ISPGHAN Literature Festtival -2019: 23rd & 24th November, Raipur, Chhattisgarh

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"Learning is a treasure that will follow its owner everywhere. Always walk through life as if you have something new to learn and you will."

Every year, medical grassland is flooded with new researches and knowledge. Keeping a track of these new developments is the only way to be the authority in that domain.

ISPGHAN Literature Fest is a similar platform for learning, where the Pediatric –Gastro fraternity get enlighted among themselves.

The successful paradigm of Literature festival laid by Dr Yogesh Waiker in 2018 at Nagpur, consists of only academic affairs, with literature reviews on various topics and sharing of clinical experiences in a closed group.

ISPGHAN Literature fest-2019 was organized in Raipur, Chhattisgarh on 23rd & 24th November. A total of 18 delegates participated in this. In this two days meet latest advancements were discussed.

Following are the important take home messages by the different speakers:

I. Updates on diagnosis and Management of Wilson's disease : Dr Aabha Nagral

1) Modified Leipzig score > 4 as described by the INASL, ISPGHAN and Movement Disorders Society of India consensus meeting (J of Clin and Exp Hepatology 2019) is a useful score for diagnosing Wilson's disease as no single parameter is diagnostic. Serum copper, Penicillamine challenge, Liver copper have little role in diagnosis of Wilson's disease.
2) Relative exchangeable copper reflects free copper and its measurement seems promising in the diagnosis and management of the disease
3) Trientine is now manufactured and available in India
4) Earlier switch from d-penicillamine to zinc once clinical improvement is achieved seems to be effective in symptomatic Wilson's disease.
5) AARC-ACLF score > 11 predicts 90 day mortality in decompensated WD the best (compared to NWI, HD score, PELD, CLIF-SOFA).
6) Plasmapharesis seems effective in acute presentation of liver failure as a bridge to liver transplantation.
7) Liver transplantation has good long term results including with heterozygous donors, however should be avoided in severe neuro Wilson's Disease

II. Celiac Crisis Vs. Refeeding Syndrome : Dr L K Bharti

1) Celiac crisis and Refeeding syndrome are closely mimicking clinical conditions.
2) Celiac crisis can be precipitated by general immune stimulus due to many factors like malnutrition, bowel infection, and poor compliance to GFD, post surgery.
3) About half of the patients of celiac crisis respond to only GFD and nutritional management. So

steroids are required only in other half of patients with Celiac Crisis who didn't responds to standard GFD and nutritional support.

4) In Refeeding syndrome there is potential fatal shifts of electrolytes and mineral in malnourished child who are abruptly refed by enteral, parenteral routes.
5) Low and slow feeding with gradual increase along with monitoring of electrolytes and mineral is the key to prevention of Refeeding syndrome.

III. Evolving Practice and Changing Phenotype in Pediatric Autoimmune Liver Disease and Diagnostic Scoring : Dr Somshekhar

1) Pediatric AILD's diagnosed more frequently than in the past, because of enhanced awareness, real increase in their prevalence, and/or decrease in viral hepatitis-related disease. Juvenile sclerosing cholangitis is being increasingly diagnosed
2) Hyaline droplets-Histological feature is specific for AIH
3) Parenchymal inflammation responds satisfactorily to standard immunosuppressive treatment – azathioprine, both in AIH and ASC; UDCA improves numbers in ASC, but effect on long term survival questionable
4) In ASC, the bile duct disease progresses in about 50% of cases, leading to ESLD requiring LT more frequently than in AIH. Both AIH and ASC can recur after LT, recurrence being more common in ASC than in AIH
5) De novo AIH after LT for non-autoimmune conditions responds to the classical treatment of AIH, but not to standard antirejection treatment
6) Scoring systems – Any diagnostic score, based on the ease of use, may be used to support diagnosis of AILD

IV. Newer advances in the diagnosis and treatment if Celiac disease : Dr Shipra Agarwal New diagnostic guidelines in ESPGHAN 2019:

