



GI Potpourri: The Best of DDW with Emphasis on Small Bowel, Celiac, Motility, Pancreas, etc.



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Potpourri

Pronunciation: \,pō-pû-'rē\

www.merriam-webster.com

Function: noun

Etymology: French pot pourri, literally, rotten pot

Date: 1749

1 : a mixture of flowers, herbs, and spices that is usually kept in a jar
and used for scent

2 : a miscellaneous collection : medley, a potpourri of the best songs
and sketches

GI Potpourri



- No IBD
- No colon cancer
- No interventional endoscopy
- No esophagus
- No liver disease
- No obesity
- No practice management



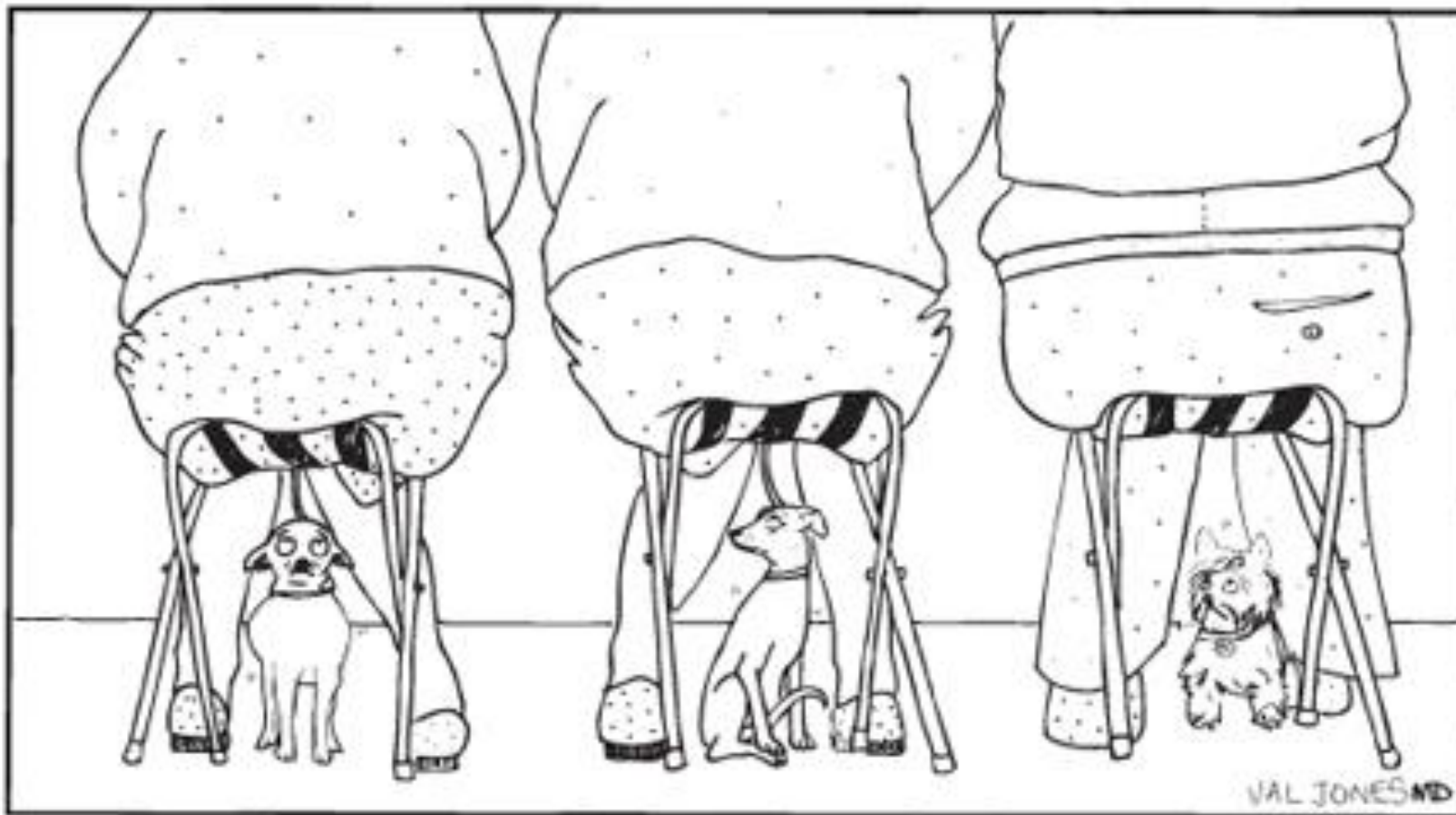
The end...



Thank you Tami for your invitation!



Stanford faculty resilience...



Nervous little dogs “face their fears” at an anxiety management seminar...

GI potpourri

- Stomach
- Small intestine
- Celiac
- Small bowel and colonic motility
- Pancreas
- IBS
- Etc...



