

Clinical Pearls: Up-to-Date Cases in GI
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Until now, I have always considered the meeting syllabus to be minimally useful to the attendee (followed along once during the meeting if a copy of the slides was provided or forgotten altogether if it consisted of a multi-page synopsis of the talk).

This web based syllabus, however allows me to provide you with excellent resources that I hope you will use to enhance your own clinical practice. Each subject includes:

- 1) Clinical Pearls
- 2) One or two pertinent review articles that are worth your read (especially ** articles). I have attached links to many of the full text articles.
- 3) Link to Patient Resources – the IBS section has a link to the UVA Nutrition Support Services website. This website is a great resource for other patient handouts and also provides you with contact information for their nutrition consult services.

Irritable Bowel Syndrome (IBS)

- Adverse reaction to one or more foods and postprandial worsening of symptoms are common in IBS patients.
- ~2/3 of IBS patients exclude food items from their diet to improve symptoms.
- FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) are poorly absorbed short-chain carbohydrates.
- If a proportion of FODMAPs pass unabsorbed through the small intestine, luminal water content increases through osmosis and gas production increases via fermentation by gut bacteria resulting in intestinal distension that may cause symptoms in susceptible individuals.
- A low FODMAP diet can reduce the severity of all key symptoms of IBS – abdominal pain, bloating and bowel habit dissatisfaction.
- A low FODMAP diet was well tolerated and the nutritional composition can meet current nutritional recommendations.

Low FODMAP Diet (patient resource) – from UVA Nutrition Support Services:
http://www.medicine.virginia.edu/clinical/departments/medicine/divisions/digestive-health/nutrition-support-team/patient-education/Low_FODMAP_Diet_12-2012.pdf

UVA Nutrition Support Services website (see below). See “Patient Education Handouts” under “Patient Resources” for other excellent patient friendly dietary handouts
<http://www.medicine.virginia.edu/clinical/departments/medicine/divisions/digestive-health/nutrition-support-team>

**A Diet Low in FODMAPs Reduces Symptoms of Irritable Bowel Syndrome
Halmos EP, Power VA, et al. Gastroenterol 2014; 146:67-75
[http://www.gastrojournal.org/article/S0016-5085\(13\)01407-8/fulltext](http://www.gastrojournal.org/article/S0016-5085(13)01407-8/fulltext)

Diet as a Therapy for Irritable Bowel Syndrome: Progress at Last
Simren M. Gastroenterol 2014;146:10-12

Diverticular Disease

- Colonic diverticulosis is extremely common in developed countries - diverticulosis was found in 71% of colonoscopies in individuals >age 80.
- Complications of colonic diverticula = significant disease burden: In 2009: diverticular disease was the 6th most frequent outpatient GI diagnosis (2.6 million clinic visits) and the most common inpatient GI diagnosis in the U.S. (283,355 hospitalizations at a cost of 2.7 billion dollars). 22% of patients admitted with diverticulitis underwent urgent or elective surgery.
- Contrary to conventional wisdom, a high-fiber diet may not protect patients from developing asymptomatic diverticulosis.
- The risk of developing diverticulitis among individuals with diverticulosis is probably much lower than the commonly quoted 10% to 25% - it may be as low as 1% over 11 years.
- Nuts and seeds do not increase the risk of diverticulitis or diverticular bleeding.
- It is unclear whether diverticulosis (absent diverticulitis or overt colitis) is responsible for chronic GI symptoms or worse quality of life.
- The American Society of Colon and Rectal Surgeons recommends consideration of elective sigmoid colectomy after recovery from acute diverticulitis on a case-by-case basis with the decision based on age, comorbid disease, the frequency/severity of attacks and whether symptoms persist after the acute episode. (Rather than the previously held convention to consider surgery for complicated diverticulitis, after a second episode of diverticulitis, or in cases of diverticulitis in young people.)
- A colonoscopy should be performed to exclude colon cancer after an attack of acute diverticulitis (~6-8 weeks following acute episode) but may not alter outcomes among individuals who have had a colonoscopy before the attack.

**Diverticular Disease: Reconsidering Conventional Wisdom

Peery AF, Sandler RS. Clin Gastroenterol Hepatol 2013; 11(12):1532-37

[http://www.cghjournal.org/article/S1542-3565\(13\)00623-X/fulltext](http://www.cghjournal.org/article/S1542-3565(13)00623-X/fulltext)

Constipation and Low Fiber Diet Are Not Associated with Diverticulosis

Peery AF, Sandler RS, et al. Clin Gastroenterol Hepatol 2013; 11(12):1622-1627

Long-term Risk of Acute Diverticulitis Among Patients with Incidental Diverticulosis Found During Colonoscopy

Shahedi K, Fuller G, et al. Clin Gastroenterol Hepatol 2013; 11(12):1609-13

Clostridium Difficile Infection (CDI)

- Wash your hands! Alcohol based hand antiseptics DO NOT reduce hand carriage of *C difficile* – hand washing with soap and water is recommended.

- PCR testing is superior to toxins A+B EIA testing. Repeat testing should be discouraged and testing for cure should not be done. Toxins A+B EIA may remain positive for as long as 30 days following the resolution of symptoms.
- If a patient has strong pre-test suspicion for CDI, empiric therapy should be considered regardless of the laboratory testing result, as the negative predictive values for CDI are not high enough to exclude disease in these patients
- Treatment of mild to moderate CDI: Metronidazole 500 mg po TID x 10 days
- Treatment of severe CDI (or metronidazole allergic, or pregnant/breastfeeding women): Vancomycin 125 mg po QID x 10 days
- The first CDI recurrence can be treated with the same regimen used for the initial episode. If severe, vancomycin should be used
- The second recurrence should be treated with a pulsed vancomycin regimen (one option: vancomycin 125 mg QID x 10 days then one dose (125 mg) every three days for a total of 10 doses)
- Fecal microbiota transplant should be considered after a third recurrence following the pulsed vancomycin regimen

**Guidelines for Diagnosis, Treatment, and Prevention of *Clostridium difficile* Infections

Surawicz CM, Brandt LJ, et al. Am J Gastroenterol 2013; 108:478-98

<http://gi.org/guideline/diagnosis-and-management-of-c-difficile-associated-diarrhea-and-colitis/>