12 credit hours (CME) have been awarded for the Falk Symposium 178 by the European Union of Medical Specialists (UEMS) - European Board of Gastroenterology (EBG).
Preface

As our populations age the prevalence of colonic diverticulosis and the complications of diverticular disease are steadily increasing. Although diagnosis is relatively straightforward the number of randomised controlled trials of clinical management are scarce and management follows tradition rather than principles of evidence based medicine. Much needs to be learnt. The symposium aim is to review current scientific knowledge and its application to clinical practice. We will adopt a critical interdisciplinary approach including epidemiology, anatomy, pathology, gastroenterology and surgery and identify the key challenges, both research and clinical, for the future.

Thanks to the generous support of the Falk Foundation it was possible to gather an international group of speakers and chairpersons experienced and involved in research of diverticular disease. We would like to invite you to be stimulated by the scientific sessions which will allow you to interact in with professional colleagues with widely differing perspectives but a common interest in diverticular disease. We also hope you will enjoy the attractions of the traditional and modern city of Cologne along the River Rhine and look forward to greeting you there.

Wolfgang Kruis, Cologne
Robin C. Spiller, Nottingham
Savvas Papagrigoriadis, London
Alexander Engel, Zaandam
Martin E. Kreis, Munich
Diverticular Disease: A Fresh Approach to a Neglected Disease

Guerzenich Congress Center, Cologne

Registration:
Thursday, September 1, 2011
16.00 - 21.00 h
at the congress office

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R. C. Spiller, Nottingham (Great Britain)
S. Papagrigoriadis, London (Great Britain)
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Official Language:
English and German
(Simultaneous translation)

Posters:
For details see page 10

Congress Venue:
Guerzenich Congress Center Cologne
Martinstr. 29 - 37
50667 Cologne
Germany
Friday, September 2, 2011

8.45 Welcome and Introduction
W. Kruis, Cologne

Session I
Pathogenesis
Chair: M. Schemann, Freising; J. Simpson, Nottingham

9.00 Changing epidemiology: Does it increase our understanding?
D. Humes, Nottingham

9.25 Biomarkers of past and present inflammation
A. Tursi, Andria

9.50 Abnormalities of neuromuscular anatomy in diverticular disease
M. Boettner, Kiel

10.15 Colonic diverticular disease: Abnormalities of neuromuscular function
G. Bassotti, Perugia

10.45 Patterns of colonic mucosal inflammation in diverticular disease
N. Haboubi, Manchester

11.10 Coffee break with poster session

Session II
Course of the disease
Chair: T. Hibi, Tokyo; T. Schiedeck, Ludwigsburg

11.30 Impact of lifestyle
L. L. Strate, Seattle

12.00 What determines the evolution to diverticulitis?
M. M. Delvaux, Strasbourg

12.30 Is diverticular disease associated with colonic malignancy?
A. Ekbom, Stockholm

12.55 Lunch break with poster session
Friday, September 2, 2011

Session III
Diagnosis
Chair: H. J. Buhr, Berlin; L. Leifeld, Cologne
Diagnostic criteria and accuracy of:

14.00 From the surgeon point of view: The indispensable role of the CT
P. Ambrosetti, Geneva

14.15 Ultrasound in the diagnosis of diverticulitis
J. B. C. M. Puylaert, Den Haag

14.30 The role of endoscopy in diverticular disease
S. Bar-Meir, Tel Hashomer

14.45 Clinical cases and decision making with panel discussion
M. A. Boermeester, Amsterdam

15.15 Coffee break with poster session

Session IV
Hypothesis and future directions of research
Chair: K.-W. Jauch, Munich; J. R. Malagelada, Barcelona

15.45 Is it diverticular disease or is it IBS?
R. C. Spiller, Nottingham

16.15 The role of visceral fat
B. Siegmund, Berlin

16.35 Genetics and inflammation - A paradigm for complex inflammatory diseases
S. Schreiber, Kiel

16.55 Perception and origin of symptoms
J. Simpson, Nottingham

17.15 End of afternoon session
Saturday, September 3, 2011

Session V
Diverticulitis: First attack

Chair: H.-P. Bruch, Luebeck; P. L. Lakatos, Budapest

9.00 Classification
J.-P. Ritz, Berlin

9.20 Conservative management
W. Kruis, Cologne

9.50 Laparoscopic management of perforation
D. C. Winter, Dublin

10.10 Hartmann’s procedure or primary anastomosis
M. E. Kreis, Munich

10.30 Coffee break with poster session

Session VI
Medical treatment in details

Chair: P. Marteau, Paris; G. Peppas, Marousi

11.00 Modifying the microbiota
G. Barbara, Bologna

11.25 Antibiotics
H. B. A. C. Stockmann, Haarlem

11.45 Aminosalicylates
V. Gross, Amberg

12.10 Presentation of poster prizes
R. C. Spiller, Nottingham

12.30 Lunch break with poster session
Saturday, September 3, 2011

Session VII
Recurrent diverticulitis

Chair: F. Di Mario, Parma; P. Frileux, Suresnes

13.45 Clinical presentation and risks G. A. Binda, Genova

14.05 Smoldering vs. recurrent diverticulitis B. G. Wolff, Rochester

14.30 Risk stratification in elective surgery A. Engel, Zaandam

14.50 Differences in early outcome after open or laparoscopic sigmoid resection – What is the evidence? S. Papagrigoriadis, London

15.10 Long-term outcome of elective surgery: Symptoms, cicatrical hernia and ileostomy/colostomy rate B. Egger, Fribourg

15.30 Coffee break with poster session

Session VIII
Critical issue: When should we operate for recurrent diverticulitis?