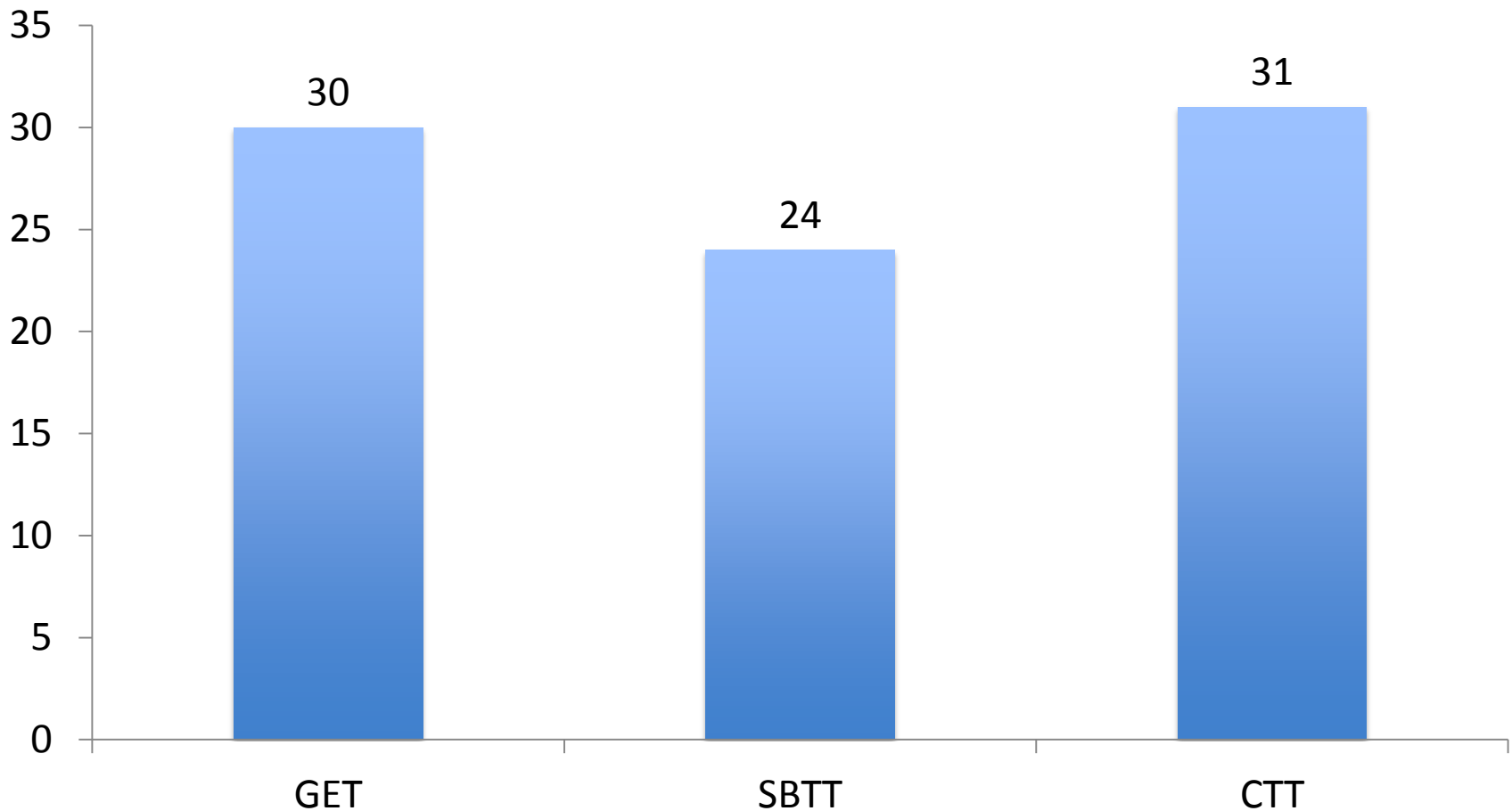
Gastroparesis a pan-enteric neuropathic disorder in 30% of cases

A wireless capsule endoscopy (**smartpill**) assessment of 90 patients with gastroparesis symptoms

