology, highlighting the need for improved public awareness and screening to facilitate earlier diagnosis.

PREVALENCE OF HEPATIC STEATOSIS AMONG ADULTS UNDERGOING HEALTH SCREENING IN AN EMERGING TERTIARY CENTRE IN MALAYSIA

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BACKGROUND / AIM: Metabolic dysfunction-associated steatotic liver disease (MASLD) is recognised as a major public health concern. This study aimed to evaluate the prevalence of hepatic steatosis among adults undergoing health screening in a tertiary centre in Malaysia in conjunction with the World Digestive Health Day.

METHODS: Participants from the community were invited to sign-up and informed consent was obtained. Demographic data, ethnicity, body mass index (BMI), and list of medical comorbidities were collected. Transient elastography was performed using FibroScan® by Echosens. Hepatic steatosis was assessed using Controlled Attenuation Parameter (CAP) and liver fibrosis was evaluated using liver stiffness measurement (LSM).

RESULTS: Sixty-six participants were included. The median age (IQR) was 39 (29.3-52.5) years, with female gender preponderance (56.1%). The majority were of Malay ethnicity (93.9%). Thirty-five participants (53.0%) were aged between 20 and 40 years, 21 participants (31.8%) were aged 41-60 years, and 10 (15.2%) were above 60 years.

The median BMI (IQR) was 26.6 (22.9-31.2) kg/m². Hypertension and dyslipidaemia were the most common metabolic comorbidities, present in 14 participants (21.2%) and diabetes mellitus in 2 participants (3.0%). Overall, 37 participants (56.1%) had hepatic steatosis (CAP >248dB/m). Significant fibrosis was present in 13.6%, with 4 participants classified as F2 and 5 as F3.

CONCLUSION More than half of the participants in this cohort had hepatic steatosis despite a majority being in the younger age group and reporting a low prevalence of metabolic disorders. This reflects the increasing burden of MASLD and the importance of screening initiatives in the community.

REAL WORLD EXPERIENCE OF ENDOSCOPIC ULTRASOUND GUIDED LIVER BIOPSY WITH A THREE PRONG ASYMMETRIC TIP NEEDLE: A FIVE-YEAR SINGLE-CENTRE STUDY

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OBJECTIVES: Endoscopic ultrasound-guided liver biopsy (EUS-LB) has emerged as a promising alternative to percutaneous and transjugular liver biopsy, offering excellent safety and diagnostic performance. While most published studies have evaluated Franseen-tip (Acquire™) and Fork-tip (SharkCore™) needles, data on the three-prong asymmetric tip (3-PAT) needle (Trident™, Micro-Tech, China) remain limited. We evaluated the efficacy, tissue adequacy and safety of the 19G 3-PAT needle for EUS-LB in a Malaysian tertiary centre.

METHODS: All consecutive patients who underwent EUS-guided liver biopsy using the 19G 3-PAT needle at Hospital Al-Sultan Abdullah, UiTM, between 2021 and May 2026 were retrospectively reviewed. Demographics, biopsy indications, specimen length, complete portal tracts (CPT), histological diagnoses, diagnostic yield and complications were analysed.

RESULTS: Thirty-six patients were included. Median age was 53 (IQR 45–64) years, with 23 females (63.9%). The commonest indication was unexplained abnormal liver biochemistry (83.3%). Technical success was 100%, with no major immediate complications. Median specimen length was 18 (15–24.75) mm and median CPT was 21.5 (14.25–36.25). Adequate specimen length (≥ 15 mm) was achieved in 88.9%, while 80.6% had ≥ 11 CPT. Diagnostic yield was 94.4% (34/36). Steatohepatitis was the commonest diagnosis (58.3%), followed by drug-induced liver injury (8.3%) and primary biliary cholangitis (5.6%).

CONCLUSIONS: EUS-guided liver biopsy using the 19G three-prong asymmetric tip needle demonstrated excellent technical success, high diagnostic yield and a favourable safety profile. Consistent tissue adequacy and portal tract yield support its use as an effective tool for liver histological assessment.

COLONIC ASPERGILLOSIS MIMICKING REFRACTORY ULCERATIVE COLITIS IN A PATIENT RECEIVING BIOLOGIC THERAPY: A CASE REPORT

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OBJECTIVE: Isolated invasive *Aspergillus colitis* is very rare, as it is often reported as part of a disseminated infection. It is observed in patients with prolonged neutropenia and rare in patients with ulcerative colitis (UC). Treatment for UC with immunosuppressive therapies increases susceptibility to opportunistic infections, and it may mimic a flare of disease. Therefore, it is essential to distinguish infectious colitis from refractory UC, as escalation of immunosuppression may worsen the infection.

CASE DESCRIPTION: A 48-year-old man with extensive UC was diagnosed in 2020 and on prolonged corticosteroids before being treated with biologic, ustekinumab. He presented with persistent diarrhoea. Colonoscopy demonstrated UC flare with backwash ileitis. Histopathology showed pancolitis with marked features of chronicity and granuloma in the caecum; intestinal tuberculosis was suspected. Extensive tuberculosis investigations were negative. Repeated colonic biopsies demonstrated fungal elements consistent with colonic aspergillosis. Treatment with amphotericin-B started but was complicated by amphotericin-B related infusion reaction and acute kidney injury, necessitating a switch to oral voriconazole. Follow-up colonoscopy demonstrated persistent but improving pancolitis with MAYO 2 and UCEIS 4. Following multidisciplinary IBD discussion, azathioprine was commenced together with voriconazole. At follow-up, he remained clinically well.

CONCLUSION: This case highlights the importance of excluding opportunistic infections in patients with presumed refractory UC receiving immunosuppressive therapy. Aspergillosis colitis can closely mimic a UC flare both clinically and endoscopically, which may delay appropriate treatment. Early histopathological diagnosis and multidisciplinary management are crucial to optimise patients' outcomes while balancing treatment with immunosuppression and risk of infection.

STOOL pH AS A NON-INVASIVE SURROGATE BIOMARKER OF GUT MICROBIAL COMMUNITY COMPOSITION IN DISORDERS OF GUT-BRAIN INTERACTION

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BACKGROUND: Alterations in the gut luminal environment and microbiome may contribute to disorders of gut–brain interaction (DGBI). Stool pH reflects microbial fermentation and metabolite production but remains poorly characterised in DGBI. We evaluated stool pH differences between healthy individuals and participants with DGBI and explored their relationships with gut microbial composition.

METHODS: Twenty-nine participants were recruited, comprising 12 healthy controls and 17 participants with DGBI. Stool pH was measured in triplicate and averaged. Twenty-two participants, including 10 healthy controls and 12 participants with DGBI, had matched stool metagenomic sequencing data. Alpha diversity, beta diversity using Aitchison distance, and differential taxonomic abundance using ANCOM-BC2 were evaluated.

RESULTS: Mean stool pH was significantly higher in participants with DGBI than in healthy controls (7.52 vs 6.63; $p=0.0006$; Cohen's $d=1.45$). Stool pH demonstrated good discrimination between groups, with an area under the receiver operating characteristic curve of 0.875. A threshold of pH 7.22 yielded 75% sensitivity and 90% specificity. Alpha-diversity indices did not differ significantly between groups. However, overall microbial community composition differed significantly by Aitchison distance (PERMANOVA $R^2=0.091$; $p=0.016$), without significant differences in dispersion. ANCOM-BC2 identified several differentially abundant bacterial taxa across stool pH groups.

CONCLUSION: Higher stool pH in DGBI was associated with altered gut microbial community composition despite comparable within-sample diversity. Stool pH may represent an inexpensive and accessible physiological marker of altered gut microbial ecology. Larger studies are required to validate its clinical utility and determine whether stool pH contributes to, or reflects, microbiome alterations in DGBI.

KNOWLEDGE GAPS IN PREGNANCY-RELATED INFLAMMATORY BOWEL DISEASE CARE AMONG DOCTORS AT A MALAYSIAN TERTIARY HOSPITAL: A CROSS-SECTIONAL STUDY

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BACKGROUND: Adequate pregnancy counselling in inflammatory bowel disease (IBD) improves reproductive decision-making and may reduce voluntary childlessness. As healthcare professionals play a key role in patient education, knowledge gaps may adversely affect counselling and pregnancy outcomes. This study evaluated pregnancy-specific IBD knowledge among doctors in a Malaysian tertiary hospital and identified factors associated with higher knowledge levels.

METHODS: A cross-sectional study was conducted among doctors at Hospital Pakar Universiti Sains Malaysia between May and December 2024. Participants completed the validated Crohn's and Colitis Pregnancy Knowledge (CCPKnow) questionnaire. Knowledge was categorised as poor (0-7), adequate (8-10), good (11-13), or very good (14-17). Logistic regression identified factors independently associated with very good knowledge.

RESULTS: Among 276 doctors, the mean CCPKnow score was 8.58 ± 3.59 , indicating overall adequate knowledge. Knowledge was poor in 34.8%, adequate in 35.1%, good in 22.8%, and very good in only 7.3%. The lowest domain scores were observed for fertility (0.34 ± 0.48) and breastfeeding (0.60 ± 0.49). Doctors from the Medical Department (adjusted odds ratio [aOR] 18.86, 95% confidence interval [CI] 4.20-84.61) and Family Medicine Department (aOR 26.40, 95% CI 3.95–176.38) were more likely to demonstrate very good knowledge. Other demographic and professional factors were not significantly associated with knowledge level.

CONCLUSION: Despite an adequate mean knowledge level, over one-third of doctors had poor pregnancy-specific IBD knowledge, while very good knowledge was uncommon. Targeted multidisciplinary education addressing fertility and breastfeeding is needed to strengthen counselling and optimise reproductive care for women with IBD.

CONCOMITANT MÉNÉTRIER DISEASE AND ACHALASIA: AVOIDING DIAGNOSTIC ANCHORING IN PERSISTENT DYSPHAGIA

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BACKGROUND: Ménétrier disease is a rare hypertrophic gastropathy that commonly presents with epigastric pain, nausea, vomiting, hypoalbuminaemia, and weight loss. Dysphagia is uncommon and may be attributed to gastric cardia involvement. We report a rare case of concomitant Ménétrier disease and achalasia, highlighting the importance of considering an additional esophageal motility disorder when symptoms are disproportionate to gastric pathology.

CASE PRESENTATION: A 40-year-old man presented with progressive dysphagia, postprandial regurgitation, and epigastric discomfort. Initial upper gastrointestinal endoscopy demonstrated retained food and fluid in the distal esophagus with edematous gastric cardia and markedly thickened gastric folds. Computed tomography confirmed diffuse gastric mucosal thickening. The patient was initially treated for inflammatory bowel disease with corticosteroids and azathioprine with only partial symptomatic improvement. Repeat endoscopy demonstrated giant gastric folds, and gastric biopsies confirmed Ménétrier disease. Despite this diagnosis, persistent dysphagia prompted high-resolution esophageal manometry, which demonstrated pan-esophageal pressurization consistent with achalasia. Endoscopic dilation of the esophagogastric junction was subsequently performed, and cetuximab therapy was initiated for Ménétrier disease.

CONCLUSION: This case illustrates the rare coexistence of Ménétrier disease and achalasia. Persistent dysphagia should not be attributed solely to gastric pathology, even in the presence of a rare diagnosis. High-resolution esophageal manometry should be considered when symptoms suggest esophageal outflow obstruction, enabling recognition of concomitant motility disorders and appropriate management.

GENOTYPE-SPECIFIC HEPATITIS B VIRUS X AND REVERSE TRANSCRIPTASE GENE MUTATIONS AMONG PATIENTS WITH CHRONIC HEPATITIS B IN KELANTAN, MALAYSIA

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BACKGROUND: Hepatitis B virus (HBV) mutations influence viral replication, disease progression, immune escape, and antiviral resistance. However, data on HBV X and reverse transcriptase (RT) gene mutations in Malaysia remain limited. This study characterised HBV X and RT gene mutations and evaluated their associations with viral genotype and clinical characteristics among patients with chronic hepatitis B (CHB) in Kelantan.

METHODS: Plasma samples from patients with CHB attending Hospital Pakar Universiti Sains Malaysia underwent polymerase chain reaction amplification and Sanger sequencing of the HBV X and RT genes. Sequence analyses identified HBV genotypes, nucleotide and amino acid mutations, antiviral resistance-associated mutations, and immune escape mutations. Associations between mutation profiles, viral genotype, and clinical parameters were evaluated.

RESULTS: HBV genotypes B and C predominated, with genotype C being most frequent, while genotype D was uncommon. Genotype C was characterised by X gene mutations A133G and I45V and RT mutations A379G and L267Q. Genotype B demonstrated RT mutations A144G and Q238H and the S gene mutation N40S. Antiviral resistance-associated mutations M204I/V, L180M, and I169V were detected, whereas no tenofovir resistance mutations were identified. Immune escape-associated mutations included M133L, T126S, Y100C, I126N, A128V, and G145R. Several RT and S region mutations were associated with liver biochemistry and fibrosis/cirrhosis.

CONCLUSION: Patients with CHB in Kelantan demonstrated distinct genotype-specific HBV mutation profiles, including clinically relevant antiviral resistance and immune escape mutations. These findings provide updated molecular epidemiological data to support HBV surveillance and future genotype-informed management strategies in Malaysia.

IMPROVING BOSTON BOWEL PREPARATION SCALE (BBPS) SCORES THROUGH PATIENT EDUCATION (IMPRESS) - A SINGLE CENTRE CLINICAL AUDIT

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OBJECTIVE(S): To assess improvement in adequate bowel preparation (Boston Bowel Preparation Scale [BBPS] ≥ 6), caecal intubation rate (CIR) and adenoma detection rate (ADR) following the implementation of in-house Gastroenterology preprocedural counselling.

METHODS: A retrospective clinical audit compared elective colonoscopies before (Jan-Mar 2025; n=99) and after (Jan-Mar 2026; n=114) implementing mandatory pre-colonoscopy bowel prep counselling and standardized split-dose regimens among cohorts of patients aged 18 and above. Emergency, inpatient, and incomplete procedures were excluded. Clinical data were extracted from the Hospital Information System and analysed using Chi-square tests to determine statistical significance.

RESULTS: Baseline 2025 adequate preparation (BBPS ≥ 6) was approximately 50.5% (50/99). In the 2026 post-intervention cohort, adequate preparation significantly improved to 78.9% (90/114) ($p < 0.001$, Chi-square test). Consequently, the 2026 cohort achieved a CIR of 88.6% (101/114) and an ADR of 37.7% (43/114), compared to a baseline CIR of 81.8% (81/99) and ADR of 30.3% (30/99) in 2025. Procedures aborted secondary to poor bowel preparation were limited to 9.6% (11/114) in 2026 compared to 11.1% (11/99) in 2025. Pharmacist counselling was successfully administered to 75.4% (86/114) in 2026.

DISCUSSION AND CONCLUSION(S): Baseline inconsistencies in dosing regimens and patient education caused a significant quality gap and high procedure abortion rates. Suboptimal bowel preparation rates compromise mucosal visualisation, reduces CIR and increases economic and clinical burden. Efforts to implement a standardised split-dose protocol combined with healthcare worker lead counselling yield a statistically significant improvement in bowel cleansing quality potentially maximising CIR and ADR.

INFLAMMATION-DRIVEN PHAGE-BACTERIA ECOLOGICAL DYNAMICS IN INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW OF HUMAN CLINICAL EVIDENCE

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BACKGROUND: Generic “viral dysbiosis” is heavily documented in inflammatory bowel disease (IBD). However, historical literature treating clinical cohorts as unstratified monoliths obscures the precise directionality and spatial networks of phage-bacteria interactions.

OBJECTIVE: This systematic review synthesizes human evidence on IBD-related inflammation-driven bacteriophage-bacterium ecological dynamics, including prophage induction, lysogenic-to-lytic transitions, ecological network restructuring, metabolomic reprogramming, and host-environment determinants.

