GI Pearls and…
Diagnostic Errors

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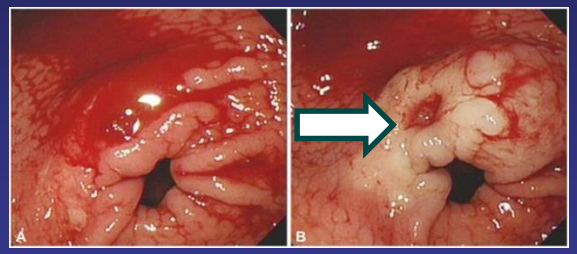
Disclosures

- Editor: NEJM J Watch Gastro (esophageal)
  : WebMD/MedScape (Gastro)
- Consultant: Pfizer, Aries, CRH Medical

Helicobacter pylori testing

- 34 year old Hispanic epigastric pain 2 weeks
  -worse with eating
  -melena for the last 24 hrs



- Emergent upper endoscopy: 1 cm prepyloric ulcer
  -active bleed which is controlled by endoscopic therapy
  -antral biopsies: Helicobacter pylori
- PPI, clarithromycin, amoxicillin, metronidazole x **14 d**
  - 8 week PPI
- Seen back in the office 10 weeks off all meds
- You recommend:

Next Test

A H pylori serology (IgG)

B H pylori serology (IgA)

C Repeat endoscopy with biopsy

D Stool for HP antigen

E No further test- observation for recurrence

H.Pylori testing

- Appropriate testing document eradication
  - stool antigen for H.pylori
  - urea breath test
  - biopsy (only if endoscopy to be repeated)
- Repeat testing >4 weeks post completion Rx
- PPIs may affect sensitivity/specificity of non-serologic testing
  - hold PPI at least 1 week

Am J Gastroenterol 2017; 112 (2), 212-239

H pylori Treatment

- Most patients will be better served first line Tx:

  -bismuth quadruple therapy *or*

  -concomitant therapy consisting of

PPI, clarithromycin, amoxicillin, metronidazole

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H. Pylori - Pearls

- 14 day treatment duration
- New treatments-quadruple based tx
- All treated patients- document eradication
- Serology testing not for eradication f/u

CRC Screening
Fecal Blood Testing

- 52 yr old Caucasian male seen annual physical exam
- Initial screening colonoscopy (age 50)

  -mild diverticulosis and hemorrhoids

  -GI colonoscopist recommended repeat 10 yrs
- He reports his father recently diagnosed CRC age 86
- What test would you recommend for CRC screening?

Next Test

A Hemoccult testing x 3 (FOBT)

B Fecal immunohistochemical test x1 (FIT)

C Fecal DNA (Cologuard)

D No test at present

- repeat colonoscopy 10 yrs after first exam

E EpiproColon (Septin 9 serum assay)

CRC Screening

- After high quality screening colonoscopy

  -no alternative screening if colonoscopy to be repeated
- FOBT no longer recommended (replaced by FIT)
  - Improves sensitivity/specificity
  - Any + FIT warrants colonoscopy

Am J Gastroenterol 2017; Jul;112(7):1016-1030

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CRC Screening Pearls

- FIT replaces FOBT
- No interval sceen testing if 10 yr colonoscopy
- Family hx CRC >60
  -First degree relative begin at 40 then q 10
- Age to stop
  -USPTF 85 yr
  -MSTF- consider comorbidities (life <10 yrs)

Abdominal Pain Evaluation

- 24-year-old Caucasian woman RUQ pain
  - dull ache with intermittent stabbing severe pains
  - improved with recumbence
  - intermittent nocturnal awakening (rolled her right side)
  - no change with meals/ associated relief with BM
  - no radicular pain

Abdominal Pain Evaluation

- Onset:
  - backpacking hiking vacation trip to Europe
  - swinging backpack/carrying infant extended hiking
- Return home month ago but since
  - experienced it on two separate occasions
  - severe enough that she went to the emergency room
  - normal CAT/labs x2
- PE: point tender RUQ over gallbladder area
  - more tender flexes abdominal muscles/raises off bed
  - no rebound/normal BS/no rashes

Next Test

A CCK Hida (evaluation ejection fraction)

B MRCP

C ERCP

D Referral for upper endoscopy

E Local heat/analgesics

Abdominal Pain Evaluation

- Good history/classic physical finding
  -abdominal wall pain
- Carnett's sign
  -patient supine/ find exact point maximally tender
  -fold arms flex up
  -examiner kept fingers point of max tenderness
- Carnett's hypothesis
- Savings average $900 per case /avoidance testing

Clin Translat Gastro 2016; 7: e136

Next Test

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Abdominal Pain – Carnett's Pearls

- Local heat/NSAIDs/topical analgesics
- Look for causes
  - habitus/posture
  - take good history
  - look at back/posture/shoulders/pelvis tilt

Clostridium difficile Testing

- 75 yr old female acute diarrheal illness
- Recent tx amoxacillin for URI
- No prior history of diarrheal disease
- C difficele + glutamate dehydrogenase (GDH)

  - Rx flagyl 500 mg tid for 10 days
- Seen your office 2 weeks post treatment

  -resolution diarrhea now normal BM

What is best recommendation for next test?