1) No role of HLA DQ2/8 in diagnosis for patients with positive TTg IgA, if they qualify for CD diagnosis with biopsy or if they have TTg >10x ULN and EMA IgA positivity
2) CD can be diagnosed in asymptomatic patients using same algorithm as those with symptoms. Decision as whether to perform duodenal biopsy should be shared decision with the parents**.** (Conditional recommendation)
3) Testing for EMA, DGP, or AGA for initial screening is not recommended
4) **Assessment of dietary compliance:** Detection of gluten immunogenic peptides in urine or stool of the patients on GFD is a potential future tool for detection of inadvertent gluten intake. It has good correlation with histology. As small as 25 mg gluten intake can be detected in the urine.
5) **Newer pharmacological approaches : Latiglutenase** (gluten digesting enzyme): in preliminary studies, it has shown to protect intestinal mucosa compared to placebo. **Larazotide** (modulator of tight junctions): Has been shown to be effective in improving the symptoms compared to placebo.
6) **Vaccines (NexVax):** Phase 2 trial ongoing.

V. Case of IBD : Dr Bijal Mistry

1) Patients of Ulcerative colitis who are on steroids/ immunosuppresants are at higher risk of active tuberculosis than general population
2) However, other bacterial causes of consolidation has to be ruled out in these patients
3) Causes of necrotic lymph nodes other than Tuberculosis have to be considered before starting Anti-Tuberculous treatment- eg. squamous cell carcinoma metastasis, lymphoma, leukemia, viral lymphadenitis eg. herpes simplex lymphadenitis, bacterial lymphadenitis, non-tuberculous mycobacterial adenitis, fatty nodal metaplasia, systemic lupus erythematosus (SLE), Kawasaki disease
4) Decision to start AKT in unresponsive cases has to be taken based on the antibiotics dose and duration, clinical condition, duration of immunosuppresants or steroids, high incidence of tuberculosis in developing countries like India and treated as 'Clinically diagnosed Tuberculosis'
5) Anti-fungals may be added in unresponsive patients with sepsis

VI. Challenges and Updates in management of ALF including newer modalities : Dr Malathi

1) Pediatric ALF an **acute onset of liver disease** with **no evidence of chronic liver disease** and **hepatic-based coagulopathy** (INR 2) not corrected by parenteral vitamin K with or without hepatic encephalopathy or a hepatic-based coagulopathy (INR 1.5– 1.9) with HE.
2) The high mortality reported in ALF has decreased with the advent of tailored, prompt and appropriate ICU care and liver transplant.
3) PICU plays a pivot role in management of ALF and provides support for failing organs, simultaneously allows time for hepatic regeneration, optimization of liver status if liver transplant is required.

4) The variables which prognosticate ALF are age of child, etiology (paracetamol, ischemic, hepatitis A). At present there are no perfect PALF prognostication models which can predict whether the child will survive or die without liver transplant
5) The two artificial liver support systems which act as a bridge either to recovery or to transplant are continuous renal replacement therapy (CRRT) and plasmapheresis.

VII. Chronic pancreatitis in children: Prevention and treatment: Dr Vibhor Borkar

1) Newer conceptual model of chronic pancreatitis needs to be defined to understand pathophysiology and plan early intervention to halt progress of pancreatitis.
2) In children with genetic causes of pancreatitis with two genes affected, pose a faster risk of progression to chronic pancreatitis.
3) In children with chronic pancreatitis and pain with intraductal stones in head and neck region; long term endotherapy is safe and viable option.
4) Absence of IgG4 elevation, doesn't rule out autoimmune pancreatitis. Active efforts for tissue diagnosis should be made in children who are suspected to have autoimmune pancreatitis.
5) Total pancreatectomy with islet auto-transplantation (TPIAT) in children has demonstrated excellent outcomes including relief from chronic opioid use, as well as improved mental and physical quality of life with good glycemic control.

