

Session outline			
<b>Title</b>	Hepatology		
<b>Date &amp; Time (Taiwan time)</b>	16:00-17:30, August 14 (Thu), 2014		
<b>Topic</b>	Difficult Case Scenarios presenting as Liver Failure		
<b>Style</b>	Tele Conference		
<b>System</b>	Vidyo		
<b>Organaizer</b>	Dr S K Sarin		
<b>Abstract</b>	Hepatic Failure is commonly associated with anaemia which may result from gastrointestinal bleeding, vitamin deficiency, infection and alcohol intoxication. Here we present our experience of progressive anaemia in patients with liver failure. Intractable pruritus is a serious extrahepatic manifestation of cholestasis. Several hypotheses suggest a role of accumulation of bile acids. Bile acid sequestrants are first line therapeutic agents. In refractory cases, a stepwise approach using rifampicin, oral opiate antagonists and selective serotonin reuptake inhibitors should be tested. Here we discuss novel therapeutic options of a such difficult to treat patients.		
<b>main</b>	<b>Name</b>	<b>Institution</b>	<b>Country</b>
<b>Chair</b>	S K Sarin	Institute of Liver and Biliary Sciences	India
<b>Chief Engineer*</b>	Antoku, Houkabe	Kyushu Univ.	JP
<b>Participating institution</b>	<b>Moderator's name</b>	<b>Country</b>	<b>Engineer's name</b>
1. Taiwan	Dr Shuji Shimizu	TW	Antoku, Houkabe
2. Institute of Liver and Biliary Sciences	Dr S K Sarin	IN	Dinesh, Manish
3. University of Indonesia	Dr L Lesmana / C. Rinaldi	ID	Agus Eko Priyanto
4. Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh	Dr Salimur Rahman	BD	Md Samsul Kabir
5. Tongji Hospital, Huazhong University of Science and Technology, China	Dr Qin Ning	CN	Yuanyuan Zhang
6. Cardinal Santos Medical Center, Manila	Dr Diana Payawal	Ph	Jay Bautista
7. Egyptian Liver Hospital, Al-Dakahila Egypt	Dr. Gamal Shiha	EG	Mazen Ghazal

\*Chief engineer is in charge of testing and controlling the system.

\*\* *Italic* is to be confirmed.

Program (Taiwan Time)		IN	ID	CN/PH	TR / EG	BD
16:00 - 17:30		13:30-15:00	15:00-16:30	16:00 - 17:30	11:00-12:30	14:00-15:30
16:00 - 16:05	Opening Remarks by Dr S K Sarin	13:30 - 13:35	15:00 - 15:05	16:00 - 16:05	11:00 - 11:05	14:00 - 14:05
16:05 - 16:10	Introduction from all connected sites	13:35 - 13:40	15:05 - 15:10	16:05 - 16:10	11:05 - 11:10	14:05 - 14:10
16:10 - 16:20	Case Presentation on Progressive Anaemia in Liver Failure by Dr Ashok	13:40 - 13:50	15:10 - 15:20	16:10 - 16:20	11:10 - 11:20	14:10 - 14:20
16:20 - 16:30	Discussion on above topic	13:50 - 14:00	15:20 - 15:30	16:20 - 16:30	11:20 - 11:30	14:20 - 14:30
16:30 - 16:40	Case Presentation on Novel Therapy for refractory pruritus by Dr Rakhi	14:00 - 14:10	15:30 - 15:40	16:30 - 16:40	11:30 - 11:40	14:30 - 14:40
16:40 - 16:50	Discussion on above topic	14:10 - 14:20	15:40 - 15:50	16:40 - 16:50	11:40 - 11:50	14:40 - 14:50
16:50 - 17:00	Case Snippets - Case of necrotising esophagitis secondary to CMV post Liver Transplantation by DR Madhumita	14:20 - 14:30	15:50 - 16:00	16:50 - 17:00	11:50 - 12:00	14:40 - 15:00
17:00 - 17:10	Discussion on above topic	14:30 - 14:40	16:00 - 16:10	17:00 - 17:10	12:00 - 12:00	15:00 - 15:10
17:10 - 17:20	A Rare clinical presentation of ALF by Dr Lovkesh	14:40 - 14:50	16:10 - 16:20	17:10 - 17:20	12:10 - 12:20	15:10 - 15:20
17:20 - 17:30	Discussion on above topic & closing Remarks	14:50 - 15:00	16:20 - 16:30	17:20 - 17:30	12:20 - 12:30	15:20 - 15:30

#### Preparations:

- We use Vidyo system, including Vidyo Room, PC, tablet. The bandwidth is about 2-4Mbps.
- Each site need to setup two PCs for teleconference system. The one is only receive live demonstration, and the other is for communication.
- Headset(in case of only 1 participant) or on-off speaker phone(in case of more than two participant) is necessary to avoid echo.
- Prepare two flat monitors at each station for better quality if available.