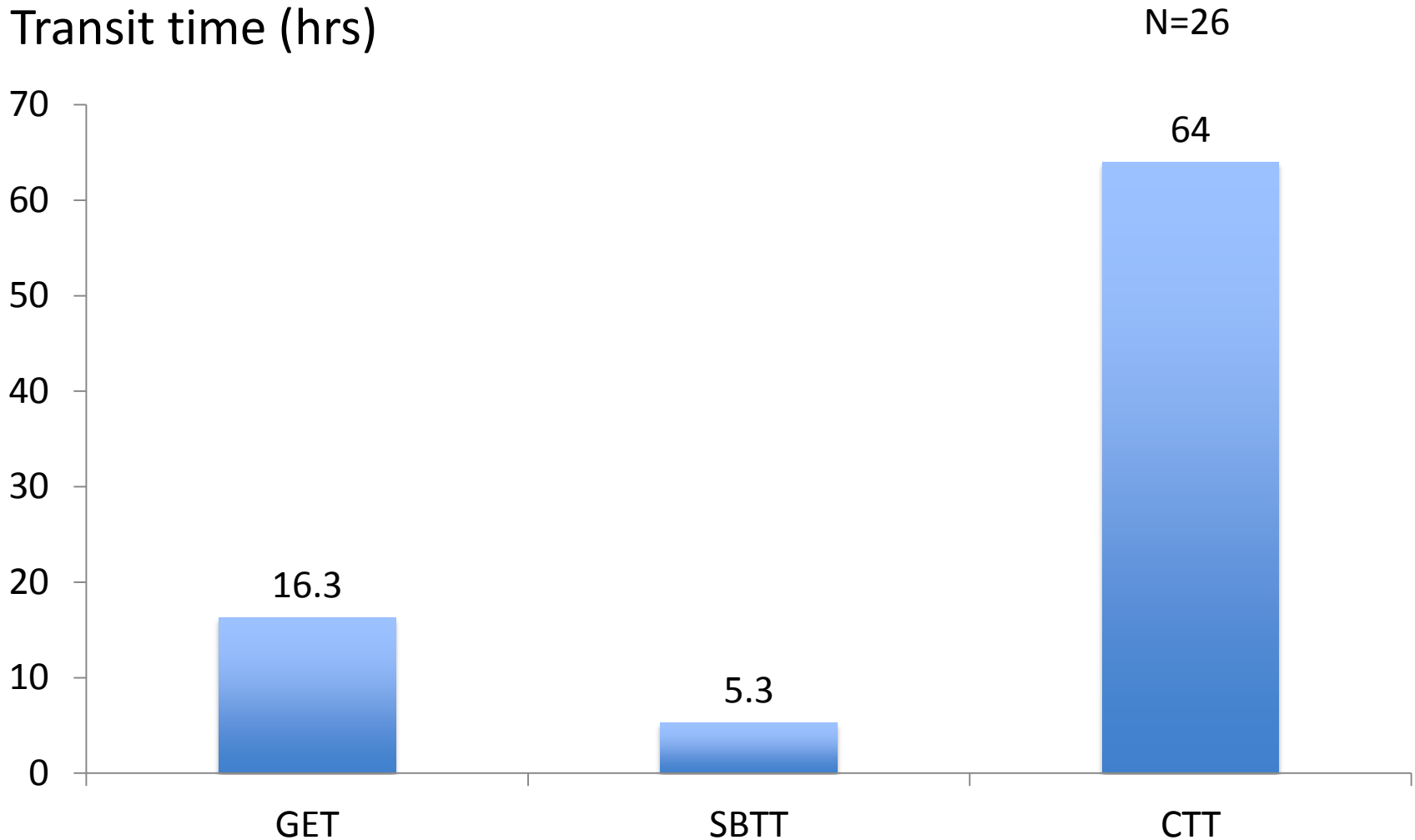


WMC abnormalities in 90 patients with gastroparesis symptoms

Percent abnormal



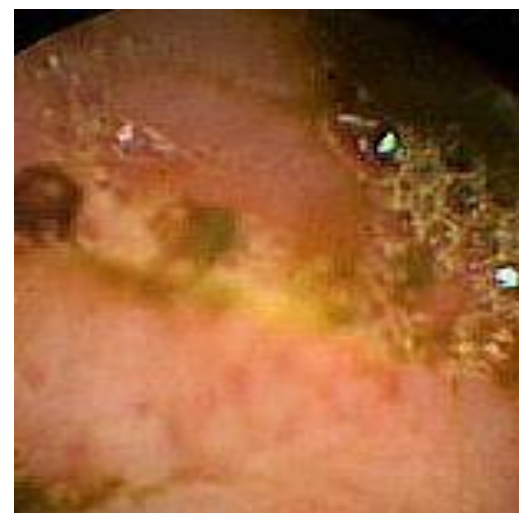
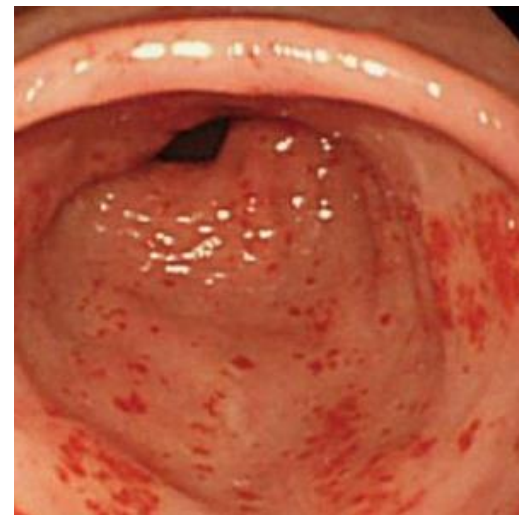
Magnitude of abnormalities in 26 confirmed patients with gastroparesis



Message

- Consider WMC in patients suspected to have gastroparesis (nausea, vomiting, epigastric pain, bloating, and postprandial fullness)
- You may find prolonged small bowel transit time, possibly contributing to SIBO and requiring therapy
- You may find slow-transit constipation in need for therapy
- Cohort, observational study but clinically useful

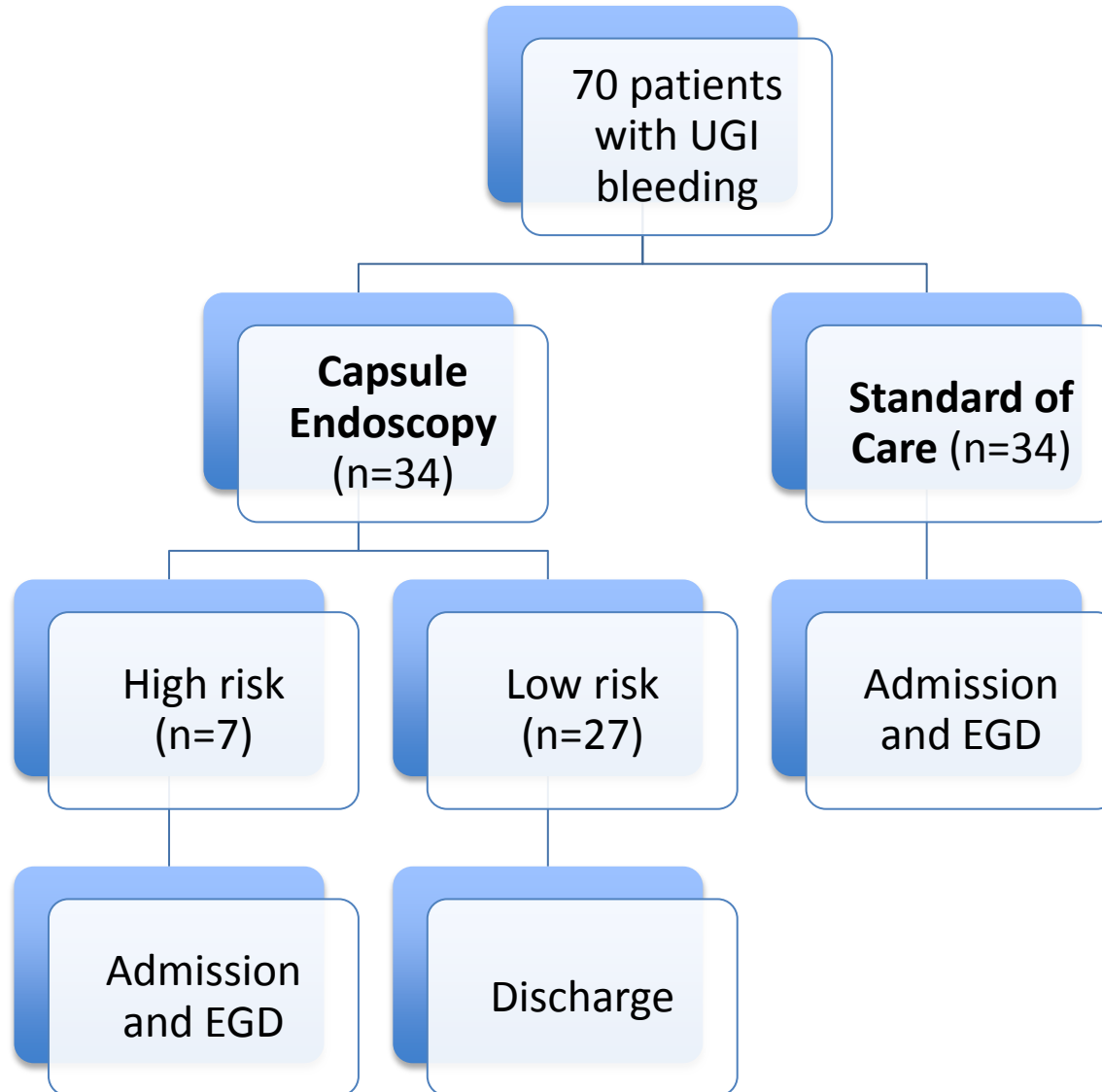
Capsule endoscopy in ER can reduce unnecessary admission for UGI bleeding