METHODS: Following PRISMA guidelines, a search was executed across PubMed, Embase, Scopus, and Cochrane Library till February 2026. A total of 32 molecular or sequencing-based clinical studies were qualitatively synthesized across four predefined evidence domains, as well as subtypes of IBD, ulcerative colitis (UC) and Crohn’s disease (CD).

RESULTS: IBD inflammation consistently promoted virome restructuring, prophage induction, lysogenic-to-lytic transitions, and disruption of phage-bacterium ecological networks. These alterations were associated with commensal loss, pathobiont expansion, altered microbial metabolism, and prophage-associated bacterial adaptation. Age and anatomical sampling site emerged as major determinants of ecological heterogeneity. Longitudinal studies demonstrated persistent ecological dysbiosis despite clinical remission in both UC and CD, which support an ecological lag between symptomatic recovery and microbial network restoration. Geographic variation and underrepresentation of low- and middle-income populations alongside the lack of large-scale longitudinal observations of advanced therapies remain important limitations of the current evidence.

CONCLUSION: Current evidence showcases a bidirectional relationship between both IBD subtypes and bacteriophage ecology that reinforces disease activity. Future studies should prioritize standardized longitudinal multi-omics, age-stratified analyses, and functional validation to establish causal phage-host interactions and translation toward ecology-guided therapeutics.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER IN ADULTS WITH INFLAMMATORY BOWEL DISEASE: A CROSS-SECTIONAL STUDY OF PREVALENCE AND PREDICTORS

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BACKGROUND: Eating disorders including Avoidant/Restrictive Food Intake Disorder (ARFID) are increasingly recognized among inflammatory bowel disease (IBD) patients.

OBJECTIVE: To determine the prevalence of adults at risk of ARFID, identify independent demographic, clinical predictors and characterize ARFID-related psychopathology.

METHODS: Adult patients with confirmed IBD attending University of Malaya Medical Centre were prospectively recruited. ARFID risk was screened using the Nine-Item ARFID Screen (NIAS), with patients meeting any of three subscale cutoffs classified as ARFID-positive. The PARDI-AR-Q (Pica, ARFID, and Rumination Disorder Interview) assessed symptom severity across four domains: sensory sensitivity, lack of Interest in food or eating, concern about aversive consequences, psychosocial impairment/nutritional consequences. Binary logistic regression adjusted for age, sex, ethnicity, body mass index (BMI), and disease activity.

RESULTS: 138 adult IBD outpatients from a single tertiary center. ARFID prevalence was 34.1% (47/138) by NIAS subscale criteria, exceeding prior IBD cohorts. Nearly half of patients in remission were ARFID-positive (47.1%) versus 27.7% with active disease; remission was the only independent predictor (OR 2.42, 95% CI 1.12-5.28, $p=0.025$). Age, BMI, sex and ethnicity were not significant. ARFID-positive patients scored significantly higher across all four PARDI-AR-Q domains (all $p<0.001$), with concern about aversive consequences the most prominent profile (mean 3.63 ± 1.47).

CONCLUSION: One-third of IBD patients screened positive for ARFID, with fear of symptom exacerbation being the predominant feature. High ARFID prevalence among patients in remission suggests persistent maladaptive eating behaviors beyond active inflammation. Routine NIAS screening should be incorporated into IBD follow-up regardless of disease activity.

PREDICTORS OF EARLY CLINICAL FAILURE AFTER COLONIC SELF-EXPANDABLE METAL STENTING FOR LARGE-BOWEL OBSTRUCTION

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OBJECTIVE(S): To evaluate predictors of early clinical failure after colonic self-expandable metal stent (SEMS) placement.

METHODOLOGY: We retrospectively analysed 76 consecutive SEMS procedures for large-bowel obstruction at a Malaysian tertiary centre from April 2019 to June 2025. Short-term clinical success comprised successful deployment, symptom resolution within seven days, and no unplanned re-intervention. Univariable and multivariable logistic regression assessed aetiology, lesion location, obstruction completeness, stricture length, and operator experience.

RESULTS: Short-term clinical success was achieved in 66/76 procedures (86.8%); 10 failed. Failure occurred in 2/3 benign obstructions (66.7%) versus 8/73 malignant obstructions (11.0%). Benign aetiology was associated with failure (OR 16.25, 95% CI 1.32-200.02; $p=0.029$). Proximal location, complete obstruction, and stricture length >8 cm were not associated with failure. On multivariable analysis, benign aetiology remained associated with failure (adjusted OR 12.62, 95% CI 1.01-158.24; $p=0.049$), whereas operator experience did not (adjusted OR 1.17, 95% CI 0.98-1.39; $p=0.086$).

DISCUSSION AND CONCLUSION(S): Early clinical failure occurred despite universal technical deployment, underscoring that procedural success alone does not ensure effective decompression. Benign obstruction was significantly associated with higher risk of failure than malignant obstruction, whereas lesion location, obstruction completeness, stricture length and operator experience were not independently associated with outcome. However, only three benign procedures were included, and residual confounding cannot be excluded. These results support more selective use of SEMS for benign obstruction, multidisciplinary case assessment and closer post-procedural surveillance. Larger multicentre cohorts are required to validate these associations and develop clinically reliable risk-stratification models.

WHEN TUBERCULOSIS DOES NOT EXPLAIN EVERYTHING: THE DIAGNOSTIC CHALLENGE OF PERSISTENT COLITIS FOLLOWING ANTI-TUBERCULOUS THERAPY

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OBJECTIVE: To highlight the diagnostic challenges of differentiating intestinal tuberculosis (ITB) from Crohn's disease (CD) when classical histological evidence of ITB is absent and intestinal disease persists despite anti-tuberculous therapy (ATT).

RESULTS: A 58-year-old man presented with three years of chronic diarrhoea, severe weight loss and nocturnal cough. Colonoscopy demonstrated extensive terminal ileal and colonic ulceration. Histology revealed patchy chronic active colitis with non-caseating microgranulomas, while tissue TB PCR was negative. CT showed pulmonary and intestinal features suggestive of tuberculosis. Bronchoalveolar lavage was positive for acid-fast bacilli and GeneXpert detected *Mycobacterium tuberculosis* complex without rifampicin resistance. After seven months of ATT, respiratory symptoms resolved, weight increased from 42 kg to 56 kg, pulmonary imaging improved and erythrocyte sedimentation rate decreased from 101 to 44 mm/hour. However, abdominal discomfort, diarrhoea and tenesmus persisted. Repeat CT revealed new ileocecal stenosis and colonoscopy demonstrated multiple colonic strictures. Histology showed chronic colitis and fibrosis without granulomas or acid-fast bacilli.

DISCUSSION AND CONCLUSION: Differentiating ITB from CD remains challenging, particularly in TB-endemic regions. Negative tissue TB PCR and absent caseating granulomas do not exclude ITB due to the limited yield of mucosal biopsies. Confirmed pulmonary TB with compatible ileocolonic findings supported possible intestinal involvement. However, patchy chronic active colitis with non-caseating microgranulomas, persistent gastrointestinal symptoms and progressive stricturing despite adequate ATT raised suspicion of underlying or coexisting CD. Diagnostic reassessment is essential when intestinal disease fails to improve as expected.

ESOPHAGEAL DYSMOTILITY IN SYSTEMIC AUTOIMMUNE DISEASE: A HIGH-RESOLUTION MANOMETRY STUDY OF PREVALENCE AND PATTERNS

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OBJECTIVE: Gastrointestinal dysmotility is an under-recognised feature of systemic autoimmune diseases. This study describes the spectrum of oesophageal dysmotility detected by high-resolution manometry (HRM) in patients with systemic autoimmune diseases.

METHODOLOGY: This retrospective study included 30 patients with confirmed autoimmune diagnoses who underwent HRM between 2021 and 2026 at two tertiary centres (Hospital Pakar USM and Hospital UiTM). Demographics, autoimmune diagnosis, symptoms, oesophago-gastric junction (EGJ) morphology, median integrated relaxation pressure (IRP), mean distal contractile integral (DCI), and HRM diagnosis were reviewed.

RESULTS: Mean age was 48.7 years; 76.7% were female and 70% Malay. Scleroderma was the most common diagnosis (33.3%), followed by rheumatoid arthritis (16.7%), mixed connective tissue disease (10%), and systemic lupus erythematosus (10%). Dysphagia was the predominant symptom (76.7%). Type 3 EGJ morphology predominated (80%). Absent contractility was the leading HRM diagnosis (30.0%), mainly in scleroderma, followed by ineffective oesophageal motility (23.3%).

DISCUSSION: Oesophageal dysmotility, particularly absent contractility, was highly prevalent (80%) and most common in scleroderma, consistent with smooth muscle atrophy and fibrosis of the distal oesophagus in this disease. Symptom severity did not reliably predict manometric findings, highlighting HRM's value as an objective diagnostic tool over symptom-based assessment alone, since silent involvement may still carry a risk of aspiration and malnutrition. Conclusion: These findings support incorporating HRM into routine evaluation of autoimmune disease patients, particularly scleroderma, to enable early detection and guide individualised management.

THE MISSING DUCT: A DIAGNOSTIC CHALLENGE IN RECURRENT ACUTE PANCREATITIS

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OBJECTIVE: ANSA pancreatica is a rare pancreatic ductal anatomical variant increasingly recognised as a potential cause of recurrent acute pancreatitis. We report an adolescent with recurrent pancreatitis in whom conventional imaging was inconclusive while endoscopic evaluation identified a pancreatic ductal anomaly suggestive of ANSA pancreatica and enabled therapeutic intervention.

METHODOLOGY: A previously healthy 16-year-old girl presented with recurrent episodes of severe epigastric pain associated with vomiting and abdominal distension. Serial investigations demonstrated persistently elevated urine diastase (peak 1,585 U/L; upper limit of normal [ULN] 450 U/L) and serum amylase (peak 173 U/L; ULN 115 U/L). Evaluation for metabolic and autoimmune causes were unremarkable. Computed tomography demonstrated a normal pancreas while magnetic resonance cholangiopancreatography failed to visualise the pancreatic duct. Endoscopic ultrasound (EUS) showed mild pancreatic oedema without ductal dilatation or peripancreatic collections. Endoscopic retrograde cholangiopancreatography (ERCP) demonstrated a pancreatic ductal configuration suggestive of ANSA pancreatica and a 7 Fr × 6 cm pancreatic duct stent was inserted.

RESULTS: The patient's abdominal pain improved markedly following pancreatic duct stenting, requiring only intermittent analgesia. Urine diastase levels declined (962 to 554 U/L) and no further episodes of acute pancreatitis were documented during three months of follow-up.

DISCUSSION AND CONCLUSION: ANSA pancreatica is an uncommon but important differential diagnosis in recurrent idiopathic acute pancreatitis. This case highlights the limitations of conventional imaging in detecting subtle pancreatic ductal anomalies and underscores the diagnostic and therapeutic value of EUS and ERCP when clinical suspicion persists.

SPECTRUM OF ACHALASIA SUBTYPES AT A NEW GASTROENTEROLOGY CENTRE: A SINGLE-CENTRE REVIEW

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OBJECTIVE: Achalasia is a rare oesophageal motility disorder marked by absent peristalsis and impaired lower oesophageal sphincter relaxation. Chicago Classification v4.0 categorises achalasia into Type I, II, and III, with some patients showing normal integrated relaxation pressure (IRP) or variant patterns. This study determined achalasia subtype distribution at our centre.

METHOD: Achalasia subtypes were reviewed at our gastroenterology service, established since 2021, using high-resolution manometry classified per Chicago Classification v4.0.

RESULTS: Nineteen patients were included (mean age 53.4 ± 19.9 years, near-equal sex distribution). Type I was most prevalent (47.4%), followed by Type II (31.6%), Normal IRP (10.5%), and Variant (10.5%). Type II had the highest mean IRP (34.7 ± 15.7 mmHg), while Type I showed moderately elevated IRP (31.9 ± 9.3 mmHg). Normal IRP patients had sub-threshold IRP (15.0 ± 4.2 mmHg), suggesting early achalasia or oesophagogastric junction outflow obstruction. DCI was zero in all except one Variant case. Dysphagia was universal (100%); regurgitation was the second commonest symptom (52.6%).

DISCUSSION: Our Type I-predominant distribution differs from larger cohorts, where Type II is often more common, possibly reflecting local referral patterns or later-stage disease. Type II's elevated IRP aligns with its known association with better treatment outcomes. Normal-IRP and Variant cases likely represent early achalasia or outflow obstruction, warranting close follow-up.

CONCLUSION: Type I achalasia predominated in our cohort; Chicago Classification v4.0 remains clinically valuable for prognosis despite small-sample, single-centre limitations.

ACHALASIA IN ADVANCED AGE: A DIMINISHING THERAPEUTIC ARMAMENTARIUM

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INTRODUCTION: Achalasia is a rare disorder marked by failure of lower esophageal sphincter relaxation. As restoring peristalsis remains unrealistic, treatment now focuses on relieving obstruction at the esophagogastric junction to improve symptoms and quality of life.

CASE PRESENTATIONS: We present three elderly patients whose achalasia journeys reflect the therapeutic constraints unique to this population. The first, a 77-year-old woman, saw her disease evolve from Type II to the more advanced Type I achalasia; deemed unfit for surgery, she turned to botulinum toxin injection and responded remarkably well. The second, a 75-year-old man, posed a diagnostic puzzle when manometry failed for technical reasons, leaving endoscopy to confirm the diagnosis; he has since undergone annual botulinum toxin injections over six years with sustained benefit. The third, a 63-year-old man with end-stage renal disease, was diagnosed with achalasia and has similarly relied on annual injections over three years to control his symptoms.

DISCUSSION: Botulinum toxin injection once reigned as the treatment of choice for achalasia, prized for its cost-efficacy and safety. While up to 80% of patients respond initially, this benefit often proves fleeting, with 60% relapsing within a year and progressively weaker effect after repeat sessions. Compared with more definitive treatments, it falls short in long-term efficacy, yet its safety and minimally invasive nature make it best reserved for the elderly, the significantly comorbid, and those unfit for or unwilling to undergo more invasive alternatives.

CONCLUSION: Botulinum toxin injection remains a valuable treatment modality in elderly achalasia patients.

WHEN STANDARD TESTING FALLS SHORT: COMBINED MUCOSAL INTEGRITY TEST SCORE (MiVU™) AND WIRELESS PH MONITORING (ALPHA-ONE) UNMASKS PPI-REFRACTORY REFLUX

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INTRODUCTION: Proton pump inhibitor-refractory reflux symptoms remain diagnostically challenging, as conventional endoscopy and pH testing often fail to confirm gastroesophageal reflux disease or identify overlapping esophageal pathology.

CASE PRESENTATIONS: A 29-year-old woman presented with a three-year history of PPI-refractory reflux. Endoscopy revealed a Hill's grade 2 hiatal hernia. Manometry and 24-hour pH-impedance were attempted but abandoned after repeated failed catheter insertions. MiVU™ and alphaONE testing were performed instead, yielding discordant results: MiVU™ strongly suggested GERD, while alphaONE showed minimal acid exposure (AET 2.7%, 29 reflux episodes, no symptom correlation), favoring functional heartburn. She was diagnosed with GERD-functional heartburn overlap. Discussion: Per Lyon 2.0 Consensus, AET 2.7% falls in the inconclusive "grey zone" requiring adjunctive testing. Low MNBI on MiVU™ supported GERD, while normal reflux burden and absent symptom correlation on alphaONE favored functional heartburn. This overlap illustrates guideline-recommended multimodal testing when catheter-based studies are unfeasible.

CONCLUSION: MiVU™ and alphaONE enable guideline-based diagnosis of overlap reflux syndromes when standard testing fails, guiding individualized management.

PROFOUND HYPOXAEMIA IN CIRRHOSIS: SOLVING THE DIAGNOSTIC PUZZLE OF HEPATOPULMONARY SYNDROME

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BACKGROUND: Hepatopulmonary syndrome (HPS) is characterised by triad of chronic liver disease, intrapulmonary vascular dilatation and arterial deoxygenation. Clinical recognition remains challenging because of the respiratory presentation that may be disproportionate to the severity of liver dysfunction.