VIII. Preparation and Prerequisite for Endoscopy in children : Dr Bhushan Miraje

1) Almost all GI procedure are performed under moderate or deep sedation and general Anesthesia.
2) Informed consent and preprocedure health evaluation and resuscitative equipment should be obtained.
3) Routine oxygen administration during Pediatric procedures are recommended.
4) Use of split dose bowel cleansing regimen is strongly recommended.
5) Polyethylene glycol with electrolyte via nasogastric tube in hospital setting for 24 hr before procedure is safe and appropriate regimen

IX. Recent papers on treatment of IBD: Dr Bhaswati Acharya

1) EEN is once again emphasised to be effective in mild to moderate Crohn's Disease affecting small bowel and /or colon
2) Stopping standard treatment carries risk of relapse
3) Vedolizumab is effective with reduced immunosuppression and is being used
4) Biological use pre and peri-operatively does not impose more operative risks
5) EEN and PN before any surgery in IBD reduce morbidity.
6) Newer agents like Ustekinumab & oral agent Ozanimod are promising
7) NAC in IBD needs more research
8) Biosimilar of Adalimumab used in India is equally effective as proved in a recent multicentre study from India

X. Biliary atresia : Factors influencing time of diagnosis, Pre and Post Kasai challenge:Dr Bikrant Bihari

1) The emphasis of ongoing and future research is on diagnosing and doing Kasai surgery before 30 days of life *(JPGN 2018, JPGN 2019)*.
2) Newborn conjugated/direct bilirubin has emerged as an excellent screening tool. However, stool colour chart/app remains more cost effective in general population *(NEJM 2016, J Med Screen 2019)*.
3) Serum MMP7 levels is a very promising marker to differentiate biliary atresia from other causes of neonatal cholestasis *(Hepatol 2018, J Pediatr 2019)*.
4) Steroids and other medications have failed to show a consistent beneficial role post kasai. Prevention and treatment of cholangitis remains key *(Pediatr Surg Int 2016)*.
5) N-acetylcysteine is being studied as adjunctive therapy after recent discovery that mRNA of glutathione synthesis were upregulated in biliary atresia long term survivors. *(Gastroenterology 2019)*.

XI. CMPA and Food Protein-induced Enterocolitis Syndrome and role of milk substitute: Dr Viswanathan MS

1) Avoid other mammalian milks, such as goat's milk or sheep's milk, in patients with cow's milk allergy because of highly cross-reactive allergens.
2) No clear relationship exists between digestibility and protein allergenicity. Milk allergens are known to preserve their biologic activity even after boiling, pasteurization, ultra-high-temperature processing, or evaporation for the production of powdered infant formula.
3) FPIES is a Non-IgE mediated gastrointestinal food hypersensitivity. Incidence - 0.015 to 0.7

percent. Most commonly caused by cow's milk (CM) or soy protein, although other foods can be triggers.

4) Specific IgE to cow's milk (SIgE) and Skin prick test (SPT) are especially helpful in predicting prognosis & time interval until the next challenge. Infant with negative SIgE/SPT at the time of diagnosis become tolerant to Cow's milk protein at a much younger age
5) Partially hydrolysed formula should not be used in the treatment of CMPA. Extensively hydrolysed formula is the preferred therapeutic formula of treatment in CMPA. Soy milk can be used in infants more than 6 months of age if there is tolerance to it.
6) In FPIES, introduction of green vegetables and then fruits at four to six months of age instead of cereals is suggested because approximately one-third of infants with cow's milk or soy FPIES develop solid-food FPIES. Reactions to rice and other grains represent the most common types of solid-food FPIES.