Methods

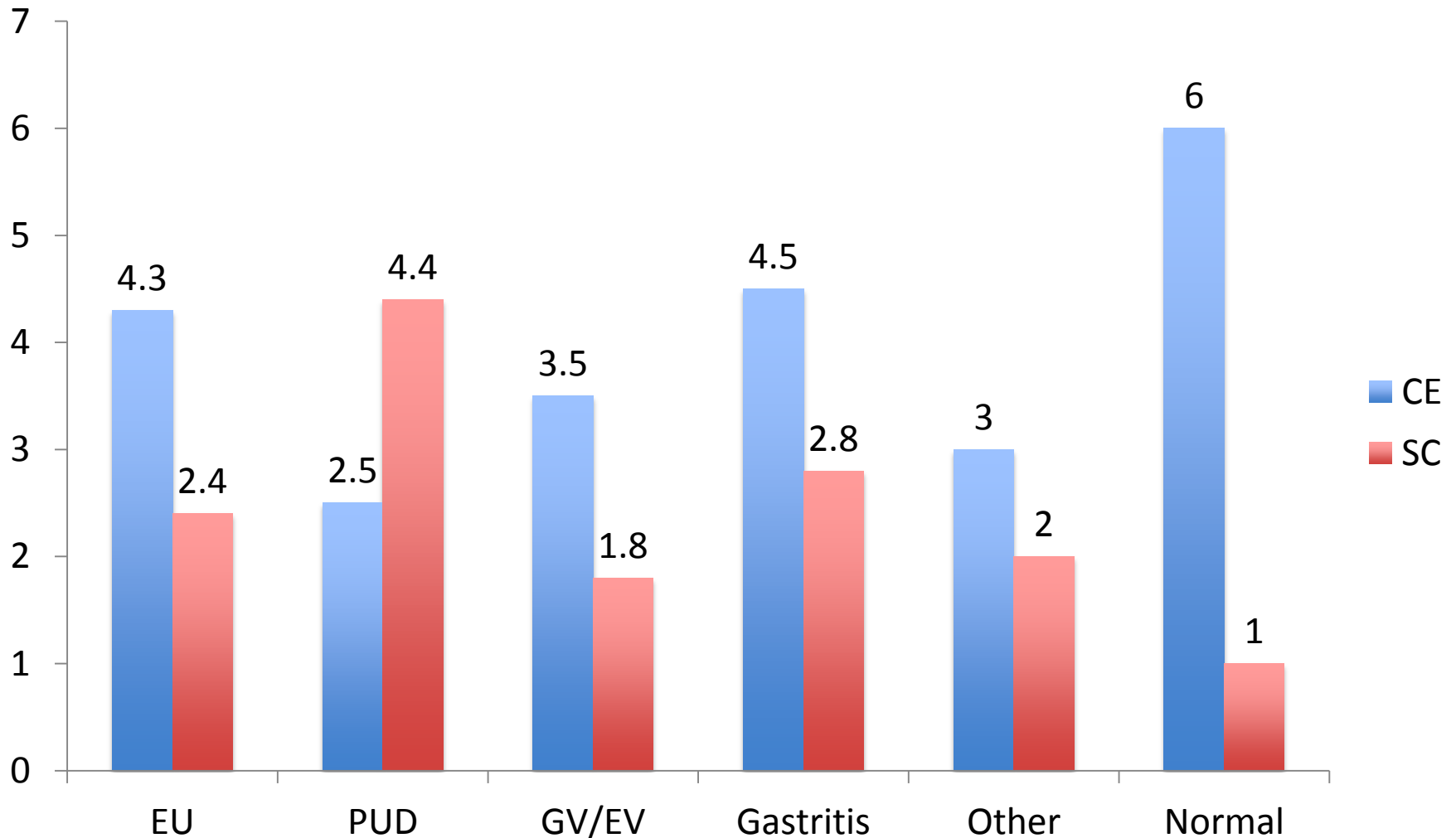
- Patients with coffee ground emesis/melena
- High-risk requiring admission and urgent endoscopy
 - >5 ml coffee ground or fresh blood in stomach
 - Active oozing or spurting blood from UGI tract
 - Visible vessel or blood clot at ulcer base
 - Esophageal or gastric varices with red wale sign or fibrin clot
- Outcomes
 - Recurrent bleeding within 3 days
 - 30 day mortality