CASE REPORT: A 44 years old man with liver cirrhosis and portal hypertension had presented with progressive exertional dyspnoea and markedly reduced functional capacity. Portal hypertension was evidenced by oesophageal varices and thrombocytopenia. Despite his relatively preserved liver function of Child Pugh score A, he had developed profound hypoxaemia with oxygen saturation of only 67% under room air. Physical examination revealed digital clubbing, cyanosis, platypnoea and orthodeoxia. Given the discrepancy of his liver disease severity and oxygenation impairment, hepatopulmonary syndrome was then suspected. Echocardiography noted intrapulmonary right to left shunt. Alternative cardiopulmonary causes of hypoxaemia were excluded.

However, although liver transplantation remains the only definitive treatment for HPS, he was not considered as a suitable transplant candidate due to active drug abuse, poor social support and treatment non adherence.

DISCUSSION: This case highlighted the poor correlation between liver disease status and severity of hepatopulmonary syndrome. Recognition of characteristic clinical clues particularly platypnoea, orthodeoxia, clubbing and cyanosis was crucial in directing diagnostic evaluation. Failure in recognizing these features may lead to delayed diagnosis and referral for definitive treatment.

CONCLUSION: HPS should be considered in any cirrhotic patient with unexplained dyspnoea or hypoxaemia, even for patient with compensated liver cirrhosis. Early recognition is essential to facilitate timely evaluation for liver transplantation as its only curative treatment.

HEPATOCELLULAR CARCINOMA IN MALAYSIA: SHIFTING TREND IN AETIOLOGY AND THE IMPACT OF SURVEILLANCE ON CLINICAL OUTCOMES

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BACKGROUND: The aetiology of hepatocellular carcinoma (HCC) is evolving globally. We aimed to determine the aetiology landscape of HCC and evaluate the impact of HCC surveillance on disease stage at diagnosis, curative treatment eligibility and 1- year overall survival.

METHODS: This retrospective study involved patients with newly diagnosed HCC at University Malaya Medical Centre (UMMC), Kuala Lumpur, Malaysia, from 1st January 2022 to 31st December 2025.

RESULTS: Data of 216 patients were analysed (mean age 68.4 ± 10.0 years, male 77.8%). Metabolic dysfunction-associated steatotic liver disease (MASLD) was the most prevalent aetiology (47.7%), followed by chronic hepatitis B (31.9%) and chronic hepatitis C (9.7%). Overall, 40% of patients were diagnosed at BCLC Stage 0/ A. Only 27.2% underwent HCC surveillance prior to diagnosis. Patients under HCC surveillance were significantly more likely to be BCLC 0/A (57.1% vs 32.2%, $p < 0.001$) and to receive treatment for curative intent (69.1% vs 23.7%, $p < 0.001$). One-year cumulative survival was significantly higher in the surveillance group than in the non-surveillance group (86.3% vs 59.9%, $p = 0.026$). Multivariable analysis identified BCLC Stage 0/A (HR 0.25, 95% CI 0.11-0.55) and receipt of treatment for curative intent (HR 0.28, 95% CI 0.12-0.65) as independent factors associated with mortality at 1 year.

CONCLUSION: MASLD has overtaken viral hepatitis as the leading cause of HCC in Malaysia. HCC surveillance was associated with early detection and treatment for curative intent, which translated to improved survival.

MICRO- AND NANOPLASTIC-ASSOCIATED GUT-LIVER AXIS DISRUPTION AND MASLD-RELATED LIVER INJURY: A SYSTEMATIC REVIEW OF HUMAN AND IN VIVO MAMMALIAN EVIDENCE

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BACKGROUND: Microplastics and nanoplastics (MNPs) are pervasive contaminants increasingly implicated in metabolic and hepatic injury. Experimental evidence suggests that MNPs may disrupt the gut-liver axis, but human and preclinical findings have not been systematically integrated.

Objective: To synthesize human and in vivo mammalian evidence linking MNP exposure with gut-axis disruption and MASLD-related hepatic or metabolic injury.

Methods: PubMed/MEDLINE, Embase.com, and Scopus were searched from inception to 4th July, 2026. Studies were eligible if they objectively measured human MNP burden or experimentally administered MNPs in mammals and reported both a gut-axis and a MASLD-related hepatic or metabolic outcome. Human and preclinical evidence were synthesized separately using PRISMA 2020- and SWiM-guided narrative and effect-direction analyses. Risk of bias was assessed using ROBINS-E and SYRCLE (PROSPERO: CRD420261436025).

Results: Nineteen studies were included: one human study and 18 in vivo mammalian studies. Among studies assessing each domain, adverse findings were reported for gut dysbiosis in 17/18, barrier dysfunction in 12/14, hepatic inflammation or oxidative stress in 14/15, and fibrosis or hepatocellular injury in 12/12; the human study contributed association-only evidence. MNP exposure was also linked to endo-toxaemia, bile-acid dysregulation, steatosis, mitochondrial dysfunction, glucose intolerance, and dyslipidaemia. Diet-based models indicated greater effects under metabolic susceptibility. The human study and five animal studies were at high risk of bias. Meta-analysis was precluded by substantial heterogeneity.

CONCLUSION: The evidence supports a biologically plausible plastic-gut-liver axis but remains predominantly preclinical. Longitudinal, contamination-controlled human studies with standardized MNP measurement and integrated microbiome, metabolic, and liver phenotyping are required.

REAL-WORLD DIAGNOSIS OF DISORDERS OF GUT-BRAIN INTERACTION: COMPARING PHYSICIAN ASSESSMENT WITH THE ROME IV DIAGNOSTIC QUESTIONNAIRE IN A PROSPECTIVE MULTICENTRE STUDY

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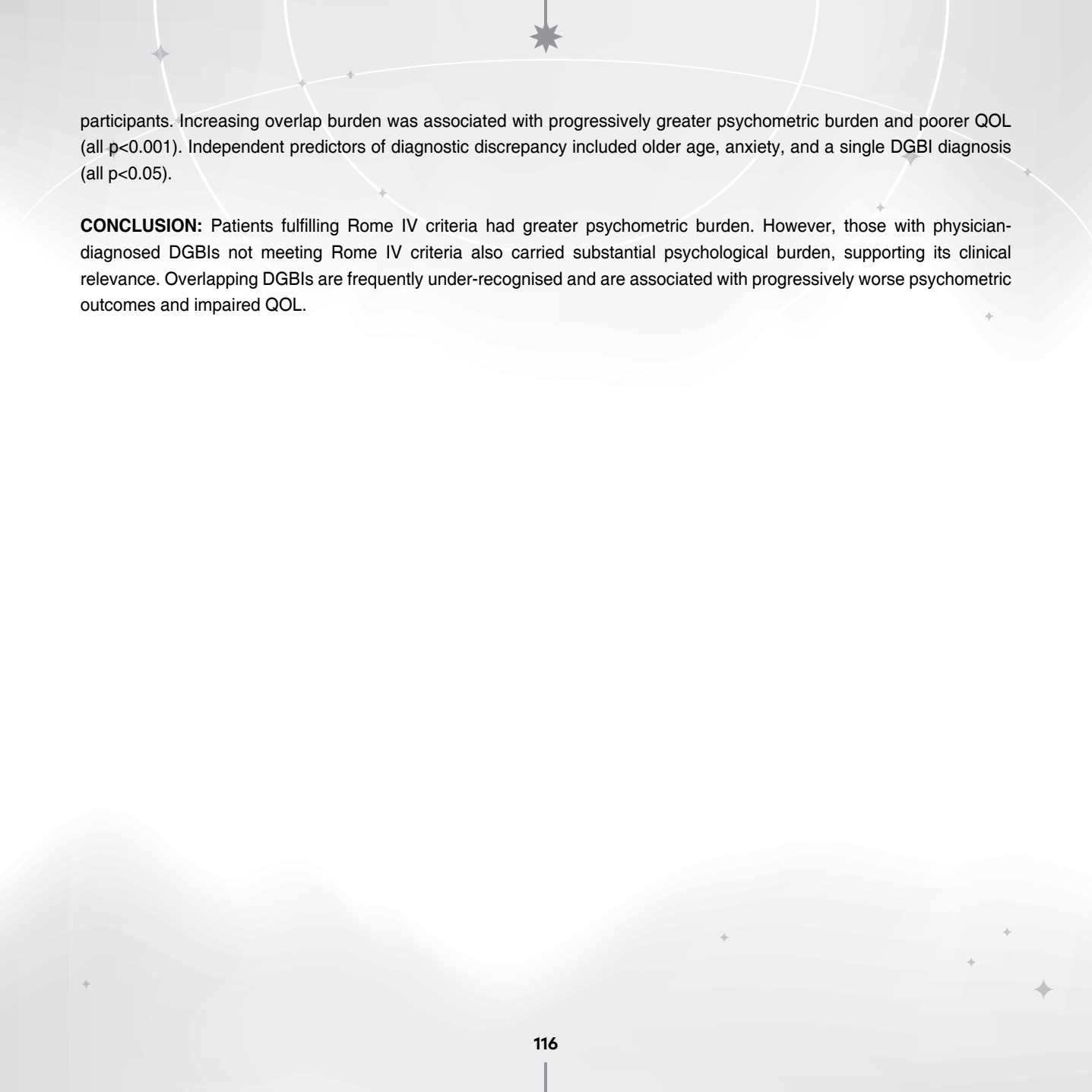
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BACKGROUND AND AIMS: The Rome Foundation recently introduced clinical diagnostic criteria for disorders of gut-brain interaction (DGBI) for routine practice. However, their impact on diagnostic concordance and outcomes remain unknown. We evaluated concordance between physician diagnosis and the Rome IV Diagnostic Questionnaire, their associations with psychometric burden and DGBI overlap, and predictors of diagnostic discrepancy.

METHODOLOGY: In this cross-sectional study, adults with physician-diagnosed DGBIs and healthy controls were recruited from two tertiary hospitals. Participants completed the Rome IV Diagnostic Questionnaire and validated assessments of anxiety, depression, somatization, and quality of life (QOL).

RESULTS: Among 271 participants (mean age 48.5 years; 35.4% male), 84.9% received a physician diagnosis of DGBI (44.3% IBS; 42.4% FD), while 73.4% fulfilled Rome IV criteria. Overall, 17.3% of participants had DGBI discordance, whereas 74.9% had discrepant specific DGBI diagnoses. Participants diagnosed by both physician assessment and the Rome IV Questionnaire had the greatest psychometric burden. Those with physician-diagnosed DGBIs not fulfilling Rome IV criteria also had greater psychometric burden than healthy controls. Overlap DGBIs were underdiagnosed in 41.4% of



participants. Increasing overlap burden was associated with progressively greater psychometric burden and poorer QOL (all $p < 0.001$). Independent predictors of diagnostic discrepancy included older age, anxiety, and a single DGBI diagnosis (all $p < 0.05$).

CONCLUSION: Patients fulfilling Rome IV criteria had greater psychometric burden. However, those with physician-diagnosed DGBIs not meeting Rome IV criteria also carried substantial psychological burden, supporting its clinical relevance. Overlapping DGBIs are frequently under-recognised and are associated with progressively worse psychometric outcomes and impaired QOL.

CLINICAL OUTCOMES AFTER COLONIC SELF-EXPANDABLE METAL STENTING: TREATMENT-PATHWAY COMPLETION, SURVIVAL AND STOMA AVOIDANCE

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OBJECTIVE(S): To evaluate treatment-pathway completion, survival at 6 and 12 months, and stoma avoidance following colonic self-expandable metal stent (SEMS) placement for large-bowel obstruction.

METHODOLOGY: We retrospectively reviewed 76 consecutive SEMS procedures performed at a Malaysian tertiary centre between April 2019 and June 2025. Outcomes were completion of the intended pathway to elective surgery or palliation, documented survival at 6 and 12 months, and stoma-free status among survivors. Proportions were reported with 95% confidence intervals.

RESULTS: Nine procedures were undertaken as a bridge to surgery (11.8%; 95% CI 6.4%-21.0%), and all patients subsequently underwent elective resection successfully (9/9, 100%; 95% CI 70.1%-100%). Sixty procedures followed a palliative pathway (78.9%; 95% CI 68.5%-86.6%). At 6 months, 34/76 patients were documented alive (44.7%; 95% CI 34.1%-55.9%); 33/34 survivors were stoma-free (97.1%; 95% CI 85.1%-99.5%). At 12 months, 17/76 were documented alive (22.4%; 95% CI 14.5%-32.9%), with 16/17 remaining stoma-free (94.1%; 95% CI 73.0%-99.0%).

DISCUSSION AND CONCLUSION(S): Colonic SEMS enabled successful transition to elective surgery in all bridge-to-surgery cases and provided a non-operative pathway for most patients managed palliatively. Stoma avoidance remained high among patients with available follow-up, suggesting preservation of intestinal continuity beyond initial decompression. Survival estimates were limited by incomplete ascertainment of all-cause mortality and follow-up status. These findings support SEMS as a pathway-enabling intervention across surgical and palliative settings. Prospective multicentre studies with systematic mortality and stoma-outcome assessment are needed to confirm durability and survival impact.

PANCREATIC DUCT STENTING FOR POST ERCP PANCREATITIS PROPHYLAXIS: WHICH STENT TO USE?

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OBJECTIVES: Post ERCP pancreatitis (PEP) is common. Therefore, interventions such as pancreatic duct (PD) stent insertion are necessary to lessen PEP. However, there is lack of robust data to recommend what size / length of PD stent for PEP prophylaxis. This cross-sectional study intends to examine the PEP incidence in different size/length PD stents used. Also, it investigates the need of PD stent removal endoscopically, 1 week after insertion.

METHODOLOGY: 407 patients with PD stents inserted for PEP prophylaxis in 2019-2025, were examined, on the *Malaysian Gastro-Intestinal Registry*. Data on PEP incidence and subsequent need for endoscopic removal of PD stent, were obtained via medical records.

RESULTS: 11 types of PD stents were deployed, with diameter ranging 3Fr - 7Fr, and length 3cm - 9cm. Most common stents inserted were 4Fr-5cm (39.6%) and 4Fr-4cm (33.2%). Overall PEP incidence among patients with PD stents inserted was 6.1%. 15.5% of these PD stents required removal endoscopically. Stent 3Fr-5cm recorded the highest (100%) PEP, however it might be insignificant due to small sample size (1). Second highest PEP (25%) was by 7Fr-5cm stents, followed by 4Fr-5cm (9.4%), 4Fr-3cm (7.5%) and 5Fr-4cm (5.3%) ($p\text{-value} = 0.01$). The incidences of stents required endoscopic removal (in decreasing order) were 50% (5Fr-3cm), 37.5% (7Fr-9cm), 36.8% (5Fr-5cm) and 28.1% (5Fr-4cm) ($p\text{-value} < 0.01$).

DISCUSSION / CONCLUSION: Smaller (3-5Fr) PD stents recorded more PEP. Larger (5-7Fr) stents required more endoscopic removals. Comparing all the stents (with their sample sizes), stent 4Fr-4cm recorded the lowest PEP rate (3.7%) and removal rate (5.9%). Ideally, larger sample size is needed to further testify the results.

CLINICAL BURDEN AND TREATMENT SATISFACTION IN PRIMARY CHRONIC CONSTIPATION: A MALAYSIAN TERTIARY-CARE STUDY

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OBJECTIVE(S): To characterise symptom burden, determinants of bowel-function satisfaction, psychological comorbidity, and health-related quality of life among patients with primary chronic constipation in Malaysian tertiary care.