XII. Newer Advances in Endoscopy : Dr Rimjhim Shrivastava

1) In the past few years, endoscopy has undergone a major advancements resulting in impressive impacts on diagnostic accuracy. These advancements were mainly established for adult patients, but like variceal band ligation and ERCP, these new technologies are being adapted for the pediatric population as well.
2) Pediatric population has limitations like small size; relatively low indications of certain conditions as Barret's Esophagus, metaplasia etc; and lack of training amongst the pediatric gastroenterologists, which limits the use of new technologies.
3) High definition endoscopy with narrow band imaging is developing as the new standard of care.
4) Single Targeted biopsy in celiac disease with narrow band imaging has high sensitivity though , has low specificity.(*Digestive and Liver Disease 46 (2014) e71–e84*)
5) ERCP is safe and effective in infants and older children with biliopancreatic disorder. (*Indian Pediatr 2019;56: 196-198*)
6) EUS provides important information that impacts management in children with pancreatobiliary disease and submucosal lesions of esophagus and stomach. ESGE/ ESPGHAN recommend endobronchial ultrasonography in children weighing <15 kg. It has replaced diagnostic ERCP in children and has important therapeutic roles as well.(Indian J Gastroenterology (*January-February 2016) 35(1:14-19))*
7) POEM is emerging strongly for Achalasia with excellent long term outcomes and minimal risks. (*J Pediatr Gastroenterol Nutr 2018;66:43-47*)
8) Double balloon eneteroscopy, confocal laser endomicroscopy , molecular endosopy, wide-view full spectrum endoscopy etc are some of the forthcoming technologies with high accuracy and wider diagnostic territory .

XIII. Diagnosis and management of Pediatric achalasia: Dr Sakshi Karkara

1) High resolution manometry(HRM) and High resolution impedance manometry(HRIM) are considered as a gold standard for diagnosis and classifying subtypes of achalasia as well for predicting the outcome of treatment.
2) Timed Barium swallow(TBS) instead of barium swallow should be done as it has a role in diagnosis as well as in prognosticating the disease outcome post procedure.
3) Laparoscopic Hellers Myotomy(LHM) with Partial fundoplication has excellent results in children and can be considered as first line treatment after explaining the parents of other modalities like Pneumatic dilatation (in more than 5 years of age) and their outcome.
4) Per Oral Endoscopic Myotomy(POEM) definitely shows promise as it avoids surgery, saves cost and hospital stay with almost similar results as LHM with slightly more GERD incidence which needs addition of PPI but needs expertise and we lack long term results.
5) POEM should be preferred over LHM as treatment for type III achalasia as the length of the myotomy can be decided while doing the procedure and specially after the advent of EndoFLIP (functional luminal imaging probe) the outcomes are better with lesser complications.

XIV. NAFLD: Recent Advances: Dr Yogesh Waikar

1) The newer terminology MPFL: metabolic dysfunction predominant fatty liver justifies the etiology and underlying disease process.
2) Persistent elevated ALT for more than 3 months twice the upper limit of normal, ALT > 80 U/l and reducing ALT after intervention suggests improvement. Normal ALT don't rule out diagnosis.
3) ELF score > 10.50 suggest advance liver fibrosis and early referral to specialist .Of many score ELF score is only useful score correlating with LIVER PATHOLOGY as per NICE guidelines.

4) Different genetic mutations have different implications. some are responsible for fibrosis while some would stay always at steatosis.
5) USG score =/>2 saverymuttu score and USFLI > 6 helps in screening.
6) Controlled attenuation parameter (CAP) > 241 dB/m :STEATOSIS,
7) Liver stiffness measurement by fibro-scan > 5.5 Kpa :FIBROSIS
8) MRI – PDFF and add on MRS is best noninvasive test for FATTY LIVER.
9) UDCA no role. Vitamin E may help , titrate it with ELF score.Metformin helps in ballooning but no change is steatosis , fibrosis.Lap sleeve Gastrectomy reverses fibrosis in properly selected cases.
10) Before staring treatment Liver biopsy is must.

XV. Current understanding and management of GERD: Dr Nishant Wadhwa/Dr Kanan Ramaswamy

1) Vomiting before seven days and after six months of life is never due to GERD. It is important to know is what is not GERD and for that always look for red flags. Over rather than under diagnosis a major problem in today's clinical practice.
2) Extra- esophageal symptoms does not correlate with reflux studies. Hence PPI should not be given empirically. However, empirical treatment with PPI for children above 1 year is acceptable before doing work up.
3) In special circumstances like neurologically impaired and post surgical GERD cases, duration of PPI therapy is usually longer and reassessment at regular intervals required.
4) Impedance pH monitoring is incorporated in distinguishing functional reflux variants as per Rome IV criteria.
5) Hydrolysate infant formulas should be tried for treatment of reflux symptoms in infants prior to a detail investigation.