Next Test

A C. difficile glutamate dehydrogenase (GDH)

B CDI Nucleic Acid Amplification Gene Testing

C EIA detection toxin A+B toxin

D No CDI test at present

E Immune deficiency evaluation

Clostridium difficile Testing

- 50% responded to treatment

  -asymptomatically can shed *C difficile* spores 6 weeks
- After successful treatment

  -stool assays often remain + for months

  -indicating ongoing colonization w/o clinical disease

JAMA Intern Med 2015 ;175(11): 1746-1747
Am J Gastroenterol 2013; 108:478–498;
Clin Infect Dis. 2018; doi: 10.1093/cid/cix1085

Clostridium difficile Testing

- Repeated demonstration stool + by laboratory assays
  - repeated stool test of cure ***not recommended***
  - even more so patients ***not have ongoing diarrhea***

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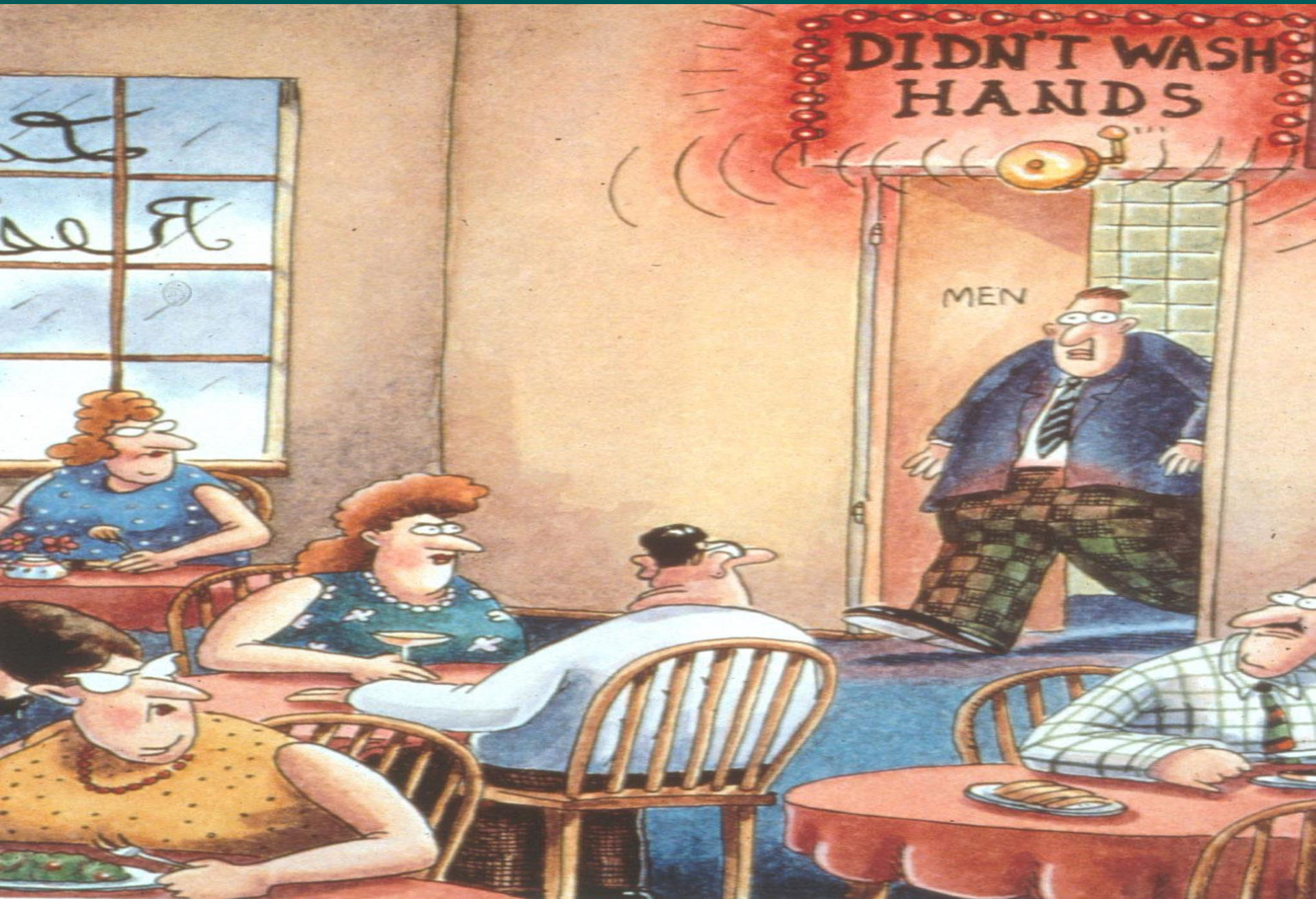
E Immune deficiency evaluation

C diff. Pearls

- No test if not diarrhea
- “Toilet hygiene” discussion
- Prophylaxis for high risk patients
- FMT treatment option
  - high risk
  - recurrence

BELL RINGERS



Be Thoughtful and.. Careful with Change