METHODOLOGY: This prospective cross-sectional study consecutively enrolled 80 adults fulfilling Rome IV criteria for functional constipation (FC) or constipation-predominant irritable bowel syndrome (IBS-C) at University Malaya Medical Centre. Symptoms, laxative use, and bowel-function satisfaction were assessed using structured questionnaires and a five-point Likert scale. Anxiety and depression were evaluated using the Hospital Anxiety and Depression Scale, with subscale scores ≥ 8 indicating clinically significant symptoms. Health-related quality of life was assessed using the EQ-5D and EQ-VAS. Independent predictors of satisfaction were examined using Firth-penalised logistic regression.

RESULTS: Median age was 38 years, 72.5% were female, 80.0% had FC, and 20.0% had IBS-C. Common symptoms included abdominal discomfort or bloating (60.0%), straining (55.0%), incomplete evacuation (55.0%), and manual manoeuvres (43.8%). Although 68.8% used laxatives, only 26.2% reported satisfactory bowel function. Higher stool frequency was independently associated with greater satisfaction (adjusted odds ratio 4.06, 95% confidence interval 1.55-10.61; $p=0.004$). Constipation prompted unscheduled consultations in 26.2% and work absence in 11.2%. Depression was more prevalent in IBS-C than FC (31.2% versus 9.4%; $p=0.038$).

DISCUSSION AND CONCLUSION(S): Primary chronic constipation imposes considerable clinical burden and low satisfaction despite widespread laxative use. Stool frequency was the principal determinant of satisfaction, while psychological comorbidity was particularly prominent in IBS-C. Optimising bowel frequency and integrating psychological assessment may improve patient-centred outcomes.

REFRACTORY HYPOALBUMINAEMIA IN PREGNANCY SECONDARY TO CYTOMEGALOVIRUS GASTROENTERITIS: A RARE CASE REPORT

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BACKGROUND: Severe hypoalbuminaemia in pregnancy is uncommon and is usually associated with preeclampsia, HELLP syndrome, renal disease, or hepatic dysfunction. Cytomegalovirus (CMV) gastroenteritis causing protein-losing enteropathy is a rare diagnosis in immunocompetent pregnant women.

CASE PRESENTATION: A woman at 27 weeks' gestation presented with epigastric pain, anasarca and was found to have severe hypoalbuminaemia; 14g/L. Despite repeated intravenous human albumin infusions, her serum albumin remained persistently low. Initial evaluation excluded HELLP syndrome, hepatic dysfunction, and nephrotic syndrome. During admission, she developed spontaneous preterm prelabour rupture of membranes and subsequently delivered a preterm infant via spontaneous vaginal delivery. As hypoalbuminaemia persisted postpartum, further investigations were undertaken. Ultrasound abdomen shows mild hepatomegaly, bilateral mild hydronephrosis and moderate ascites. Oesophagogastroduodenoscopy (OGDS) revealed erosive gastroenteritis, and histopathological examination confirmed CMV gastroenteritis. The patient was managed conservatively without antiviral therapy. Her symptoms gradually resolved and she achieved complete clinical recovery after 30 days with serum albumin; 31g/L.

DISCUSSION: While CMV is rarely the culprit of protein-losing enteropathy (PLE) in healthy adult, the mechanism of disease related to viral infection destroys mucosal permeability and allowing protein loss into gastrointestinal tract that outpaces hepatic synthesis, leading to anasarca. The gold standard for CMV gastrointestinal disease relies on histopathology.

CONCLUSION: CMV gastroenteritis should be considered in pregnant patients with persistent hypoalbuminaemia after exclusion of common obstetric, renal, and hepatic causes. This case highlights the importance of considering PLE and pursuing endoscopic evaluation when hypoalbuminaemia is refractory to albumin replacement. Conservative management may be appropriate in selected immunocompetent patients.

CLINICAL HETEROGENEITY AND SEVERE COMPLICATIONS OF CRONKHITE-CANADA SYNDROME: A MALAYSIAN TERTIARY-CENTRE CASE SERIES

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OBJECTIVE(S): To describe the heterogeneous presentation, treatment response, and complications of Cronkhite-Canada syndrome (CCS) in three patients managed at a Malaysian tertiary centre.

METHODOLOGY: Clinical presentation, endoscopic findings, treatment course, and outcomes were retrospectively reviewed.

RESULTS: Case 1: A 61-year-old man with chronic diarrhoea, alopecia, and nail dystrophy. Endoscopy showed diffuse panenteric polyposis. Infliximab was ineffective and was replaced by ustekinumab; relapse after treatment interruption required corticosteroids and mycophenolate mofetil.

Case 2: A 43-year-old woman with abdominal pain, alopecia, nail dystrophy, and hyperpigmentation. Diffuse gastrointestinal polyposis was initially attributed to eosinophilic gastroenteritis. Following recognition of CCS, prednisolone, mesalazine, and azathioprine achieved complete clinical and endoscopic remission, which persisted despite subsequent treatment for breast carcinoma.

Case 3: A 61-year-old man with histologically confirmed CCS complicated by mesenteric venous thrombosis requiring right hemicolectomy. Secondary loss of response to infliximab prompted ustekinumab, but profound hypoalbuminaemia with nephrotic-range proteinuria was followed by arterial thrombosis and below-knee amputation. Ustekinumab was discontinued and mycophenolate mofetil improved proteinuria.

DISCUSSION AND CONCLUSION(S): CCS has a highly variable course, ranging from sustained remission to severe thromboembolic and nutritional complications. Diagnostic delay may arise from overlap with inflammatory bowel disease and eosinophilic gastroenteritis. Recognition of ectodermal features, early nutritional intervention, close surveillance, and multidisciplinary management are essential to improve outcomes.

PREVALENCE AND RISK FACTORS OF PURE METABOLIC-ASSOCIATED STEATOTIC LIVER DISEASE AMONG PEOPLE LIVING WITH HIV IN MALAYSIA

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OBJECTIVE: Metabolic-associated steatotic liver disease (MASLD) is an increasingly recognised comorbidity among people living with HIV (PLWH). This study determined the prevalence and risk factors of pure MASLD in virally suppressed Malaysian PLWH receiving antiretroviral therapy (ART).

METHODOLOGY: This cross-sectional study enrolled PLWH receiving ART at a tertiary referral centre. Participants with chronic hepatitis B, hepatitis C or significant alcohol consumption were excluded. Pure MASLD was diagnosed using ultrasound or controlled attenuation parameter (CAP ≥ 248 dB/m) via transient elastography. Multivariable logistic regression identified independent predictors.

RESULTS: Among 250 eligible participants, pure MASLD was identified in 67 (26.8%). Participants with MASLD had higher body mass index, waist circumference and prevalence of metabolic syndrome, diabetes and hypertension (all $p < 0.05$). HIV and ART durations were longer, while previous efavirenz exposure was less common. Waist circumference independently predicted MASLD (adjusted odds ratio [aOR] 1.14 per cm increase, 95% confidence interval [CI] 1.07-1.20; $p < 0.001$), whereas previous efavirenz exposure was independently protective (aOR 0.31, 95% CI 0.12-0.79; $p = 0.014$). Among 129 participants with valid CAP via transient elastography, 23.3% had severe steatosis (S3). Among 121 with valid liver stiffness measurements, 9.9% had advanced fibrosis (F3-F4), while cACLD was ruled out in 93.4%.

DISCUSSION AND CONCLUSION: Pure MASLD affects more than one-quarter of virally suppressed Malaysian PLWH. Central adiposity is the strongest independent predictor, while previous efavirenz exposure appears protective. These findings support routine waist circumference assessment and targeted transient elastography screening for early detection of MASLD in PLWH.

DIAGNOSTIC SPECTRUM AND REFERRAL PATTERNS FOR HIGH-RESOLUTION ESOPHAGEAL MANOMETRY AT A MALAYSIAN TERTIARY CENTRE

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OBJECTIVE(S): To characterise referral patterns, indications, and the diagnostic spectrum of high-resolution esophageal manometry (HRM) at a Malaysian tertiary referral centre.

METHODOLOGY: We conducted an ambispective diagnostic audit of patients undergoing HRM at University Malaya Medical Centre between 1st January 2021 and 30th June 2025. Only patients with a manometric diagnosis classifiable according to Chicago Classification version 4.0 were included. Referral source, indication for testing, and manometric diagnosis were analysed descriptively.

RESULTS: Eighty-one patients with a classifiable HRM diagnosis were included. Dysphagia was the predominant indication (50/81, 61.7%), followed by reflux or regurgitation symptoms and dyspeptic or abdominal symptoms (12/81, 14.8% each). Referrals originated most commonly from surgical services (32/81, 39.5%), gastroenterology (19/81, 23.5%), and primary care or family medicine (10/81, 12.3%). Achalasia was the largest diagnostic category (24/81, 29.6%), comprising type I in 13 patients, type II in 10, and type III in one. Other findings were normal motility (19/81, 23.5%), ineffective esophageal motility (17/81, 21.0%), esophagogastric junction outflow obstruction (10/81, 12.3%), absent contractility (8/81, 9.9%), and hypercontractile esophagus (3/81, 3.7%).

DISCUSSION AND CONCLUSION(S): Dysphagia accounted for most HRM referrals, with surgical services representing the principal referral source. Achalasia was the most frequent specific motility disorder, while nearly one-quarter had normal motility. These findings demonstrate the diagnostic value of HRM and support protocol-based evaluation of persistent esophageal symptoms in tertiary practice.

EPIDEMIOLOGY OF ALCOHOLIC LIVER CIRRHOSIS IN KUCHING, SARAWAK FROM YEAR 2022-2025: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY

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INTRODUCTION: Distinct multi-ethnic dynamics in Kuching, Sarawak are driving an increase in the incidence of alcoholic liver cirrhosis (ALC).

OBJECTIVE: To determine the demographics, clinical characteristics, and outcomes of ALC patients at a tertiary referral centre in Kuching, Sarawak.

METHODS: This retrospective cohort study reviewed data from the ALC Kuching Registry at Sarawak General Hospital (January 1, 2022 - December 31, 2025). Adults (>18years old) (n=122) diagnosed with ALC (defined as alcohol intake >40g/day for males and >20g/day for females for >5 years, with other etiologies excluded) via clinical, radiological or histological findings were included.

RESULTS: The mean age at diagnosis was 44.2 ± 12.1 years, with a strong male predominance (n=118, 96.7%). The predominant ethnicity was Iban (55.7%), followed by Malay (17.2%) and Chinese (12.3%). The median alcohol intake was 115.5g/day over a median of 22.9 years, primarily consisting of langkau (local distilled rice spirit), beer and hard liquor; 88.5% were smokers. Concomitant Hepatitis C (35.2%) and Hepatitis B (13.1%) co-infections were highly prevalent. Advanced liver disease was common at initial presentation (Child-Pugh B: 42.6%; Child-Pugh C: 26.2%). Primary presentations included abdominal distension (41.0%), hematemesis (28.7%), and alcohol withdrawal seizures (9.8%). Hepatocellular carcinoma (HCC) was identified in 10 patients (60.0% initial presentation, 40.0% during surveillance). The all-cause mortality rate was 23.8% (n=29), primarily driven by sepsis (n=18).

CONCLUSIONS: ALC patients in Sarawak present at a young age with advanced hepatic decompensation and high mortality, impacting the Iban community. Viral hepatitis co-exposure rates further accelerate the disease progression. These findings highlight an urgent need for targeted public health strategies.

THE RURAL REALITY OF PYOGENIC LIVER ABSCESS: A 3-YEAR INSIGHT FROM HOSPITAL LIMBANG

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INTRODUCTION: Data on pyogenic liver abscesses (PLA) from peripheral centers in Northern Sarawak remain scarce. This study outlines epidemiological trends, biochemical markers, microbiological profiles, and outcomes in this remote setting.

METHODS: A retrospective review of PLA cases admitted to Hospital Limbang (January 2023 - March 2026) evaluated presentations, comorbidities, liver function tests, microbiology, and outcomes.

RESULTS: Fourteen cases were identified. Based on a district population of 47,200, the crude annual incidence is 8.5 cases/100,000 population (six times the national average). The cohort had a 1:1 male-to-female ratio, mean age 50.2 years, and reflected Sarawak's ethnic diversity (Iban:5, Malay:4, Lun Bawang:1, Penan:1, Kenyah:1, Kedayan:1, Indian:1). Most were farmers or housewives; diabetes mellitus and end-stage renal failure were major comorbidities.

Laboratory indices showed inflammation and hepatobiliary disruption: markedly elevated ALP (mean: 286.3 U/L) signaling biliary congestion; elevated ALT (100.8 U/L) and AST (68.4 U/L) indicating hepatocellular injury. Mild hyperbilirubinaemia (36.7 µmol/L) and severe hypoalbuminaemia (24.7 g/L) correlated with sepsis.

Cultures isolated *Klebsiella pneumoniae* (2), *Escherichia coli* (2), *Staphylococcus aureus* (2), *Burkholderia pseudomallei* (2), Tuberculosis (1); 5 (35.7%) were culture-negative.

Seven patients had abscesses >5cm (largest: 11cm); others ranged 0.2-3cm. Only 2 underwent percutaneous drainage, as 5 had non/partially liquefied abscesses. Five patients (35%) achieved complete resolution; 8 (57%) achieved partial resolution (<1cm) after prolonged antibiotics (mean: 68 days; range: 15-180 days).

CONCLUSION: Limbang exhibits a high incidence of PLA. Given the low drainage rate and partial resolution despite prolonged antibiotic therapy, early recognition combined with prompt investigation, alongside routine colonoscopy, is vital in rural settings.

WHEN HYPERTHYROIDISM MASQUERADES AS AN ULCERATIVE COLITIS FLARE: A DIAGNOSTIC CHALLENGE

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OBJECTIVES: Hyperthyroidism and Ulcerative Colitis (UC) may present with overlapping gastrointestinal symptoms, particularly diarrhoea, making differentiation from a UC flare challenging. In patients with established Inflammatory Bowel Disease (IBD), symptoms may be incorrectly attributed to disease activity, leading to unnecessary escalation of immunosuppressive therapy. This case highlights the importance of considering alternative diagnoses when clinical, biochemical, and endoscopic findings are discordant.

CASE DESCRIPTION: A 33-year-old man with pancolitis-type UC on intravenous Vedolizumab presented with a 2-week history of profuse watery diarrhoea (up to eight episodes/day) and four days of per rectal bleeding. Although he fulfilled Truelove and Witts criteria for severe UC, examination revealed diffuse goitre, tremor, and exophthalmos, prompting evaluation for thyrotoxicosis. Thyroid function tests confirmed hyperthyroidism (free T4 95 pmol/L, TSH <0.005 mIU/L), with a Burch-Wartofsky score of 15, excluding thyroid storm. Repeat colonoscopy demonstrated stable disease (Mayo 0 rectum, Mayo 1 sigmoid/descending colon). Cytomegalovirus (CMV) immunohistochemistry, stool cultures, *Clostridioides difficile*, and ova/cyst testing were negative. Carbimazole was initiated, resulting in rapid resolution of diarrhoea and C-Reactive Protein (CRP) reduction from 45 to 6 mg/L.

DISCUSSION AND CONCLUSION: This case demonstrates how hyperthyroidism can mimic a UC flare despite established IBD. Recognition of thyrotoxic features, together with biochemical confirmation and stable endoscopic findings, prevented inappropriate or overutilization of immunosuppressive therapy including steroids. Careful clinical assessment with targeted investigations can facilitate timely diagnosis, optimise management, and avoid unnecessary treatment.

PREDICTORS OF METABOLIC DYSFUNCTION ASSOCIATED FATTY LIVER DISEASE

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BACKGROUND AND AIMS: Metabolic dysfunction-associated fatty liver disease (MAFLD) is rising among Malaysian adults due to increasing obesity rates. This study aimed to assess the association between cardiometabolic factors, dietary intake, oral health status, and MAFLD among staff and students at the National University of Malaysia (UKM).