Prospective randomized trial



Reasons for UGI bleeding

Number



Message



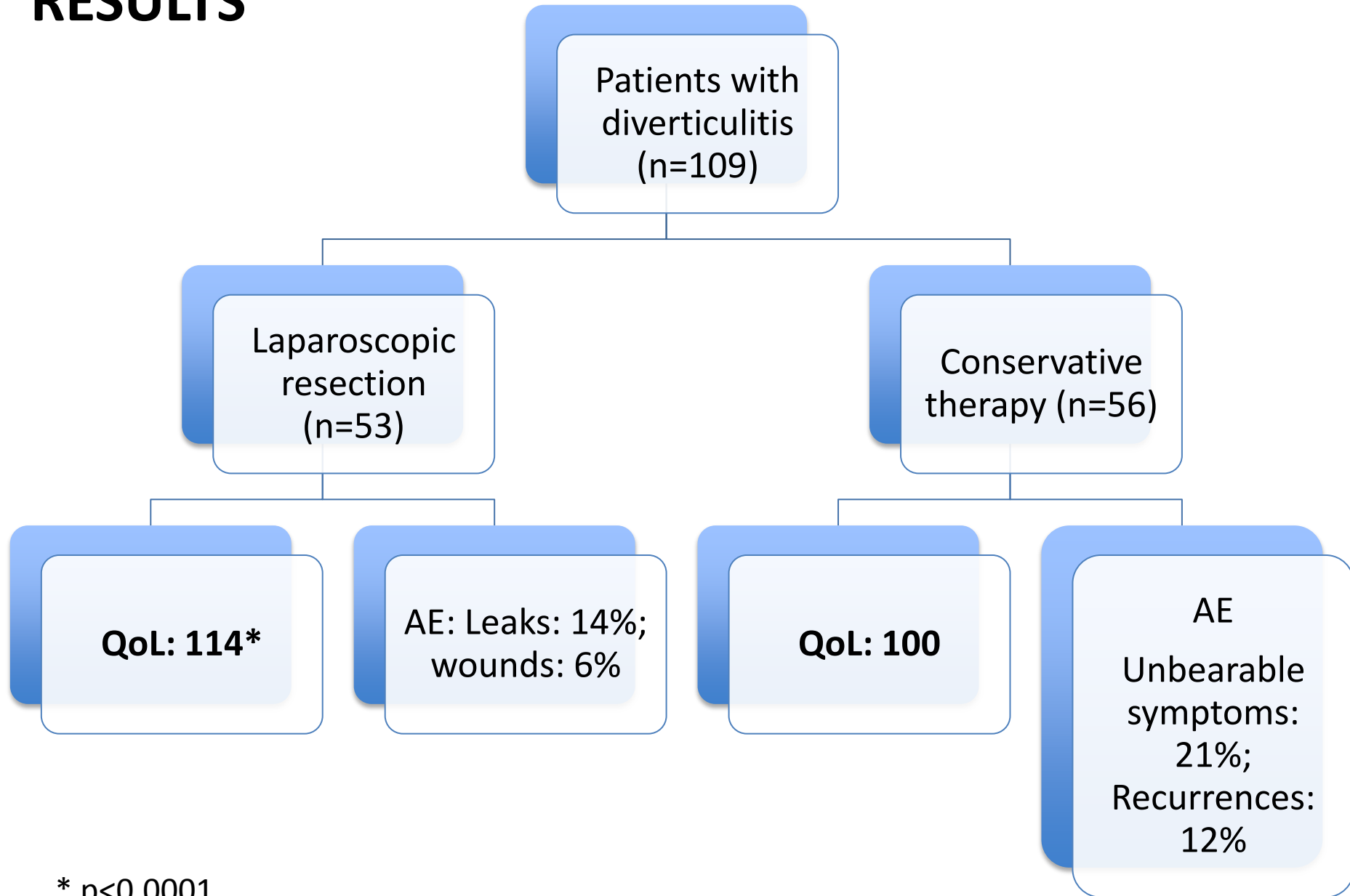
- Capsule endoscopy can select most of the high-risk patient presenting with coffee ground vomiting or melena for hospital admission and urgent endoscopy
- Only 1 of the 27 CE patients discharged home was found to have active bleeding (GU with visible vessel)
- None of the patients in both CE and ST group had early recurrent bleeding or died
- Underpowered but provocative RCT with savings potential

Surgery versus conservative treatment for recurrent and ongoing diverticulitis

The DIRECT trial in the Netherlands

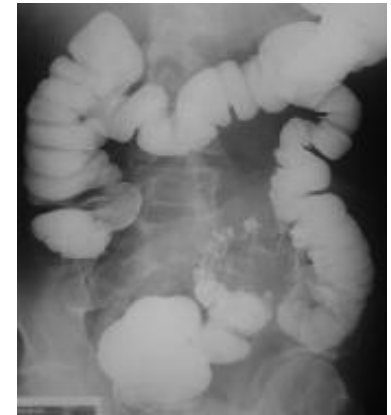


RESULTS



* $p < 0.0001$

Message



- Elective resection for patients suffering from recurrences and ongoing complaints after an episode of diverticulitis significantly improves quality of life compared to conservative management
- Procedure related risks should be taken into account and should be thoroughly discussed with the patient
- Important RCT, useful in clinical practice; not compared to 5-ASA therapies

Significance of intra-abdominal pressure in the course/outcomes of acute pancreatitis



IAP and acute pancreatitis

- Increased intra-abdominal pressure (IAP) is a frequent finding in severe pancreatitis
- Normal IAP is ≤ 5 mm Hg
- Intra-abdominal hypertension (IAH): IAP >12 mm Hg
- Abdominal compartment syndrome (ACS): IAP >20 mm Hg along with new-onset organ failure
- **AIMS:** To correlate IAP with the outcome of patients with acute pancreatitis and study the effect of percutaneous drainage (PCD) on IAP

Prospective, observational study

- 50 patients (56% M) with severe pancreatitis; IAH was seen in 46%.
- IAH correlated with higher rates of infective complications (39% vs. 4 %), TPN requirement (34% vs. 0%), longer hospital stay (29 days vs. 11 days) and ICU care (18 days vs. 6 days).
- IAH patients required significantly more PCD (43% vs. 0%)
- IAP decreased significantly in patients undergoing PCD as compared to those who did not (5.2 mmHg vs. 2.5 mmHg).
- In IAH, surgery was required in 13%; mortality was 8.6%; patients without IAH did not have mortality or need for surgery

Message

- IAH is significantly associated with disease severity.
- Insertion of PCD helps in decreasing IAH in patients of acute pancreatitis with fluid collections
- Prospective, observational study that reminds of a serious complication of severe pancreatitis