Celiac Awareness Program-Jaipur

Celiac disease has taken the form of an epidemic in North India. Apparently 1% of general population suffers from it. This translates to more than seven lac patients in Rajasthan itself. Though the awareness level today is better than what it was a decade ago, still there is lot of confusion regarding the correct diet and there are several myths associated with it. A common disease like this certainly needs regular awareness to improve diagnoses and treatment.

Santokba Durlabhji Memorial Hospital (**SDMH**) at Jaipur organizes regular awareness program on Celiac disease. SDMH organized 4th anuual **Celiac awareness program** on Sunday, 15th Dec 2019. In the

morning half – **Celiac workshop** was organized in which more than 100 Celiac children with their family members assembled on a chilly morning at 9 am. Faculty included Dr. S M Mittal, Dr. Sushma Narayan and Dr. Deepak Goyal from New Delhi, Dr. P C Khatri from Bikaner, Dr. Namita Bhandari from Jodhpur and several experts from Jaipur. Day started with Kids participating in Celiac Quiz while Parents learned their share through Recipe Contest and Poster Competition. Everyone then participated in Slogan competition on a slogan wall. Today 2nd edition of book "Celiac disease – guide to parents" (authored by Dr. Sushma Narayan – Secretary General of Celiac Support Organisation and Dr. S K Mittal Former Prof & Head, Pediatrics at Maulana Medical Collge, New Delhi) was launched by the Secretary of SDMH- Shri

Yogendra Durlabhji along with all faculty. There were lectures on Celiac disease – rising incidence, myths and social and psychological issues related to Celiac disease. An open panel discussion was held in which parents participated and got their queries addressed. Winners were awarded prizes at the end and Gluten free meal was served to all.

In the second half we organized a **Celiac CME** where 50 pediatricians and Nutritionist participated. Experts in Homeopath were invited. Newer guidelines (2019) on Celiac were discussed along with role of GFD beyond Celiac. Role f alternative medicine was also discussed and then a panel discussion where several issues related to the disease was discussed.

Dr Moinak Sen Sarma Assistant Professor, SGPGIMS Lucknow felicitated with ISG Om Prakash Award 2018 at ISGCON Kolkata 2019 for achieving excellence in gastroenterology at young age

ISPGHAN Representation at UP Pedicon 2019 at Aligarh

Prof Yaccha, Dr Shrish, Dr Rajiv, Dr Jaya and Dr Moinak along with Organising Secretary Dr Sanjeev Kumar

Awards at ISPGHANcon 2019, Chennai

CP MITTAL AWARD			
SL. NO	TOPICS	PRESENTER NAME	PRIZE
1	EFFICACY AND SAFETY OF SODIUM BENZOATE IN THE MANAGEMENT OF HYPERAMMONEMIA IN THE DECOMPENSATED CHRONI LIVER DISEASE OF CHILD HOOD: A DOUBLE BLIND RANDOMISED CONTROL TRIAL	DR. SNEHAVARDHAN PANDEY , ILBS NEWDELHI	1
2	OUT COME OF PORTO SYSTEMIC SHUNT SURGERY ON PRE-EXISTING CHOLANGIOPATHY IN CHILDREN WITH EXTRA HEPATIC PORTAL VENOUS OBSTRUCTION	DR. JAYENDRA SEETHARAMAN, SGPGI	2
GI PLENARY			
1	TACROLIMUS HAS SUPERIOR EFFICACY IN THIOPURINE NAIVE IN COMPARISON TO THIOPURINE EXPERIENCED CHILDREN WITH STEROID DEPENDANT OR REFRACTORY COLITIS	DR. SAHANA SHANKAR , ROYAL CHILDREN'S HOSPITAL	1
2	EFFICACY AND TOLERABILITY OF SINGLE DOSE VS. SPLIT DOSE POLYETHYLENE GLYCOL FOR COLONIC PREPARATION IN CHILDREN:A RANDOMIZED CONTROL STUDY	DR. PARIJAT TRIPATHI, SGPGI	2
LIVER PLENARY			
1	ROLE OF GRANULOCYTE COLONY STIMULATING FACTOR ON THE SHORT TERM OUT COME OF CHILDREN WITH ACUTE ON CHRONIC LIVER FAILURE	DR. SHRUTI SHARMA , PGIMER CHANDIGRAH	1
2	CHANGED IN OPTIC NERVE SHEATH DIAMETER WITH MANAGEMNET OF INTRACRANIAL HYPERTENSION IN PEDIATRIC ACUTE LIVER FAILURE	DR. PRITI VIJAY, ILBS	1
3	A CLINICO - VIROLOGICAL STUDY TO EXPLORE THE DYNAMIC OF CHRNIC HBV INFECTION IN THE IMMUNOTOLERANT PHASE	DR. GAUTAM RAY , IPGMER	2