METHODOLOGY: This cross-sectional study included participants aged 18-65 years. Data collection involved questionnaires (sociodemographics, medical history, physical activity, oral health), 3-day food diaries, and anthropometric measurements. Transient elastography (FibroScan) assessed liver stiffness and steatosis, while blood tests evaluated lipid profiles, liver function, fasting glucose, and glycosylated hemoglobin (HbA1c). Predictors were identified using logistic regression, and associations were evaluated via Spearman's correlation.

RESULTS: A total of 105 participants with a median age of 36.0 (IQR 16.0) years were included in the study. The overall prevalence of MAFLD among UKM adults was 19.0%. HbA1c (aOR=15.36, 95% CI: 3.20-73.66, p=0.001) and HDL-C (aOR=0.044, 95% CI: 0.003-0.548, p=0.015) were identified as independent predictors of MAFLD. Liver steatosis was strongly correlated with age, body mass index, waist circumference, body fat percentage, glycaemic indices, and triglyceride levels, and was inversely associated with HDL-C (all p<0.001).

CONCLUSION: Metabolic dysfunction, central obesity, and excess energy intake appear to be key drivers of MAFLD among staff and students at UKM, highlighting the importance of early identification of metabolic risk factors and caloric intake reduction in the prevention of MAFLD.

ENDOSCOPIC ULTRASOUND GUIDED BOTULINUM TOXIN INJECTION FOR REFRACTORY TYPE II PELVIC FLOOR DYSSYNERGIA: A NOVEL THERAPEUTIC APPROACH

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OBJECTIVE: To describe the technical feasibility and early clinical outcome of linear endoscopic ultrasound (EUS) guided intramuscular botulinum toxin injection into the puborectalis muscle for refractory Type II pelvic floor dyssynergia following failure of intensive biofeedback therapy.

METHODOLOGY: A 51-year-old gentleman with chronic obstructed defaecation, severe bloating, incomplete evacuation and prolonged straining underwent extensive structural and physiological evaluation, including oesophagogastroduodenoscopy, colonoscopy, computed tomography, positron emission tomography, high-resolution anorectal manometry and magnetic resonance defaecography, confirming Type II pelvic floor dyssynergia. After unsuccessful dietary modification, osmotic laxatives, muscle relaxants, pelvic floor exercises, acupuncture and 12 sessions of intensive biofeedback therapy, 100 units of onabotulinumtoxinA were delivered into the puborectalis muscle under linear EUS guidance.

RESULTS: The procedure was completed successfully without immediate complications. At two-week follow-up, the patient reported increased bowel frequency, improved stool evacuation and a greater sense of complete rectal emptying, while chronic abdominal discomfort remained largely unchanged.

DISCUSSION: Conventional botulinum toxin injection relies on blind, electromyography guided or endoanal ultrasound guided techniques, each with limitations in target localisation and needle visualisation. Linear EUS provides continuous in-plane imaging, facilitating precise intramuscular delivery into the puborectalis muscle and potentially improving injection accuracy while minimising off-target toxin spread. Published experience with this technique remains extremely limited.

CONCLUSION: Linear EUS guided puborectalis botulinum toxin injection is technically feasible and may benefit selected patients with refractory Type II pelvic floor dyssynergia. This approach also demonstrates how linear EUS can expand therapeutic gastroenterology beyond its traditional upper gastrointestinal and pancreaticobiliary boundaries.

PREVALENCE OF ANXIETY AND DEPRESSIVE SYMPTOMS AND THEIR IMPACT ON QUALITY OF LIFE IN PATIENTS WITH DYSPESPSIA UNDERGOING ENDOSCOPIC EVALUATION IN MALAYSIA

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OBJECTIVE: This study aimed to determine the prevalence of anxiety and depressive symptoms and assess its impact on quality of life (QOL) among patients with dyspepsia scheduled for upper GI endoscopy.

METHODOLOGY: A cross-sectional study with dyspepsia scheduled to undergo upper gastrointestinal endoscopy in Hospital Al-Sultan Abdullah, UiTM, from December 2025 - June 2026. All patients completed the Hospital Anxiety and Depression Scale (HADS) and Quality of Life in Reflux and Dyspepsia (QOLRAD) questionnaire. Data was analyzed using SPSS version 30.

RESULTS: A total of 160 patients were included. The mean (SD) age was 52.0 (± 15.0) years. There were 60.6% females and 58.8% completed tertiary education. All but one patient had abnormal endoscopy. Common findings were gastritis (80.8%), erosive esophagitis (57.7%), hiatus hernia (34.0%), and peptic ulcer disease (18.6%). None tested positive for *Helicobacter pylori*. Prevalence of anxiety and depressive symptoms was 33.8% and 30.0%, respectively, with 48.0% experiencing at least one form of psychological distress. QOLRAD scores were significantly lower among individuals with anxiety, depressive symptoms or both (4.09 ± 1.04 vs. 4.95 ± 1.05 , $p < 0.001$) compared to those without symptoms. QOL differed significantly across all QOLRAD domains according to psychological symptom status (all $p \leq 0.001$), with the greatest impairment observed among individuals with concurrent anxiety and depressive symptoms. Non-tertiary education was independently associated with psychological symptoms (adjusted OR = 2.232, 95% CI: 1.066-4.675; $p = 0.033$).

CONCLUSION: Anxiety and depressive symptoms are common among individuals with dyspepsia and are associated with poor QOL. Lower educational level was associated with the presence of depressive and anxiety symptoms.

NOT YOUR USUAL CONS: *STAPHYLOCOCCUS LUGDUNENSIS* BACTEREMIA MASQUERADING AS CONTAMINANT IN DECOMPENSATED CIRRHOSIS

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INTRODUCTION: *Staphylococcus lugdunensis* is a coagulase-negative staphylococcus (CoNS) with pathogenicity resembling methicillin-susceptible *Staphylococcus aureus* (MSSA) rather than other CoNS. Misclassification as a blood culture contaminant may delay appropriate treatment, particularly in patients with cirrhosis, who are predisposed to severe bacterial infections due to cirrhosis-associated immune dysfunction.

CASE PRESENTATION: A 39-year-old man with Wilson's disease and Child–Pugh C cirrhosis presented with hypotension, lower back pain, and poor oral intake. Initial blood cultures grew CoNS and were regarded as clinically insignificant, with sepsis presumed secondary to a urinary tract infection. Despite empirical antimicrobial therapy, he deteriorated with worsening organ dysfunction. Repeat blood cultures identified *S. lugdunensis*, susceptible to penicillin and cloxacillin. His admission was further complicated by hepatorenal syndrome and acute non-variceal upper gastrointestinal bleeding from a Forrest Ib duodenal ulcer, requiring terlipressin, albumin, blood transfusion, and successful endoscopic haemostasis. Intravenous cloxacillin was commenced, resulting in clearance of bacteremia and gradual clinical recovery. He was discharged following multidisciplinary management.

DISCUSSION: This case highlights the importance of recognising *S. lugdunensis* as a clinically significant pathogen rather than dismissing it as a contaminant. Unlike other CoNS, it frequently causes invasive disease, including infective endocarditis and deep-seated infections. Early species identification allows timely initiation of targeted β -lactam therapy and appropriate evaluation for metastatic infection, particularly in high-risk patients with advanced cirrhosis.

CONCLUSION: *S. lugdunensis* bacteremia should be managed as true bacteremia rather than culture contamination. Prompt species identification and targeted antimicrobial therapy are essential to improve outcomes in patients with decompensated cirrhosis.

SPIRAL CONTRACTILE ACTIVITY OF THE DISTAL ESOPHAGUS

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INTRODUCTION: Spastic oesophageal motility disorders are uncommon causes of dysphagia and non-cardiac chest pain. Their clinical presentation frequently overlaps with gastro-oesophageal reflux disease and cardiac pathology, often resulting in delayed diagnosis. Although high-resolution manometry (HRM) remains the diagnostic gold standard, it may not always be feasible. We report a case illustrating the complementary role of endoscopy and contrast radiography in establishing the diagnosis.

CASE PRESENTATION: A 58-year-old man with ischaemic heart disease, chronic kidney disease, metabolic syndrome, and obstructive sleep apnoea presented with progressive nocturnal regurgitation, choking episodes, and intermittent dysphagia to both solids and liquids. Upper gastrointestinal endoscopy demonstrated dynamic spiral, corkscrew-like contractions of the distal oesophagus without mechanical obstruction. *Helicobacter pylori* infection was identified and successfully eradicated; however, his symptoms persisted. HRM was attempted but could not be completed because of poor patient tolerance. A subsequent barium swallow demonstrated a classic corkscrew oesophagus with prominent tertiary contractions, supporting the diagnosis of a spastic oesophageal motility disorder. Treatment with nifedipine resulted in marked symptomatic improvement.

Discussion: This case highlights the diagnostic value of combining characteristic endoscopic and radiographic findings when HRM is unavailable or poorly tolerated. Recognition of these features enabled timely diagnosis and initiation of targeted therapy, avoiding further unnecessary investigations in a patient with persistent upper gastrointestinal symptoms.

CONCLUSION: Spastic oesophageal motility disorders should be considered in patients with persistent dysphagia and refractory reflux symptoms despite standard therapy. When HRM cannot be performed, complementary endoscopic and barium swallow findings can provide sufficient diagnostic confidence to guide effective medical management.

RUPTURED LEFT RENAL PARENCHYMAL INFECTION COMPLICATED BY EXTENSIVE NECROTIZING FASCIITIS, PNEUMOMEDIASTINUM, AND MULTIORGAN DYSFUNCTION IN AN ELDERLY DIABETIC WOMAN

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INTRODUCTION: Gas-forming renal infections are uncommon but potentially fatal infections that predominantly affect patients with diabetes mellitus. Extension beyond the retroperitoneum causing necrotizing fasciitis with thoracic involvement is exceptionally rare and poses significant diagnostic and therapeutic challenges.

CASE REPORT: A 73-year-old woman with type 2 diabetes mellitus presented with four days of abdominal pain, lethargy, and sepsis following a three-week history of foul-smelling urine. Computed tomography demonstrated a ruptured left gas-forming renal parenchymal infection with extensive gas tracking through the retroperitoneum into the abdominal wall, paraspinal muscles, chest wall, and mediastinum, resulting in widespread necrotizing fasciitis, pneumomediastinum, and right pneumothorax. The radiological appearance closely mimicked primary necrotizing fasciitis. Tissue cultures yielded *Citrobacter koseri* and *Klebsiella oxytoca*. The patient underwent urgent surgical debridement followed by multiple re-explorations, vacuum-assisted wound therapy, culture-directed antibiotics, renal replacement therapy, and prolonged multidisciplinary intensive care support.

DISCUSSION: This case illustrates the aggressive potential of gas-forming renal infections and the ability of gas to dissect along retroperitoneal fascial planes into distant soft tissues and thoracic compartments. Differentiating secondary necrotizing soft-tissue infection from primary necrotizing fasciitis is challenging, making early cross-sectional imaging crucial for identifying the underlying source. Prompt source control through repeated surgical debridement, appropriate antimicrobial therapy, and coordinated multidisciplinary management are essential for survival.

CONCLUSION: Ruptured gas-forming renal infection should be considered in elderly diabetic patients presenting with severe sepsis and extensive soft-tissue gas. Early recognition, comprehensive imaging, aggressive source control, and multidisciplinary care are critical to improving outcomes in this rare but life-threatening condition.

WHEN SWALLOWING BECOMES A STRUGGLE: A CASE REPORT ON ADOLESCENT ACHALASIA

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INTRODUCTION: Achalasia is a rare primary oesophageal motility disorder characterised by impaired lower oesophageal sphincter relaxation and absent oesophageal peristalsis. Although predominantly diagnosed in adults, it can occur in adolescents, where diagnosis is often delayed.

CASE PRESENTATION: 15-year-old girl presented with nine-month history of progressive dysphagia, initially affecting solids and later both solids and liquids. She described a sensation of food sticking in the chest after meals, with symptoms progressing from intermittent episodes to daily occurrences over the preceding three months. This was accompanied by postprandial regurgitation of undigested food. Contrast-enhanced computed tomography of the neck and thorax demonstrated a markedly dilated oesophagus without external compression, raising suspicion for achalasia. Barium swallow revealed the characteristic bird-beak narrowing of the distal oesophagus with proximal dilatation. Oesophagogastroduodenoscopy excluded mechanical obstruction, while high-resolution oesophageal manometry confirmed the diagnosis of achalasia. The patient subsequently underwent peroral endoscopic myotomy (POEM), resulting in marked improvement of dysphagia and complete resolution of regurgitation.

DISCUSSION: Achalasia should be considered in adolescents presenting with persistent progressive dysphagia, particularly when symptoms fail to respond to conventional therapy. This case demonstrates the typical clinical progression of achalasia and highlights the complementary role of cross-sectional imaging, barium swallow, endoscopy, and manometry in establishing the diagnosis. POEM provides a safe and effective minimally invasive treatment with excellent symptomatic outcomes.

CONCLUSION: Maintaining a high index of suspicion for achalasia in adolescents with unexplained dysphagia facilitates timely diagnosis and definitive treatment. Early intervention with POEM can achieve excellent symptom relief and improve quality of life.

BEYOND NEGATIVE ENDOSCOPY: A DIAGNOSTIC CHALLENGE IN REFRACTORY IRON DEFICIENCY ANEMIA

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INTRODUCTION: Small bowel pathology is an important but frequently overlooked cause of persistent iron deficiency anaemia (IDA). Conventional bidirectional endoscopy may fail to identify the bleeding source, necessitating further evaluation with small bowel. We report a case highlighting the diagnostic challenges of occult small bowel bleeding.

CASE PRESENTATION: 77-year-old woman with chronic kidney disease, atrial fibrillation receiving anticoagulation, and strong family history of colorectal cancer was referred for persistent iron deficiency anaemia with positive faecal occult blood test. Oesophagogastroduodenoscopy and colonoscopy failed to identify bleeding source. Despite repeated blood transfusions and intravenous iron replacement, she remained anaemic. Video capsule endoscopy demonstrated multiple areas of small bowel bleeding associated with mucosal abnormalities. Subsequent antegrade double-balloon enteroscopy identified multiple jejunal ulcers, with histopathology confirming acute-on-chronic jejunitis. Anticoagulation was discontinued because of the high risk of recurrent bleeding. The diagnosis was established more than one year after her initial presentation.

DISCUSSION: Obscure gastrointestinal bleeding (OGIB) poses diagnostic challenges to the clinician, where 75% of patients' pathology is within the small bowel. Guidelines recommend the use of video capsule endoscopy (VCE) following negative bidirectional endoscopy. Second look VCE may be considered if first fails to identify the source before proceeding to double balloon enteroscopy. Due to resource limitation, it often leads to delay in diagnosis.

CONCLUSION: Persistent iron deficiency anaemia despite negative conventional endoscopy should prompt evaluation of the small bowel. A stepwise approach incorporating video capsule endoscopy and double-balloon enteroscopy is essential for identifying occult pathology and facilitating timely management.

ONE STALK, TWO POLYPS: SUCCESSFUL ENDOSCOPIC RESECTION OF A RARE BIFID PEDUNCULATED COLORECTAL ADENOMA

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INTRODUCTION: Large pedunculated colorectal polyps present technical challenges due to increased risk of immediate and delayed post-polypectomy bleeding. Bifid pedunculated polyps are rarely encountered, and require careful endoscopic planning to achieve safe and complete resection.

CASE PRESENTATION: A 48-year-old woman presented with abdominal bloating, tenesmus, iron deficiency anaemia, and strong family history of colorectal cancer. Colonoscopy identified a large bifid pedunculated lesion in the descending colon comprising two polyp heads arising from a common long, thick stalk. The lesion was classified as Paris 0-Ip with JNET 2B features and referred for advanced endoscopic resection. Repeat colonoscopy demonstrated polyp heads measuring 1.0 cm and 1.5 cm sharing a 1.0 cm stalk. Prophylactic haemostatic measures included deployment of an endoloop at the stalk base and submucosal adrenaline injection above and below the stalk. Hot snare polypectomy was successfully performed. A prominent feeding vessel was treated with haemoclip placement and snare-tip soft coagulation. There were no immediate or delayed adverse event. Histopathological examination confirmed completely excised tubulovillous adenoma without high-grade dysplasia or stalk invasion.