Propofol sedation by anesthesiologist v. GI-led team using SEDASYS[®]



versus



D. Pambianco, et al. DDW 2015

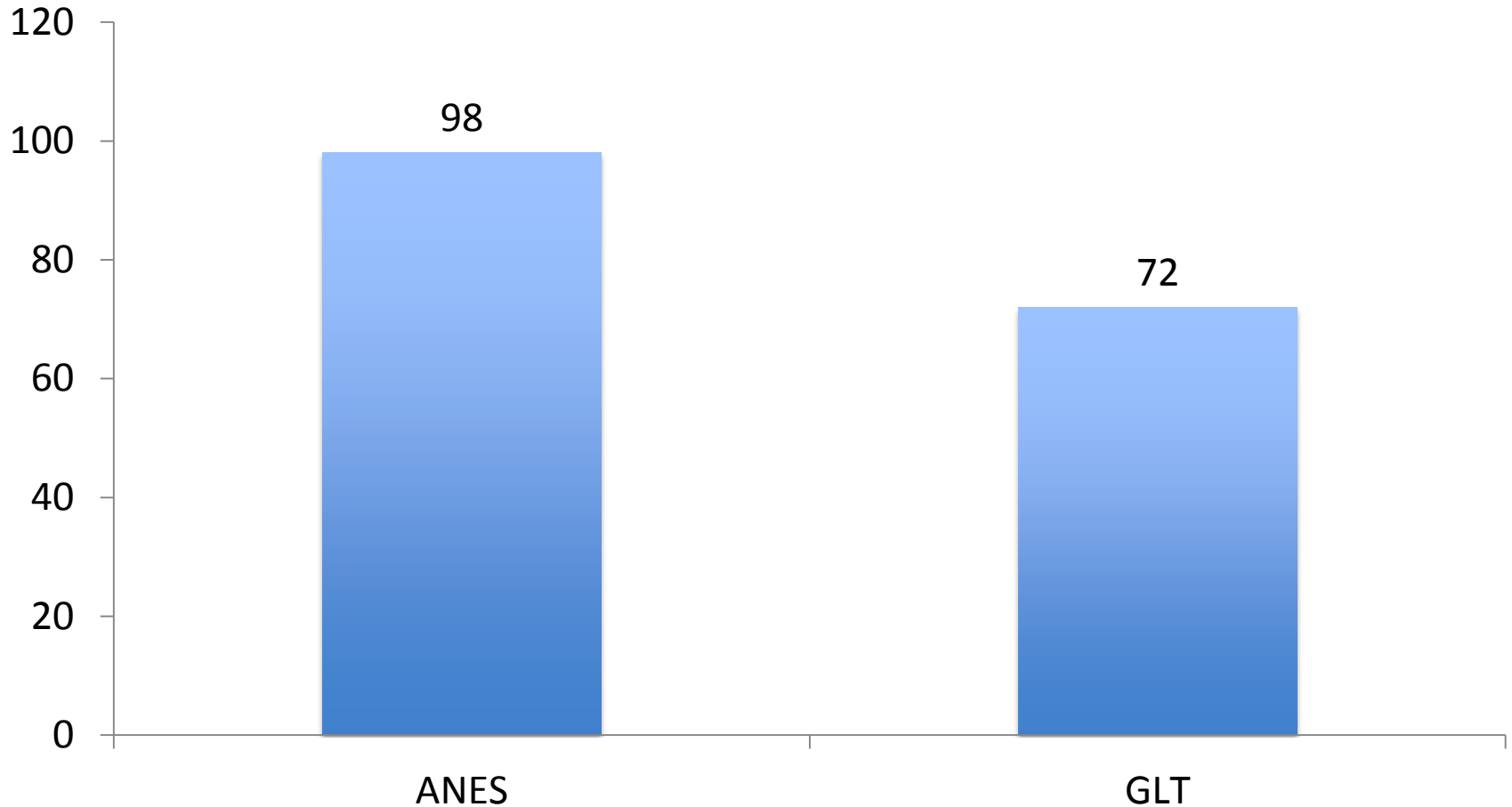
Methods

- Post-hoc analysis of multicenter, randomized clinical trial.
- 210 ASA I and II, patients (ages 21-87, BMI 15-34) undergoing colonoscopy and EGD
- 101 sedated by an anesthesiologist (ANES) and 109 by a gastroenterologist-led team (GLT) using SEDASYS
- Target sedation was “moderate”
- Adequacy of sedation was assessed by:
 - proportion of subjects moderately sedated
 - patient satisfaction with sedation received
 - gastroenterologist satisfaction with sedation

Anesthesiologists administer higher total dose of propofol

No statistical difference in adequacy of sedation

Dose in mg



Message

- There was no statistical difference in adequacy of sedation between ANES and GLT
- More ANES subjects reach deeper sedation.
- 2 propofol related cardiorespiratory adverse events in ANES subjects and 3 in GLT subjects. There were no bag-mask ventilations in either group and no SAEs
- Underpowered study; intention of moderate sedation; reimbursement issues not clear

24 hour results from an RCT to evaluate a novel peppermint oil delivery system (IBSREST™ trial)