E- POSTER: GASTROENTEROLOGY , PANCREAS			
1	PANCREATIC, HEPATOBILIARY (HPB) AND GASTROINTESTINAL (GI) MANIFESTATION OF CYSTIC FIBROSIS - A RETROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE IN SOUTH INDIA	DR. LEENATH THOMAS , CMC, VELLORE	1
2	EFFICACY OF ORAL PSYLLIUM VERSUS PLACEBO IN PEDIATRIC IRRITABLE BOWEL SYNDROME: A DOUBLE BLIND RANDOMZED CONTROL TRIAL	DR. JAGADEESH MENON, PGIMER CHANDIGARH	2
3	CELIAC AND SUPERIOR MESENTERIC ARTERY PSEUDOANEURYSMS IN CHILDREN : CLINICAL PROFILE, MANAGEMENT ANDN OUT COME	DR. JAYENDRA SEETHARAMAN, SGPGIMS	2
E- POSTER: LIVER			
1	A STUDY OF EFFECT OF LONG - TERM ORAL STEROIDS ON INTRAOCULAR PRESSURE IN CHILDREN WITH AUTOIMMUNE HEPATITIS	DR. DURGA PRASAD, SGPGIMS	1
2	ABO- INCOMPATIBLE DECEASED DONOR PAEDIATIC LIVER TRNASPLANTATION: NOVEL TITRE - BASED MANAGEMENT PROTOCOL	DR. SHARATH VERMA : MAX SUPERSPECIALITY HOSPITAL	2
3	EVALUATION OF THE PROTOCOL BASED IDAGNOSTIC APPROACH FOR METABOLIC LIVER DISEASE	DR.PIYUSH UPADHYAY, ILBS	2
4	INCIDENCE OF GALL BLADDER DYSFUNCTION IN CHILDREN WITH CELIAC DISEASE AT PRESENATATION AN DPOST GLUTEN WITHDRAWAL - CORRELATION OF ULTRASONOGRAPH (USG) AND HEPATOBILIARY (HPB) SCINTIGRAPHY	DR. SUBHAMOY DAS, PGIMER	
INTERESTING CASE SCENARIOS			
1	HEPATOLOGY (METABOLIC)	DR. SHIVANI DESWAL , PGIMER & DR RML HOSPITAL	1
2	AN INTERESTING CASE OF CROHNS DISEASE WIT A MYCOTIC ANEURYSM	DR. AYESHA , KKTCH	2
3	AN UNUSUAL CAUSE OF CHRONIC DIARRHEA IN A ADOLESCENT - A CASE REPORT	DR. JAYENDRA SEETHARAMAN , SGPGIMS	
VIDEO DIGEST			
1	ENDOSCOPIC DILATATION OF DUODENAL DIAPHRAGM :	DR. SRINIVAS S , KKTCH	1
2	1 YEAR OLD BOY WITH MULTIPLE FOOD BOLUS IMPACTION	DR. RHIMJIM SRIVASTAVA	2