DISCUSSION: Guideline recommends prophylactic mechanical ligation of the stalk with a detachable snare (Endoloop) or clips. Other additional measures include adrenaline injection which demonstrated in this case could reduce bleeding risk. Nonetheless, Hot snare polypectomy (HSP) is the preferred method of resection.

CONCLUSION: Recognition of unusual pedunculated polyp morphology and meticulous application of prophylactic haemostatic techniques facilitate safe endoscopic resection and minimise post-polypectomy bleeding, even in technically challenging lesions.

BARRIERS TO IDENTIFYING AND REFERRING HIGH-RISK COLORECTAL CANCER PATIENTS FOR LYNCH SYNDROME EVALUATION AMONG NON-GENETIC HEALTHCARE PROFESSIONALS IN MALAYSIA

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BACKGROUND: Lynch syndrome is the most common hereditary colorectal cancer (CRC) syndrome, accounting for 2-5% of CRC cases. Early identification enables cancer prevention through risk-appropriate surveillance and cascade testing of at-risk relatives. However, identification and referral of high-risk CRC patients remain suboptimal in Malaysia.

OBJECTIVE: To explore barriers to identifying and referring high-risk CRC patients for Lynch syndrome evaluation among non-genetic healthcare professionals in Malaysia.

METHODS: A cross-sectional survey was conducted among oncologists, surgeons and gastroenterologists using an adapted Influences on Patient Safety Behaviours Questionnaire (IPSBQ). Semi-structured interviews were conducted with a subset of respondents, and findings were mapped to the Theoretical Domains Framework.

RESULTS: Twenty oncologists, 28 surgeons and 5 gastroenterologists participated (N = 53), of whom six completed semi-structured interviews (2 oncologists, 3 surgeons and 1 gastroenterologist). Using the IPSBQ, *environmental context and resources* emerged as the highest-ranked barrier across all specialties, while skills, beliefs about capabilities and social influences were also identified as key barriers. Participants reported limited access to mismatch repair (MMR) testing, unclear referral pathways, uncertainty in identifying eligible patients, limited confidence in applying hereditary CRC referral

criteria, and the influence of colleagues' practices on referral behaviour. Additional barriers included *knowledge, beliefs about consequences, and memory, attention and decision-making*.

CONCLUSION: Barriers to onwards Lynch syndrome evaluation were primarily related to healthcare systemic factors, clinician skills and confidence, rather than knowledge of NGHPs alone. Strengthening targeted educational interventions, developing an evidence-based national practice guideline, and improving access to MMR testing may improve identification and referral of high-risk CRC patients to genetic services in Malaysia.

EPIDEMIOLOGY OF HEPATOCELLULAR CARCINOMA (HCC) IN SARAWAK GENERAL HOSPITAL (SGH) FROM 2021 TO 2025

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BACKGROUND: Hepatocellular carcinoma (HCC) is a major global oncological challenge, yet its epidemiology within Sarawak's multi-ethnic population remains underrepresented. This study evaluates demographics, chronic liver disease (CLD) etiologies, 6-monthly HCC surveillance utilization, and Barcelona Clinic Liver Cancer (BCLC) staging of HCC patients in Sarawak General Hospital from 2021 to 2025.

METHODS: A retrospective analysis was conducted on 181 patients with newly diagnosed HCC in SGH between January 2021 and December 2025. Patients' demographics, underlying CLD etiologies, BCLC stages, and 6-monthly HCC surveillance adherence were evaluated.

RESULTS: The cohort had a mean age of 62 years with a strong male predominance (83.5%). Patient ethnicities were Chinese (37.3%), Malay (31.3%), and indigenous communities (29.6%). Hepatitis B virus (HBV) was the leading etiology (52.7%), followed by Hepatitis C virus (HCV) (14.8%) and metabolic dysfunction-associated fatty liver disease (MAFLD) (8.2%). Overall, 83.5% of the patients were known to have cirrhosis prior to HCC diagnosis. Early-stage disease (BCLC 0/A) comprised 33.4% of cases, intermediate (BCLC B) 24.7%, and advanced (BCLC C/D) 36.2%. Only 46.1% of the patients adhered to 6-monthly HCC surveillance and they were associated with early-stage disease.

CONCLUSION: Viral hepatitis (HBV and HCV) remains the leading cause of HCC in SGH. Despite the high prevalence of pre-existing cirrhosis, adherence to 6-monthly HCC surveillance was still low. Improving viral hepatitis detection and management, as well as strict adherence to regular 6-monthly HCC surveillance, are still key to improve outcomes in our cohort of HCC patients in Sarawak.

BLEEDING GASTRIC RUGAL VARICES TREATED SUCCESSFULLY WITH HAEMOCLIPS. A CASE REPORT AND LITERATURE REVIEW

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OBJECTIVE: To present a case on the use of haemoclips to treat bleeding gastric rugal varices with literature review.

METHODOLOGY: A 59-year-old woman was transferred after 10 days of upper gastrointestinal bleeding (haematemesis and melaena). She had received 15 units of blood and undergone two gastroscopies, neither of which identified the bleeding source because of poor visualisation or absent active bleeding.

RESULTS: Repeat gastroscopy demonstrated multiple gastric varices (GOV-2, IGV-1s and rugal varices) with a punctum. Irrigation triggered brisk venous bleeding. As the bleeding point was in the dependent portion of the stomach, haemoclips were applied to maintain visualisation and avoid glue dissipation, achieving immediate haemostasis without further transfusion. CT revealed a 23cm para-aortic/aortocaval mass, splenic mass, lymphadenopathy, left-sided portal hypertension, collaterals and gastric varices. CT-guided biopsy was considered high risk. EUS-guided fine needle biopsy confirmed diffuse large B-cell lymphoma. The patient remained stable on beta-blockers and responded well to R-CHP chemotherapy. Previous reports by Yang et al. (2022) and Morimoto et al. (2010) have also described successful treatment of bleeding gastric varices using haemoclips.

DISCUSSION: Gastric varices may cause life-threatening haemorrhage. While glue injection and coil embolisation remain standard therapies, haemoclips offer a simple, safe and effective alternative in selected cases.

CONCLUSION: Haemoclips are safe and effective in the management of selected cases of bleeding gastric varices. EUS presents a safe option for tissue diagnosis where extensive collaterals are present.

ANCYLOSTOMA CEYLANICUM HOOKWORM INFESTATION MASQUERADING AS INFLAMMATORY BOWEL DISEASE: A DIAGNOSTIC CHALLENGE

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INTRODUCTION: Chronic diarrhea accompanied by peripheral eosinophilia often prompts evaluation for inflammatory bowel disease (IBD). Although intestinal helminthic infections remain endemic in Southeast Asia, they may be overlooked, particularly when stool microscopy is negative. We report a case of *Ancylostoma Ceylanicum* infestation initially mimicking IBD.

CASE PRESENTATION: A 21-year-old woman with no significant premorbid illness presented with a one-month history of altered bowel habit, abdominal pain, and constitutional symptoms. Physical examination revealed no pallor, jaundice, or hepatosplenomegaly. Laboratory investigations showed hemoglobin of 11g/dL, total white cell count of $21 \times 10^9/L$ and marked eosinophilia (45%). Colonoscopy, performed to evaluate suspected IBD, unexpectedly identified six live hookworms, comprising two in the right colon, two in the transverse colon, and two in the left colon. Molecular sequencing of an extracted worm confirmed *Ancylostoma Ceylanicum*. Notably, stool microscopy for ova and cysts was negative. The patient was treated with anthelmintic therapy and remained symptom-free on follow-up, with repeat eosinophil count falling to 2%.

DISCUSSION: This zoonotic hookworm, a zoonotic hookworm typically found in dogs and cats, is an emerging cause of human intestinal infection in endemic regions. Its clinical presentation can closely mimic IBD, and false-negative stool microscopy, as seen here, may delay diagnosis. Endoscopic visualization and molecular identification proved essential for accurate diagnosis.

CONCLUSION: *Ancylostoma Ceylanicum* infection should be considered in patients with chronic diarrhoea and eosinophilia, even when stool microscopy is negative. Colonoscopy with molecular identification is instrumental in establishing the diagnosis and initiating appropriate treatment.

A RETROSPECTIVE COHORT STUDY ON PATIENTS HOSPITALIZED FOR FIRST DECOMPENSATION OF LIVER CIRRHOSIS IN A TERTIARY CARE HOSPITAL IN MALAYSIA

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BACKGROUND / AIM: To study the aetiology, symptomatology, survival and palliative care referral of patients with first decompensation of cirrhosis.

METHODS: Retrospective study of adults admitted with first decompensation at Universiti Malaya Medical Centre during 2017-2018 and 2023-2024.

RESULTS: The data for 260 patients was analyzed (mean age 60.2 ± 12.4 years, 66.2% male). MASLD was the leading etiology during both study periods accounting for 28.1% in the overall study population, followed by chronic hepatitis B (15.4%), alcohol-related liver disease (13.8%), cryptogenic cirrhosis (13.5%) and chronic hepatitis C (12.7%). More than half of the patients (53.1%) were not known to have cirrhosis prior to first decompensation. Majority (69.1%) presented with symptomatic ascites, followed by jaundice (54.4%), variceal bleeding (30.5%) and hepatic encephalopathy (20.8%). Hepatocellular carcinoma was diagnosed in 27.3%. Over a median follow-up of 1.7 (0.4-13.0) months, 62.7% of patients died. Independent predictors of death were hepatocellular carcinoma (HR 2.9, 95%CI 1.9-4.5), two decompensating events during first decompensation (HR 2.1, 95%CI 1.4-3.3), three or more decompensating events during first decompensation (HR 2.7, 95%CI 1.3-5.6) and variceal bleeding (HR 0.6, 95%CI 0.4-1.0). Only 3.8% of patients had recompensation. Majority (73.9%) fulfilled criteria for palliative care referral, but only 41.1% of patients were referred, with median survival of 5 (1-18) days from the time of palliative care referral to death.

CONCLUSION: Chronic liver disease should be detected at earlier stages for effective intervention and better outcome. There should be improved utilization of palliative care services for indicated patients.

Keywords: *decompensated liver cirrhosis; aetiology; survival; palliative care*

DIAGNOSTIC PERFORMANCE AND HISTOPATHOLOGICAL SPECTRUM OF ENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE BIOPSY IN A FLEDGLING MALAYSIAN GASTROENTEROLOGY SERVICE CENTRE: A THREE-YEAR ANALYSIS

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BACKGROUND / AIM: Endoscopic ultrasound-guided fine needle biopsy (EUS-FNB) has become the preferred modality for tissue acquisition from pancreatic, gastrointestinal and extraintestinal lesions. We aimed to evaluate the demographic characteristics, procedural indications, needle utilisation and histopathological outcomes of EUS-FNB performed in an emerging tertiary referral centre.

METHODS: All consecutive patients who underwent EUS-FNB at Hospital Al-Sultan Abdullah, UiTM between January 2023 and December 2025 were retrospectively identified. Demographic characteristics, lesion location, procedural indication, needle type and histopathological diagnoses and complications were analysed descriptively.

RESULTS: Forty-five patients were included. The median age (IQR) was 66 (63-70) years with female gender predominance (53.3%). Ethnic distribution were 37 Malays (82.2%), 4 Indians (13.3%) and 2 Chinese (4.4%).

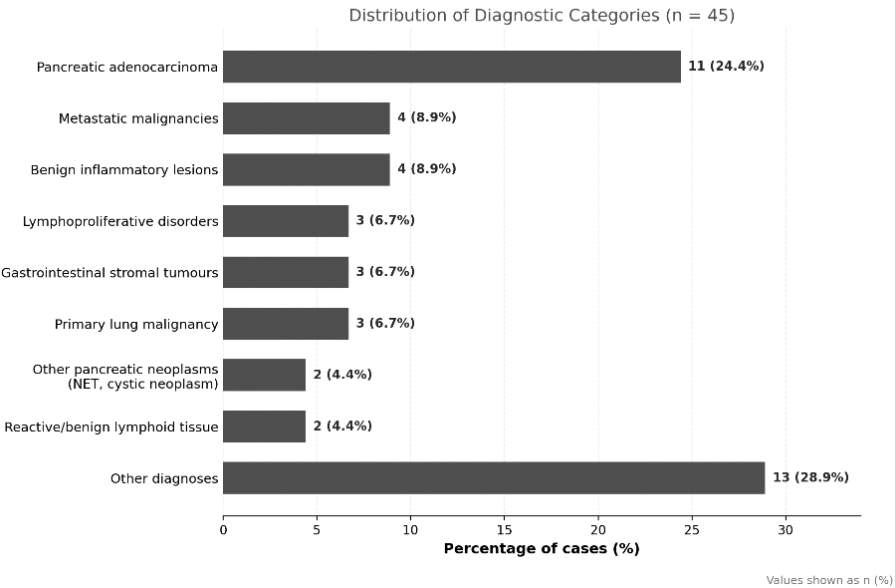
Most common target for tissue acquisition were pancreatic lesions (40.0%), lymph nodes (26.7%), adrenal lesions (8.9%), focal liver lesions (6.7%), lung lesions (6.7%) and other intra-abdominal lesions (11.1%).

Most commonly utilised FNB needles were Boston Scientific Acquire™ (53.3%), SharkCore™ (26.7%), and Micro-Tech® Trident needle (15.6%). The most commonly used needle sizes were 22G needle (82.2%) and 19G needle (13.3%).

Definitive histopathological diagnoses was established in the majority of cases, with neoplastic pathology accounting for two-thirds of all biopsies. The most common diagnosis was pancreatic adenocarcinoma. Detailed histopathological findings were presented in Supplementary Table 1. No immediate major complications were recorded post-procedure.

CONCLUSION: EUS-FNB using different type of FNB needle demonstrated high diagnostic yield across different range of pancreatic and extra-pancreatic lesions with favourable safety outcome.

Supplementary Table 1



DISCORDANCE BETWEEN BLOOD-BASED FIBROSIS SCORES AND TRANSIENT ELASTOGRAPHY IN CHRONIC HEPATITIS B: A SINGLE-CENTRE AUDIT

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OBJECTIVE: To assess how often Fibrosis-4 (FIB-4) and the aspartate aminotransferase-to-platelet ratio index (APRI) classified patients as low risk despite advanced fibrosis identified by transient elastography (TE) or clinical assessment.

METHODS: We retrospectively audited 40 consecutive HBsAg-positive adults with a valid FibroScan examination at a single centre. Advanced fibrosis was defined as liver stiffness measurement (LSM) >8 kPa or clinical cirrhosis. FIB-4 and APRI were compared with this reference. Low-risk cut-offs were FIB-4 <1.45 and APRI <0.5, while high-risk cut-offs were FIB-4 >3.25 and APRI $\geq$ 1.0. Analyses were descriptive because of the small sample size.

RESULTS: Median age was 56.5 years and 23/40 (57.5%) were women. Advanced fibrosis was present in 19/40 patients (47.5%). Among these patients, 9/19 (47.4%) had FIB-4 <1.45 and 11/19 (57.9%) had APRI <0.5. Only 4/19 (21.1%) had FIB-4 >3.25, and 4/19 (21.1%) had APRI $\geq$ 1.0. Among all patients classified as low risk, advanced fibrosis was present in 9/22 (40.9%) by FIB-4 and 11/29 (37.9%) by APRI.

CONCLUSION: FIB-4 and APRI frequently produced low-risk results despite advanced fibrosis on TE or clinical assessment. Low values did not reliably exclude advanced fibrosis in this cohort. Larger cohorts are needed to estimate diagnostic accuracy more precisely.