Chair: G. Latella, L’ Aquila; B. G. Wolff, Rochester

16.00 Statements:
The gastroenterologist’s view B. Lembcke, Gladbeck

The surgeon’s view A. Senapati, Portsmouth

16.30 Discussion

16.40 Critical issues: Questions and answers


17.20 Concluding remarks

17.30 End of meeting
Poster Session

Posters will be exhibited on September 2–3, 2011, at the Guerzenich Congress Center. The authors will be in attendance during coffee and lunch breaks on both days.

1. Enhanced Recovery After Surgery (ERAS) programmes can be safely expanded to include patients undergoing resection for diverticular disease

2. Primary anastomosis with a defunctioning stoma versus Hartmann’s procedure for perforated diverticulitis – A comparison of stoma reversal rates

3. Double balloon enteroscopy for the diagnosis of Meckel’s diverticulum: A novel approach to an old disease
   Y. Beyazit, M. Ibis (Ankara, TR)

4. The prevalence and localization of diverticulosis coli in Turkish population: Single-center data

5. Rectal bleeding and colonoscopy – Clinical and etiological aspects
   D. Damian, C. Pojoga (Cluj-Napoca, RO)

6. Lower gastrointestinal bleeding and the diverticular disease – Clinical aspects
   D. Damian, M. Grigorescu (Cluj-Napoca, RO)

   N. de Korte, B. Klarenbeek, J.P. Kuyvenhoven, R.M.H. Roumen, M.A. Cuesta, H.B.A.C. Stockmann (Haarlem, Veldhoven, NL)

8. Diverticular disease: Conservative management
   O.V. Fedorova, E. Fedulova, O. Tutina, O. Shumilova (Nizhny Novgorod, RU)

9. Medical treatment in details: Use enterosorbent for modifying the microbiota in patients with diverticular disease
   O.V. Fedorova, E. Fedulova, O. Tutina, O. Shumilova (Nizhny Novgorod, RU)

10. Diverticular disease: The effects of psyllium hydrophilic mucilloid
    O.V. Fedorova, E. Fedulova, O. Tutina, O. Shumilova (Nizhny Novgorod, RU)
11. Diverticular disease of the colon in children with inflammatory bowel disease
   E. Fedulova, O.V. Fedorova, O. Tutina, A. Bogomolov (Nizhny Novgorod, RU)

12. Emergency and elective surgery for diverticular disease
   P.G. Gazzetta, P. De Nardi, E. Orsenigo, S. Di Palo, C. Staudacher (Milan, IT)

13. Prophylactic effects of mesalamine in diverticular disease. Hypothesis and facts
   E.F. Georgescu, A. Gaman, R. Teodorescu, M. Tataru Abagiu (Craiova, RO)

14. Relation between the periampullary duodenal diverticulum (PDD) and pathology
   of the pancreas (retrospect analysis)
   S. Georgieva, P. Getsov, B. Vladimirov (Sofia, BG)

15. The relationship between periampullary duodenal diverticula and biliary disorders
   S. Georgieva, P. Getsov, B. Vladimirov (Sofia, BG)

16. Endoscopic retrograde cholangiopancreatography (ERCP) in patients with
   periampullary diverticula
   P. Getsov, S. Dineva, B. Vladimirov (Sofia, BG)

17. Diverticular bleeding – Does the use of aspirin and NSAIDs influence it?
   A. Goldis, R. Goldis, V. Lungu, I. Ratiu, D. Lazar (Timisoara, RO)

18. Diverticular disease-associated segmental colitis: A 14-year follow up
   F. M. Habal (Toronto, CA)

19. Utilisation of high frequency mini-probe ultrasound in the assessment of colonic
    wall thickness in patients with diverticular disease – A pilot study
   A. Haji, L. Shu-Ling, S. Ryan, I. Bjarnason, S. Papagrigoriadis (London, GB)

20. Conversion and complications in laparoscopic procedures for diverticular disease
    – Analysis, management, implications
   M. Hufschmidt, P.G. Peters, E. Wenzl (Feldkirch, AT)

21. Absence of cytomegalovirus (CMV) in perforated diverticulitis – A pilot study
   H. Hunt (Chapel Hill, US)

22. The clinical significance of breath test to diagnose lactose malabsorption in
    patients with diverticular disease of the colon
   A.A. Iakovlev, G.N. Tarasova, A.S. Volkov, I.G. Stolyarova (Rostov on Don, RU)