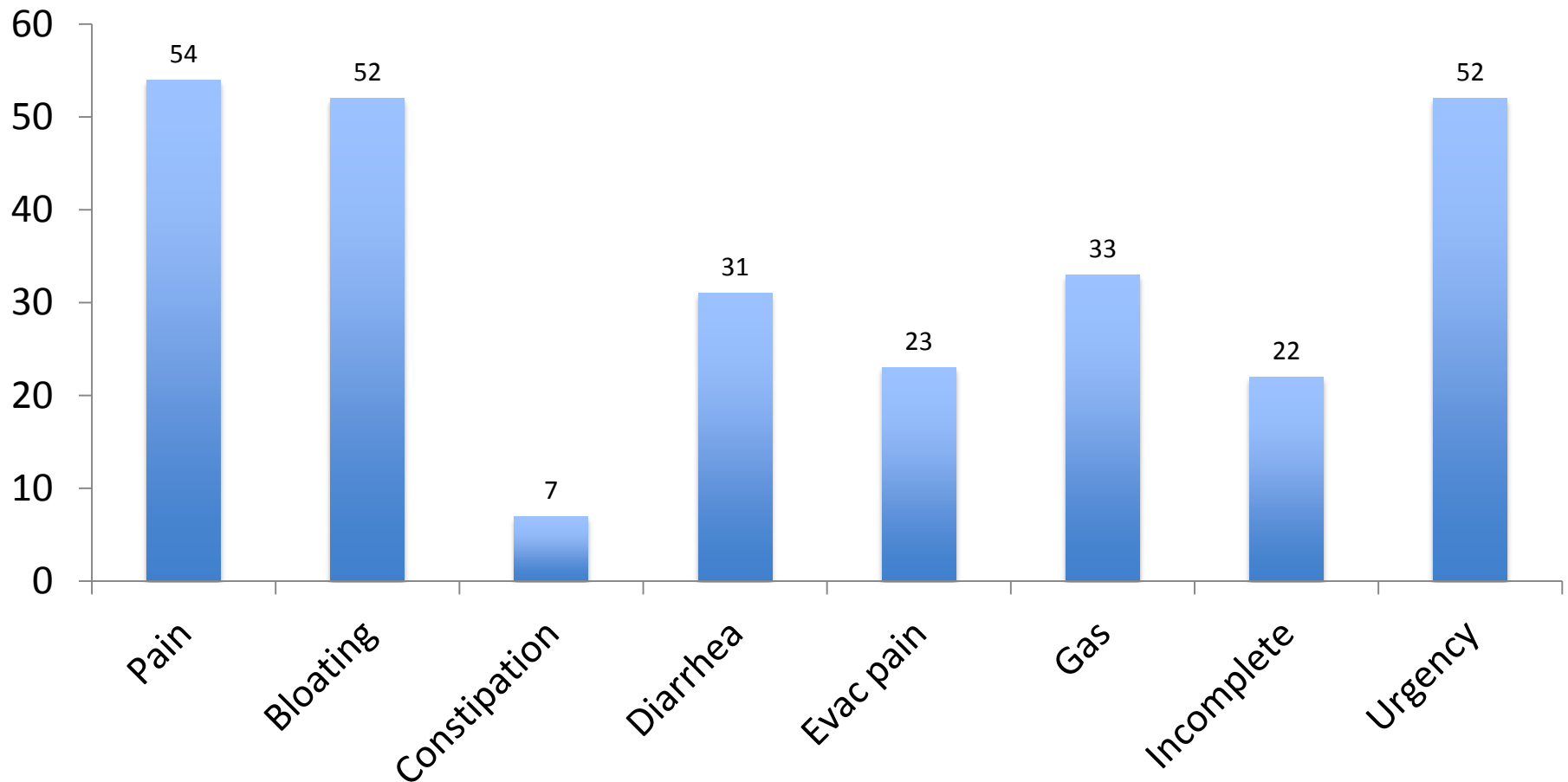
- Peppermint oil (PO) and its principal active component, L-menthol, have anti-spasmodic, anti-inflammatory, 5-HT₃ and anti-bacterial properties



- IBgard® is triple-coated, sustained release microspheres to provide quick and reliable exposure of PO to the small bowel
- OTC

All 8 IBS symptoms improve at 24 hr of tid lbgard RCT data

% change over placebo





Message

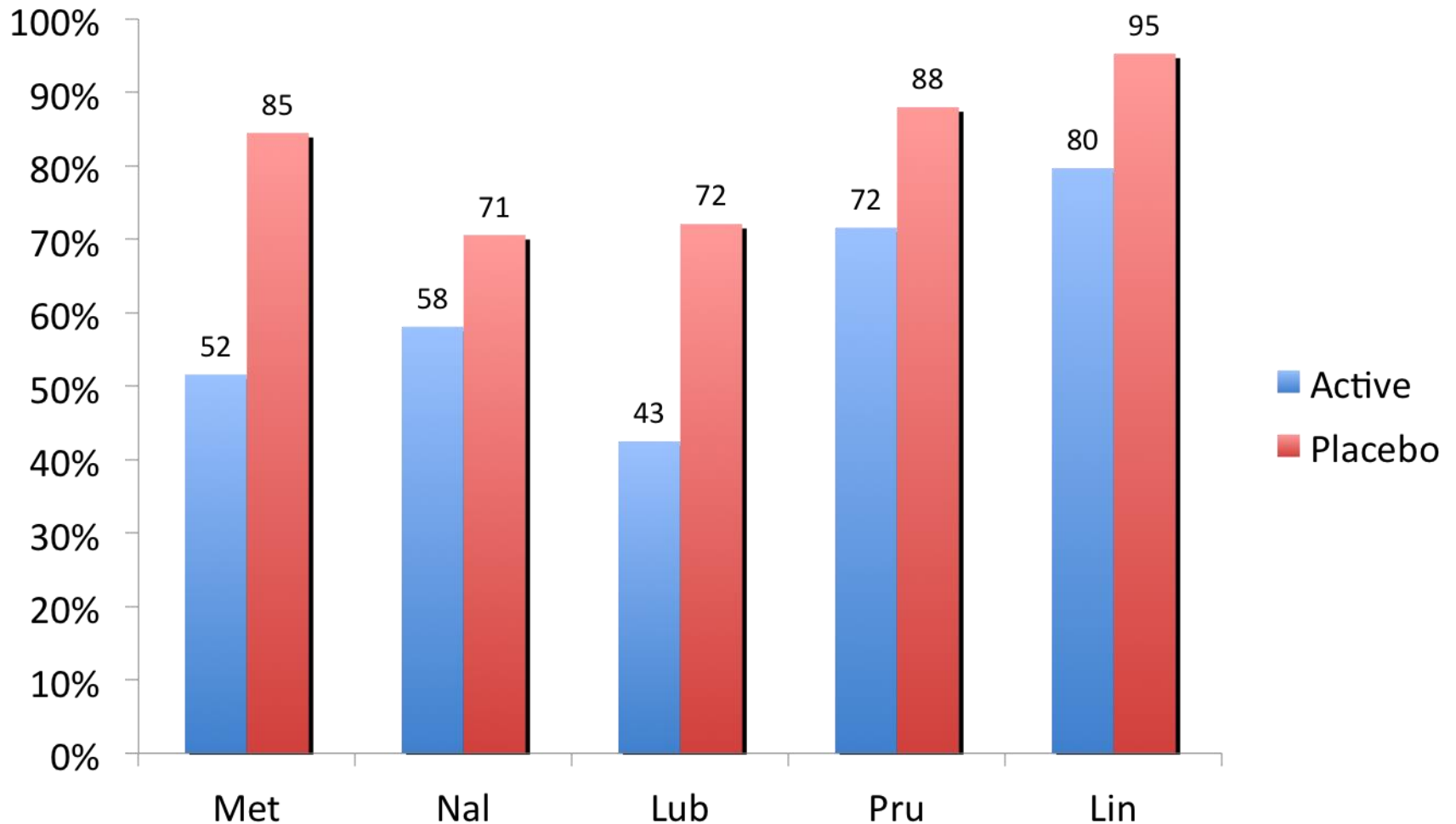
- 24 hours after starting treatment with an ultra-purified PO tid, a preparation targeted for sustained release from microspheres in the small intestine, subjects report reduced intensity and frequency of all 8 IBS symptoms
- One day data of an RCT trial of 4 weeks duration
- Within one day response suggests value of the product as a PRN tool to relieve IBS symptoms