OUR JOURNEY TOWARDS A DEDICATED TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPSS) SERVICE: TEAMWORK MAKES THE DREAM WORK

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BACKGROUND: Transjugular intrahepatic portosystemic shunt (TIPSS) is an established intervention for complications of portal hypertension. However, its implementation in Malaysia has been limited by resource constraints, lack of expertise, and infrastructural barriers. Successful establishment of a TIPSS service requires close multidisciplinary collaboration for patient selection, procedural success, and post-procedural care.

METHODS: We describe the initial experience of establishing a dedicated TIPSS service at our centre despite significant logistical limitations. Technical success was defined as successful creation of a functional portosystemic shunt with adequate reduction in portosystemic gradient. Clinical outcomes included bleeding control, ascites response, iatrogenic complications, post-TIPSS hepatic encephalopathy (HE), heart failure (HF), duration of hospitalisation, and in-hospital mortality.

RESULTS: Over 10 months, 20 TIPSS procedures were attempted, with 18 successful (technical success rate 90.0%). Indications included variceal bleeding, including salvage and pre-emptive TIPSS (70.0%), and refractory ascites (30.0%). Underlying etiologies were viral hepatitis-related cirrhosis (35.0%), metabolic dysfunction-associated steatohepatitis (30.0%), alcohol-related cirrhosis (10.0%), autoimmune liver disease (5.0%), cryptogenic cirrhosis (5.0%), and non-cirrhotic portal hypertension (20.0%). Most patients demonstrated rapid haemodynamic and clinical improvement. No post-TIPSS HE occurred, while one patient developed acute HF. Three iatrogenic complications were reported: hepatic artery injury requiring embolization, cardiac tamponade requiring pericardiocentesis, and portal vein injury requiring surgical repair with abandonment of the procedure. Overall, 85.0% of patients were discharged within 7 days, with no in-hospital mortality.

OUTCOMES OF CROHN'S DISEASE: A TERTIARY CENTRE EXPERIENCE

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INTRODUCTION: Crohn's disease is a progressive and chronic condition with up to 50% of patients developing strictures. Our study looked at the factors that help prevent surgery in patients with stricturing disease.

METHODS: We used a convenience and universal sampling of all Crohn's disease patients in our Inflammatory Bowel Disease clinic. Data were collected from January 2011 until June 2025 and were analysed using SPSS version 24.

RESULTS: We had a total of 295 patients with Crohn's disease (CD). Of this number, a total of 60 patients were diagnosed with stricturing disease. 40 patients have had surgery (66.7%). Univariate analysis shows that having stricturing disease is a risk factor for the need for surgery (SB 0.615, $p < 0.01$). We found that abdominal pain is a positive predictor for the need for surgery (SB 0.121, $p = 0.003$), while presenting with fever (SB -0.09, $p = 0.026$) and mucus (SB -0.98, $p = 0.015$) are negative predictors for surgery. Kaplan-Meier analysis shows that at 1, 5, and 10 years, the cumulative proportion of patients with stricturing disease requiring surgery is, respectively, 35%, 60%, and 70%. When compared to patients without stricturing disease, patients with stricturing disease will require surgery earlier, but there is no statistically significant difference between them. There is also no difference between those who have used biologics compared to those who haven't in avoiding surgery.

CONCLUSION: Patients with stricturing Crohn's disease are at an increased risk for needing surgery. The use of biologics does not seem to confer any protection from surgery, but this can be due to the small sample size and biologics being used in patients with more severe disease.

ENTEROSCOPY WITH PRIOR CAPSULE ENDOSCOPY VERSUS WITHOUT: A TERTIARY CENTRE EXPERIENCE

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INTRODUCTION: CapsoCam Plus is a capsule endoscopy (CE) system equipped with four cameras to provide a panoramic (360-degree) view of the small intestine. Its utility in our region remains uncertain. This study compares the utility of CE in patients with suspected small bowel pathology prior to enteroscopy, versus patients who have had an enteroscopy without prior CE.

METHODS: This retrospective study was conducted at Universiti Malaya and was based on enteroscopy and capsule endoscopy reports that were recorded in the endoscopy unit from January 2023 to June 2026.

RESULTS: A total of 107 enteroscopies have been performed in Universiti Malaya Medical Centre since January 2023. In this time period, a total of 33 patients have undergone CE. 13 had findings that warrant further investigation with enteroscopy. Nine out of these 13 enteroscopies (69.2%) had positive findings. Whereas among the enteroscopies without prior CE only 38 of the studies out a total 94 studies (40.4%) found positive findings. Of these 38 cases, 12 (31.6%) were associated with inflammatory bowel disease and five (13.2%) was due to polypectomies from patients with Peutz-Jegher syndrome. In both conditions, CE is relatively contraindicated because of the risk of obstruction. Therefore CE should seen as an adjunct and complement of enteroscopy instead of a competitor.

CONCLUSION: CE in our study increased the diagnostic yield of enteroscopies. Given the invasiveness and the need for deep sedation for patients undergoing enteroscopy, CE can reduce unnecessary enteroscopies. Larger, multicentre studies are warranted to validate these findings and further define its clinical utility.

ASSESSING KNOWLEDGE OF LIVER CIRRHOSIS AMONG MALAYSIAN PATIENTS WITH CHRONIC LIVER DISEASE

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OBJECTIVES: To evaluate knowledge of liver cirrhosis among Malaysian patients with chronic liver disease and identify factors associated with poor disease knowledge.

METHODS: A cross-sectional study was conducted at a tertiary referral centre in Malaysia between September 2024 and September 2025. Adult patients with chronic liver disease were recruited from outpatient clinics, inpatient wards, and endoscopy services. Disease knowledge was assessed using the validated Adult cirrhosis Knowledge Questionnaire (ASK-Q) and its Malay version (ASK-QM). Knowledge scores were expressed as percentages, with higher scores indicating greater disease knowledge. Factors associated with poor knowledge were evaluated using multivariable logistic regression.

RESULTS: A total of 150 patients participated (response rate 73.5%). The overall knowledge score was $53.3 \pm 16.3\%$, with a median score of 54.5% (IQR 45.5-63.6). Knowledge was highest in the complication's domain (median 75.0%, IQR 50.0-100.0) and lowest in the management domain (median 37.5%, IQR 25.0-62.5). Major knowledge deficits were identified regarding diuretic therapy, surveillance, dietary management, and the role of ultrasonography in detecting ascites. Unemployment was independently associated with poor knowledge (adjusted odds ratio 2.62, 95% confidence interval 1.32-5.18; $p=0.006$). No significant associations were observed for age, sex, educational attainment, or duration of cirrhosis.

CONCLUSIONS: Malaysian patients with chronic liver disease demonstrated suboptimal knowledge regarding liver cirrhosis, particularly in relation to disease management. Unemployment was independently associated with poorer disease knowledge, highlighting the influence of socioeconomic factors on health literacy. Targeted educational interventions may help address knowledge gaps and improve long-term disease management.

RECURRENT HYPERTRIGLYCERIDEMIA-INDUCED ACUTE PANCREATITIS SECONDARY TO UNCONTROLLED DIABETES MELLITUS: A CASE REPORT

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OBJECTIVES: To demonstrate that rapid glycemic and lipid control can effectively treat hypertriglyceridemia-induced acute pancreatitis and prevent recurrence.

CASE PRESENTATION: 36 year-old lady with underlying poorly controlled diabetes mellitus presented with severe epigastric pain and persistent vomiting. She had a history of hypertriglyceridemia-induced acute pancreatitis last year. Investigations revealed markedly elevated serum amylase of 1275 U/L, fasting blood glucose of 41mmol/l and serum fasting triglycerides of 18.8mmol/l. Ultrasound shows no biliary pathology. She was diagnosed with acute pancreatitis secondary to severe hypertriglyceridemia, BISAP score 2 and was subsequently admitted to the intensive care unit. She received intravenous hydration, fixed rate intravenous insulin infusion with dextrose supplementation, fenofibrate, rosuvastatin and omega 3 fatty acid.

RESULTS: Triglyceride level decreased from 18.8mmol/l to 7.82mmol/l within 1 week of treatment, accompanied by clinical symptoms resolution. At 6 month follow up, triglyceride level remained below 2mmol/l with optimised glycemic control. No recurrence of pancreatitis reported.

DISCUSSION: The risk of recurrent pancreatitis is high in patients with severe hypertriglyceridemia and uncontrolled diabetes. Insulin deficiency or resistance state impairs lipoprotein lipase activity and increase hepatic production of Very Low-density Lipoprotein, resulting in accumulation of toxic free fatty acid leading to acinar cell injury, inflammation and pancreatic necrosis. Intensive insulin infusion combined with intensive lipid lowering treatment rapidly reverse the pathological process

CONCLUSION: Early recognition of uncontrolled diabetes mellitus as the underlying metabolic disorder in acute pancreatitis enabled timely management with insulin infusion and lipid lowering therapy. Long term glycemic and lipid control essential in preventing recurrence.

METADOXINE FOR THE TREATMENT OF METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE AND INCREASED ALCOHOL INTAKE (METALD): A RANDOMIZED CROSSOVER TRIAL - PRELIMINARY ANALYSIS

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OBJECTIVES: To determine the efficacy of metadoxine in improving liver enzymes and alcohol craving in MetALD patients.

METHODS: We conducted a randomized 2x2 crossover trial in adults with MetALD. Participants were assigned to Sequence AB (metadoxine → standard of care [SOC]) or BA (SOC → metadoxine), with 4-week treatment periods separated by a 2-week washout. Metadoxine was administered at 1,500mg daily. SOC included brief alcohol intervention, lifestyle modification, and comorbidity management. The primary outcome was change in AST and ALT at week 4, analyzed using a linear mixed-effects model. Secondary outcomes included ALT normalization and change in Penn Alcohol Craving Scale (PACS).

RESULTS: 56 participants were enrolled; 46 completed the study and were analyzed. Baseline characteristics were comparable between sequences: mean age 51 years. Metabolic comorbidities were about 70%. Mean alcohol consumption ranged from 30-40g/day. No carryover or period effects were observed. Metadoxine resulted in greater reductions in ALT and AST compared with SOC (paired differences: Δ ALT -14.9U/L, $p=0.026$; Δ AST -18.5U/L, $p=0.037$). ALT normalization rates were similar (17.1% in both groups, $p=0.98$). Metadoxine also reduced alcohol craving (Δ PACS -0.77, $p=0.011$). After adjusting for alcohol consumption, treatment effects were attenuated but remained directionally consistent (Δ ALT -10.7U/L, $p=0.159$).

CONCLUSION: Metadoxine improves hepatocellular injury in MetALD, leading to short-term reductions in AST and ALT in addition to SOC. These findings support further evaluation of metadoxine as an adjunct therapy targeting alcohol-related liver injury.

ASSESSING BASIC GASTROINTESTINAL ENDOSCOPY TRAINING INFRASTRUCTURE, TRAINEE SATISFACTION AND BARRIERS TO TRAINING - A NATIONAL SURVEY

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INTRODUCTION: Gastrointestinal (GI) endoscopy training quality directly impacts patient outcomes and procedural standards. Whilst international consensus statements advocate for structured, competency-based training, the current state of basic GI endoscopy training infrastructure in Malaysia has not been systematically evaluated.

OBJECTIVE: Assess the current infrastructure for basic GI endoscopy training, evaluate trainee satisfaction, and identify barriers to training from trainees' perspective.

METHODS: A nationwide online survey was conducted from June to December 2025 using a validated questionnaire.

RESULTS: Among 86 respondents, 74.4% were from surgical background. Only 47.7% respondents attended dedicated training lists weekly versus 77.9% attending non-training service lists, simulator use was low (23.3%), and 8.1% had never attended any workshops. Procedural exposure was inadequate - 32.6% performed ≤ 5 OGDs and 37.2% ≤ 5 colonoscopies weekly; over 95% performed fewer than 5 therapeutic procedures weekly. Supervision was consultant-led in >75%, yet structured feedback via DOPS occurred for only 37.2%, and 11.6% received no feedback. Overall satisfaction was moderate (median 3.83/5). Dedicated training lists positively correlated with satisfaction ($\beta=0.16$, $p=0.033$), while no feedback was strongly negative ($\beta=-0.73$, $p=0.002$). The main barriers were lack of a standardised curriculum (34.9%) and service-training conflicts (17.4%).

CONCLUSION: Significant gaps exist in training opportunities, simulation use, therapeutic exposure, and feedback systems. Urgent reforms - including a unified competency-based curriculum, protected training lists, simulation integration, and formalised assessments - are essential to ensure endoscopist competence and improve patient care nationwide.

ADVANCING ACHALASIA CARE: A SINGLE-CENTRE PER ORAL ENDOSCOPIC MYOMECTOMY (POEM) EXPERIENCE FROM EAST MALAYSIA: HOSPITAL QUEEN ELIZABETH, SABAH

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INTRODUCTION: POEM is an established therapy for achalasia cardia performed worldwide. We report POEM cases performed in our center.

METHODS: Data from patients with achalasia who underwent POEM (from Jan 2024 to Dec 2025) retrospectively collected and analyzed. Clinical success is defined as a reduction of Eckardt score ≥ 3 . Other objective parameter monitored was weight gain post procedure.

RESULTS: Seven patients (4 females, mean age 33.6) underwent POEM. Four out of the 7 had Type 2 achalasia on high resolution manometry and the rest were Type 1. POEM was successfully completed in all patients with oral contrast post-POEM showing no leak.

Clinical success rate at 1 year was 100%. Mean Eckardt score was 8.14 ± 2.41 (n=7) pre-POEM and 0.29 ± 0.49 (n=7) post-POEM at 1 year. Pre and post procedure mean weights were 46.1 ± 9.3 kg and 55.1 ± 8.9 kg respectively. Mean weight gain was 9 ± 4.1 kg ($20.7 \pm 13.5\%$) from pre-POEM weight. Mean Eckardt score in patients with Type 2 achalasia was 8.8 ± 2.5 pre-POEM and 0.25 ± 0.5 post-POEM. For Type 1 achalasia pre-POEM Eckardt score was 7.3 ± 2.5 and 0.33 ± 0.58 post-POEM.

We did not record any recurrence or complication at 1 year follow up.

CONCLUSION: POEM procedure is a safe and effective treatment in patients with Type 1 and Type 2 achalasia cardia. However, further studies with larger patient cohorts and long-term follow ups are required to establish long-term efficacy and durability of POEM as a primary treatment for achalasia.

TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS) AT A TERTIARY REFERRAL CENTRE IN EAST MALAYSIA: AN INITIAL SINGLE-CENTRE REGISTRY EXPERIENCE FROM HOSPITAL QUEEN ELIZABETH, SABAH

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INTRODUCTION: TIPS is an established therapy for complications of portal hypertension, but access in Malaysia has been limited. We report the initial experience of a newly established TIPS service at our center.

METHODS: Consecutive patients undergoing TIPS were entered into a registry capturing demographics, etiology, indication, baseline Child-Pugh score (CPS) and MELD, pre-/post-procedure portal pressure gradient (PPG). The primary outcome was resolution of the index portal hypertensive complication without repeat procedure within 90 days. Hemodynamics success was defined as post-TIPS PPG <12 mmHg or ≥50% reduction from baseline.

RESULTS: Seventeen patients (11 male; median age 58 years) underwent TIPS. Indications were refractory ascites (n=9), recurrent variceal bleeding (n=3), combined variceal bleeding and ascites (n=2), severe portal hypertensive colopathy (n=2), and refractory hepatic hydrothorax (n=1). Nine patients (53%) were anticoagulated pre-TIPS for venous thrombosis. Standard TIPS was performed in 13; four required advanced techniques (transcaval TIPS, portal vein recanalization, and pharmacomechanical/EKOS thrombectomy). Among patients with recorded PPG, the median gradient fell from 15 to 8mmHg (median 46% reduction; post-PPG <12 mmHg in 12/14, 86%). The index complication resolved without repeat procedure within 90 days in all 17 (100%), with no rebleeding, no post-TIPS hepatic encephalopathy, and no procedure-related mortality. Complications included shunt stenosis requiring repeat angioplasty (n=1), and - within the complex vascular subgroup - post-procedural liver hematoma and portal vein thrombosis requiring recanalization; there was one non-liver-related morbidity. Recompensation was documented in all 3 patients reaching 12-month follow-up.