Glimpses of ISPGHANcon 2019 at Chennai

ISPGHANcon 2019, Chennai

Experience summary at ISPGHAN 2019 as a delegate

It gives me immense pleasure to share my experience as a delegate at our prestigious Pediatric Gastroenterology society meeting, ISPGHAN, held in Chennai 2019. I would like to first congratulate the organizing team (Malathi Ma'am, Naresh Sir and other team members) for their tireless efforts and hospitality in making this a grand success and giving each of us an unforgettable experience to cherish. It was a great learning platform to meet and interact with our esteemed teachers, seniors and colleagues from all over the country. The scientific sessions of the program were wonderful; I got opportunity to learn so many new and innovative things. The academic presentations such as oral, poster and audio-visual sessions for the audience and students were very encouraging and extra ordinary. I cannot forget to share about 'the gala dinner", the evening was blooming and beaming with such great energy from all teachers, seniors and lovely friends. Last but not least, I won first prize for best poster presentation in the Liver category, which made my memories extra special.

Thank you all

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ISPGHANcon 2019, Chennai

Packed in-between Dussehra and Diwali 2019, the stage was set for the biggest academic extravaganza in Pediatric Gastroenterology in India, the ISPGHANCON.

The sixth annual meet of ISPGHAN (Indian Society of Pediatric Gastroenterology, Hepatology, and Nutrition) and the annual meeting of the Pediatric Gastroenterology chapter of IAP was held from the 18th to 20th October at the ITC Grand Chola Hotel in Chennai, India. And believe us, the meeting ticked the 'excellent' boxes in all categories. Starting with the venue, the rain gods were very kind with light showers preceding the conference dates, making the Chennai weather surprisingly pleasant. The 'Grand Chola' too was exemplary in its ambience, and all the delegates & faculty enjoyed the magnificence of this 'seven star' atmosphere to the hilt.

Day One of the conference focused on workshops (Pre-conference workshops) conducted at different hospitals within Chennai city. They were well attended, and involved video-teaching, hands on training, and skill enhancement in Upper & Lower GI endoscopy, Endotherapy, usage of Endoscopic accessories, PEG (Percutaneous Endoscopic Gastrostomy) and discussions on GI emergencies. The workshops were followed by the evening symposium (at the conference venue) on Pancreatitis in children, which had a guest lecture, a panel discussion, and case presentations by the local ISG members too. With the “who's who” of Pediatric Gastroenterology from the country and renowned foreign delegates attending the meeting, the high quality academic discussions kick-started the grand event in style!

The subsequent two days of the meeting covered almost all aspects pediatric luminal gastroenterology, hepatology, pancreatology and nutrition, including liver & intestinal transplantation, genetics, recent developments, and much more. The success of any academic meeting is often judged by the invited faculty, delegate attendance, interaction by the audience, and the enthusiasm of the trainees, not to mention the numbers present in the sessions. ISPGHANCON 2019 has unanimously excelled in all these areas. Eighty-one abstracts were presented (Oral & Posters) in the meeting, and the quality of research presented in these sessions had high academic quality, as commented by the judges (National & Overseas)! Day One ended with the General Body meeting, followed by the gala banquet, where one & all had a great time, dancing to some exhilarating Tamil music.

Apart from the core Pediatric GE topics, day two had a parallel session for general Pediatricians, where common office & hospital scenarios in Pediatric GE were discussed by leaders in the field. It was extremely heartening to see the main hall filled to capacity till the end.

As they say, all good things must come to an end. The meeting ended with the valedictory session & prize distribution ceremony. All of us are extremely thankful to 'Team Chennai' (Prof Mohamed Rela, Prof VS Sankaranayanan, Dr Malathi Sathiyasekaran, Dr Naresh Shanmugam, Dr Bhaskar Raju, Dr S Srinivas, Dr MS Viswanathan, Dr Dhanaseker, Dr D Nirmala, Dr Jaganathan, Dr Jagdish Menon, Dr B Sumathi, Dr John Mathai, Dr S Balasubramaniyan, Dr Somasekar, Dr P Ramachandran, and all others who were involved in any capacity in the organization of the conference) for this top-notch academic extravaganza!

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