23. A clinico-pathological study of serotonin of sigmoid colon mucosa in association
    with chronic symptoms in uncomplicated diverticulosis
   S. Jeyarajah, N. Akbar, J. Moorhead, A. Haji, S. Banerjee, S. Papagrigoriadis
   (London, GB)
24. Sigmoid colon-complicated diverticulosis (case report)
   M. Kanashvili, M. Makhviladze, N. Rukhadze, T. Kuchuloria, B. Kanashvili,
   G. Gogishvili (Tbilisi, GE)

25. Laparoscopic sigmoid resection for diverticular disease – Change of surgical treatment
   S. Kathy, D. Toth, Z. Kincses (Debrecen, HU)

26. Localization of diverticulosis on colonoscopic examination
   C. Kaya, H. Bozkurtoglu, A. Ozturk (Istanbul, TR)

27. Acute lower gastrointestinal bleeding
   M. Konecny, V. Prochazka (Olomouc, CZ)

28. Relevance of comorbidity for postoperative lethality and morbidity after emergency surgery for perforated diverticulitis
   M.E. Kreis, M.H. Müller, M. Karpitschka, K.-W. Jauch (Munich, DE)

29. Acute diverticulitis – Up to 10 years prospective follow-up
   A. Lahat, B. Avidan, S. Bar Meir (Ramat Gan, IL)

30. Clinical characteristics of acute diverticulitis with abscess in Japan
   N. Manabe, K. Haruma, T. Kamada, H. Imamura, M. Tsukamoto, N. Yamashita,
   A. Shiotani, J. Hata (Kurashiki, JP)

31. Incidence and risk factors of recurrence in patients with acute diverticulitis in Japan
   N. Manabe, K. Haruma, T. Kamada, H. Imamura, M. Tsukamoto, N. Yamashita,
   A. Shiotani, J. Hata (Kurashiki, JP)

32. Left-sided colonic diverticulosis is associated with the higher risk of large bowel adenomas
   K. Neubauer, R. Dudkowiak, R. Kempinski, L. Paradowski (Wroclaw, PL)

33. Acute colonic diverticulitis: Predictors for early discharge
   J. Nifosi, P. De Nardi, C. Zotti, C. Staudacher (Milan, IT)

34. Glucocorticoid-induced TNF receptor (GITR) expression: Molecular link between steroid intake and complicated types of sigmoid diverticulitis?
   B.H.A. von Rahden, M. Grimm, S. Kircher, D. Landmann, M. Lazariotou,
   C.F. Jurowich, C.T. Germer (Würzburg, Nuremberg, DE)
35. Allergic predisposition, histamine and histamine receptor expression (H1R, H2R) are associated with complicated courses of sigmoid diverticulitis

36. Peculiarity of the infectious diseases with concurrent intestinal diverticulosis
N. Rukhadze, M. Kanashvili, M. Makhviladze, T. Kuchuloria, N. Zubadalashvili (Tbilisi, GE)

37. The role and importance of small bowel follow-through for diverticular disease diagnostics
T. Shatirishvili, O. Urushadze, M. Japaridze (Tbilisi, GE)

38. The diagnostic yield of colonoscopy following an acute diverticulitis – A single-center experience
H. Shirin, E. Yalunin, V. Sehayek-Shabbat, I. Levin, A. Chervinski, E. Atar, Y. Niv, H. Schmilovitz-Weiss (Zerifin, Petach Tikva, IL)

39. Pain cortical processing in symptomatic diverticular disease: A functional magnetic resonance imaging study

40. Colonic diverticulitis in the elderly
V. Vacariu, I. Romosan, C. Banciu (Timisoara, RO)

41. The clinical significance of breath test to diagnose of the small intestine bacterial overgrowth in patients with diverticular disease of the colon
A.S. Volkov, A.A. Iakovlev, I.G. Stolyarova (Rostov on Don, RU)

42. A case of diverticular perforation in a 71 year old female patient - A microscopic illustration of cellular events
A. Wincewicz, R. Dereniewicz-Wincewicz (Bialystok, Kielce, PL)
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**Opening Hours:**

- Thursday, September 1, 2011 16.00 – 21.00 h
- Friday, September 2, 2011 7.45 – 17.15 h
- Saturday, September 3, 2011 8.30 – 17.30 h

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**Congress Fees**

Scientific program of the Falk Symposium 178  
Students and residents  
€ 200.-  
€ 100.-

**Day ticket**  
Students and residents  
€ 120.-  
€ 60.-

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**The congress fees include:**

- Welcome Evening on September 1, 2011
- Refreshments during coffee breaks
- Lunch on September 2 and 3, 2011
- A copy of the abstract volume

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**Admission to Scientific Events**

For admission to scientific events your name badge should be clearly visible.
Congress Report
The official congress report of the Falk Symposium 178 “Diverticular Disease: A Fresh Approach to a Neglected Disease” will be published in English in the first half of 2012 by Karger Publishers, Basel, Switzerland. Orders for this book at a reduced subscription price of € 35,- can be placed at the Congress Office during the congress in Cologne.

Congress Short Report
The congress short report of Falk Symposium 178 will be published by the Falk Foundation e.V. with number FSK 178 in the first half of 2012.

Orders for this short report, free of charge, can be placed with the Falk Foundation e.V.

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