CONCLUSION: In this initial single-center, TIPS - was delivered safely and effectively. These early data support the feasibility of establishing local TIPS capability in east Malaysia.

EFFECTIVENESS OF FENOFIBRATE ADD-ON THERAPY IN PRIMARY BILIARY CHOLANGITIS: INSIGHT FROM THE SABAH-PBC REGISTRY

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BACKGROUND: Ursodeoxycholic acid (UDCA) is a first-line therapy for primary biliary cholangitis (PBC), but a substantial proportion of patients have an inadequate biochemical response and require add-on therapy. Using the Sabah-PBC Registry, we compared baseline characteristics and alkaline phosphatase (ALP) normalisation between patients treated with UDCA alone and those receiving add-on Fenofibrate therapy. Patients on second-line therapy are excluded.

METHOD: Patients were grouped by treatment: UDCA alone versus add-on Fenofibrate. Baseline characteristics were compared using the Mann-Whitney U and Fisher exact tests. ALP normalisation was analysed as a time-to-event outcome from treatment initiation using the Kaplan-Meier method and log-rank test. Data are median [IQR] or n (%).

RESULTS: 110 patients were included (85 [77.3%] female; median age 55 [50–65] years), 76 received UDCA alone and 34 add-on Fenofibrate therapy. The add-on group had significantly higher baseline ALP (511 vs 278 U/L) and GGT (352 vs 270 U/L) and was younger (53 vs 57 years). Despite this higher baseline cholestatic burden, ALP normalisation occurred significantly faster with add-on Fenofibrate therapy (12-month cumulative incidence 49% vs 28%); the difference was consistent, even when comparing complete biochemical response (normalization of ALP and bilirubin) (49% vs 23%).

CONCLUSION: The Sabah-PBC registry shows a high proportion cirrhosis at diagnosis, reflecting late diagnosis and treatment. Despite this, Fenofibrate therapy remains an effective and economical second-line option in PBC patients with an inadequate response to UDCA.

IgG4-RELATED PANCREATOBILIARY DISEASE CASE SERIES: A CLINICAL PERSPECTIVE

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INTRODUCTION: IgG4-related disease is a rare, fibro-inflammatory condition that can affect the pancreas and biliary tree and often misdiagnosed as malignancy. This poses significant diagnostic challenges and lead to unnecessary procedures or delayed treatment. We describe three cases and their clinical course.

METHOD: A retrospective case-series of three patients diagnosed in our centre. Clinical presentation, imaging, serum IgG4, histopathology and their response to treatment were studied.

RESULTS: All were males with median age of 72 years (range 68-78 years), presenting with obstructive jaundice and raised CA 19-9, initially investigated for malignancy. Two patients additionally had abdominal pain and weight loss. CT imaging demonstrated typical “sausage-shaped” enlarged pancreas in two patients, while other two had biliary strictures. Only one patient had extra-pancreatic manifestations of retroperitoneal fibrosis and pulmonary involvement. Serum IgG4 levels were elevated in all patients (20.8g/L, 6.28g/L, and 4.57g/L [range 0.039-0.864g/L]). Histopathology revealed characteristic lymphoplasmacytic infiltrates with storiform fibrosis and fibrosing cholangitis containing IgG4-positive plasma cells in two patients. All received corticosteroids, with two requiring azathioprine for maintenance. Two patients had favourable clinical response, while one experienced disease relapse complicated with pseudocyst formation, chronic pancreatitis, and a splenic artery pseudoaneurysm, needing embolization.

CONCLUSION: Our cases illustrate the diagnostic difficulty of IgG4-related pancreatobiliary disease, which mimics malignancy, clinically and radiologically. Prompt recognition enables steroid-responsive treatment, though relapse and complications do occur. Greater awareness and recognition of this rare but treatable condition is essential to facilitate early diagnosis and negate the need for major surgery.

ENDOSCOPIC ULTRASOUND GUIDED LIVER BIOPSY: A SINGLE TERTIARY CENTRE EXPERIENCE

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INTRODUCTION: Despite advancements in non-invasive liver assessment tools, liver biopsy remains an important role in both diagnosis and treatment of various liver conditions. Liver biopsy was traditionally performed via percutaneous, transjugular or surgical approaches. Endoscopic ultrasound guided liver biopsy (EUS-LB) has emerged recently as an alternative minimal invasive approach to obtain liver biopsy specimen.

METHODS: Our retrospective study included all patients who underwent EUS-LB between October 2025 and June 2026 at our center. Primary outcomes include technical success, specimen adequacy and procedure-related adverse events.

RESULTS: A total of 11 patients underwent EUS-guided liver biopsy, with a technical success rate of 100 %. Adequate histological samples were obtained in eight patients (72%) while three were reported as suboptimal by our inhouse gastrointestinal pathologist. Mean biopsy specimen length was 14mm. One patient developed post-procedural gastroduodenal artery bleeding requiring blood transfusion and interventional radiology embolization and subsequently discharged well. There were no other procedure-related adverse events reported in the other 10 patients.

CONCLUSION: EUS-LB can be considered as a safe alternative to obtain liver tissue specimen for histology evaluation. Larger sample size will be needed to further evaluate the efficacy and safety of EUS-LB at our center. Early identification of post-procedural complications and prompt appropriate management are crucial to ensure patients' safety.

HEPATOCELLULAR CARCINOMA SURVEILLANCE PRACTICES AT HOSPITAL QUEEN ELIZABETH, SABAH: A PROSPECTIVE CLINICAL AUDIT

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BACKGROUND: Hepatocellular carcinoma (HCC) remains a leading cause of cancer-related death in Malaysia and early detection improves survival and likelihood of curative therapy. We audited HCC surveillance adequacy among patients under Gastrohepatology follow-up at Hospital Queen Elizabeth (HQE), Kota Kinabalu.

METHODS: An ongoing prospective clinical audit captured all consecutive surveillance encounters between January and July 2026 using a standardised electronic proforma. Surveillance indication, imaging completion, and reasons for non-adherence were assessed against the standard of six-monthly abdominal imaging.

RESULTS: Across 495 encounters, 289 (58.4%) were male, with a median age of 61 years (IQR 53-68). Indications were cirrhosis of any aetiology in 330 (66.7%) and non-cirrhotic hepatitis B meeting risk criteria in 165 (33.3%); hepatitis B was the commonest underlying aetiology. Surveillance adequacy was polarised (Figure 1): 244 encounters (49.3%) had no surveillance in the past year, 6 (1.2%) had a single scan not meeting the biannual standard, and 245 (49.5%) achieved guideline-concordant biannual imaging. Among the biannually surveilled, imaging was combined with alpha-fetoprotein in 225 (91.8%) and performed alone in 20 (8.2%). Among the 250 encounters (50.5%) without adequate surveillance, the leading reasons were patient unawareness (89, 35.6%), imaging not ordered by the physician (60, 24.0%), socioeconomic and logistical barriers (53, 21.2%), and unavailable imaging slots (42, 16.8%). HCC was detected in 32 encounters (6.5%).

CONCLUSION: Only half of at-risk encounters at HQE achieved guideline-concordant HCC surveillance. The dominant barriers were low awareness among patients, ordering physicians, and socioeconomic factors. Structured patient, physician education and decentralisation of HCC surveillance should be prioritised to improve early HCC detection.

Keywords: *hepatocellular carcinoma; surveillance; cirrhosis; hepatitis B; clinical audit; Sabah*

TIPS FOR REFRACTORY HEPATIC HYDROTHORAX: A CASE REPORT

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BACKGROUND: Refractory hepatic hydrothorax (HH) is associated with significant morbidity and remains a considerable therapeutic challenge. Although thoracentesis provides temporary symptomatic relief, it is a poor long-term option owing to the need for repeated procedures. Here we present a case of refractory, chest tube-dependent HH in a 57-year-old man that resolved following a trans-jugular intrahepatic portosystemic shunt (TIPS) procedure.

CASE PRESENTATION: A 57-year-old man with decompensated chronic hepatitis B-related cirrhosis and diuretic-responsive ascites presented in May 2026 with his third episode of transudative pleural effusion consistent with HH. Despite maximal medical therapy, he remained chest tube-dependent for over two months due to persistently high pleural drainage. The respiratory team considered further interventions, including non-invasive ventilation and pleurodesis, unsuitable. Hepatology assessment found him to be an appropriate TIPS candidate based on a MELD score of 11, preserved cardiorenal function, and absence of infection. TIPS was performed in July 2026, reducing the portal pressure gradient from 15 to 8mmHg. Pleural drainage decreased immediately, allowing chest tube removal and hospital discharge within a week. Follow-up demonstrated sustained resolution of HH with marked improvement in quality of life.

CONCLUSION: Although TIPS is conventionally reserved for variceal bleeding or refractory ascites, this case demonstrates that it can achieve rapid and potential resolution of refractory hepatic hydrothorax where standard medical therapy have failed. TIPS should therefore be considered early as a definitive treatment in carefully selected patients rather than as a last resort.

SHOULD YOUNG ANEMIC PATIENTS WITHOUT OVERT GI BLEED UNDERGO INPATIENT ENDOSCOPY? A SINGLE-CENTRE REGISTRY ANALYSIS

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OBJECTIVE: Anaemia is a frequent inpatient referral for gastroenterology. As inpatient workup add to cost and length of stay, we assessed inpatient endoscopy yields of clinically significant lesions in younger adults with no overt gastrointestinal (GI) bleeding.

METHODS: We retrospectively reviewed Malaysian Gastro-Intestinal Registry (MGIR) data (2021-2026) for inpatient oesophagogastroduodenoscopy (OGDS) referrals for anaemia. Patients aged <50 years without liver cirrhosis or overt GI bleeding were included. Colonoscopy was considered if OGDS fails to identify bleeding cause. Endoscopic findings, Forrest classification and interventions were recorded.

RESULTS: 49 out of 168 patients fulfills criteria. 35 (71%) were men. Majority were of Kadazan-Dusun (26; 53%) and Bajau (7; 14%) ethnicity. Admission haemoglobin averaged 7.4 g/dL, and 32 (65%) presented with Hb below 8 g/dL. 11 patients (22.4%) had upper GI pathology, namely peptic ulcers Forrest Ib in 1, IIa in 2, IIc in 1 and III in 4. In addition to 3 oesophageal ulcers. Haemostasis was needed in 3 high-risk (Ib and IIa) ulcers. No malignant lesion was detected. Of the 17 (34.7%) who underwent colonoscopy, 11 (64.7%) had abnormal findings, namely 2 colorectal cancers, 3 colonic ulcers, 3 haemorrhoids, 2 polyps and 1 colitis.

CONCLUSION: In young anemic patients without overt GI bleeding, majority lesions are not clinically significant, hence rendering inpatient workup unnecessary. The 2 colorectal cancer patients could be reasonably investigated by early outpatient endoscopy. A larger sample size is warranted to further validate our study.

PREVALENCE OF ADVANCED COLORECTAL NEOPLASIA FOLLOWING PYOGENIC LIVER ABSCESS: A SINGLE-CENTER RETROSPECTIVE STUDY

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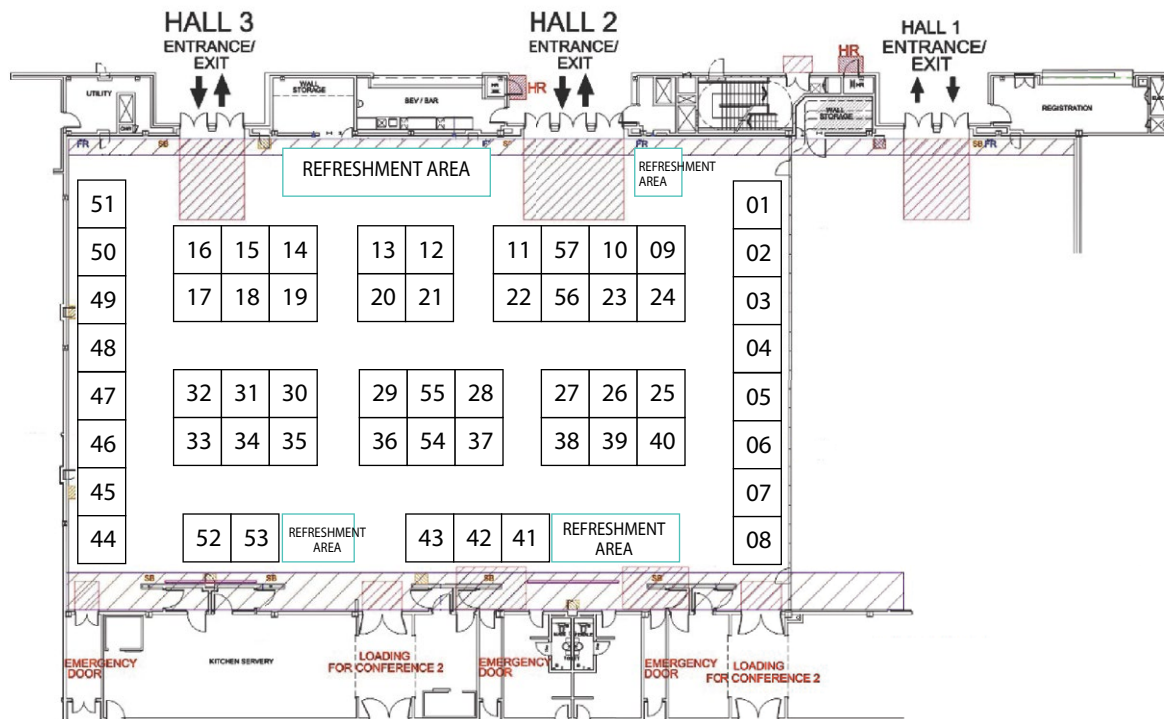
OBJECTIVE: Pyogenic liver abscess (PLA) has been increasingly recognized to be associated with underlying colorectal neoplasia, particularly among patients with *Klebsiella pneumoniae* liver abscess. However, data from Malaysia remain limited. This study aimed to determine the prevalence of advanced colorectal neoplasia (ACRN) among patients with PLA who underwent colonoscopy evaluation.

METHOD: A retrospective observational study was conducted at Sarawak General Hospital involving adult patients diagnosed with pyogenic liver abscess between January 2024 and December 2025. Demographic, clinical, microbiological, and colonoscopy data were reviewed. Advanced neoplasia was defined as cancer or adenoma that was at least 10mm in diameter, had high-grade dysplasia, had villous or tubulo-villous histologic characteristics, or any combination thereof.

RESULTS: A total of 83 patients were diagnosed with PLA during the study period, of whom 44 (53.0%) underwent colonoscopy within three months of diagnosis. The mean age of patients diagnosed with ACRN was 58.3 ± 11.0 years (range: 40-76 years). ACRN was identified in 10 patients (22.7%), comprising four patients (9.1%) with colorectal carcinoma and six patients (13.6%) with advanced adenomas. Among patients with ACRN, *Klebsiella pneumoniae* was isolated from blood cultures in two patients (20.0%) and liver abscess cultures in six patients (60.0%).

CONCLUSION: A considerable proportion of patients with pyogenic liver abscess who underwent colonoscopy were found to have advanced colorectal neoplasia. These findings support consideration of routine colonoscopy evaluation following PLA, particularly for identifying premalignant and malignant colorectal lesions. Larger prospective studies are needed to identify patients at greatest risk and optimize colorectal screening strategies.

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ACKNOWLEDGEMENTS

The Organising Committee of the GUT 2026 in conjunction with Endoscopy Workshop 2026 would like to express its appreciation to the following for their support and contributions:

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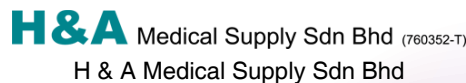
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