A Questionable Investment for Our Patients: Challenging the Efficacy of New Therapies for Opioid-induced and Chronic Idiopathic Constipation

- An analysis of published data from randomized, placebo-controlled clinical trials of treatments for opioid-induced constipation (OIC) and chronic idiopathic constipation (CIC)
 - **Methylnaltrexone** (NEJM 2008; 358:2332)
 - **Naloxegol** (NEJM 2014; 370:2387)
 - **Lubiprostone** (Am J Gastro 2008; 103:170)
 - **Prucalopride** (NEJM 2008; 358:2344)
 - **Linaclotide** (NEJM 2011; 365:527)

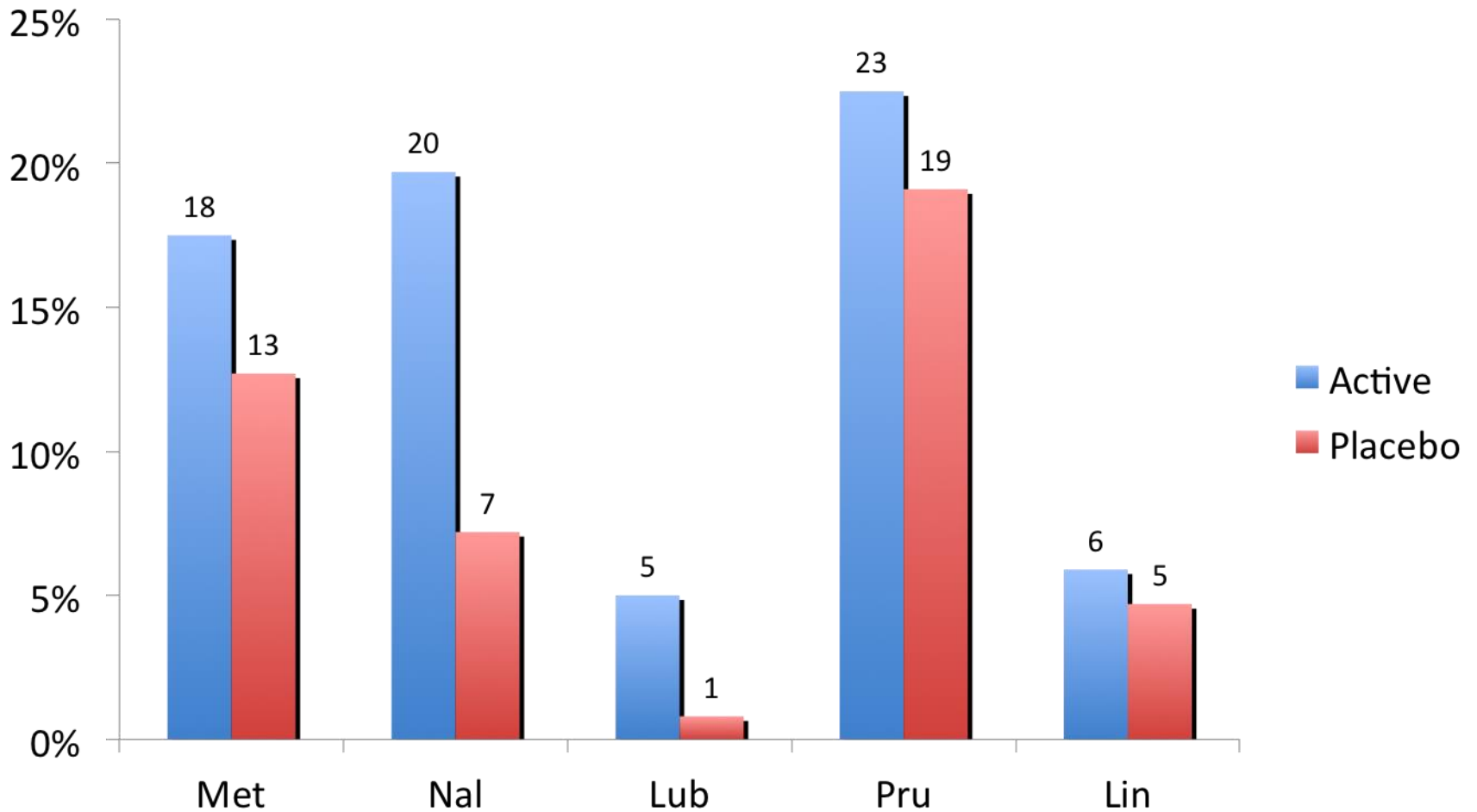
Constipation

Percentage of subjects remaining constipated



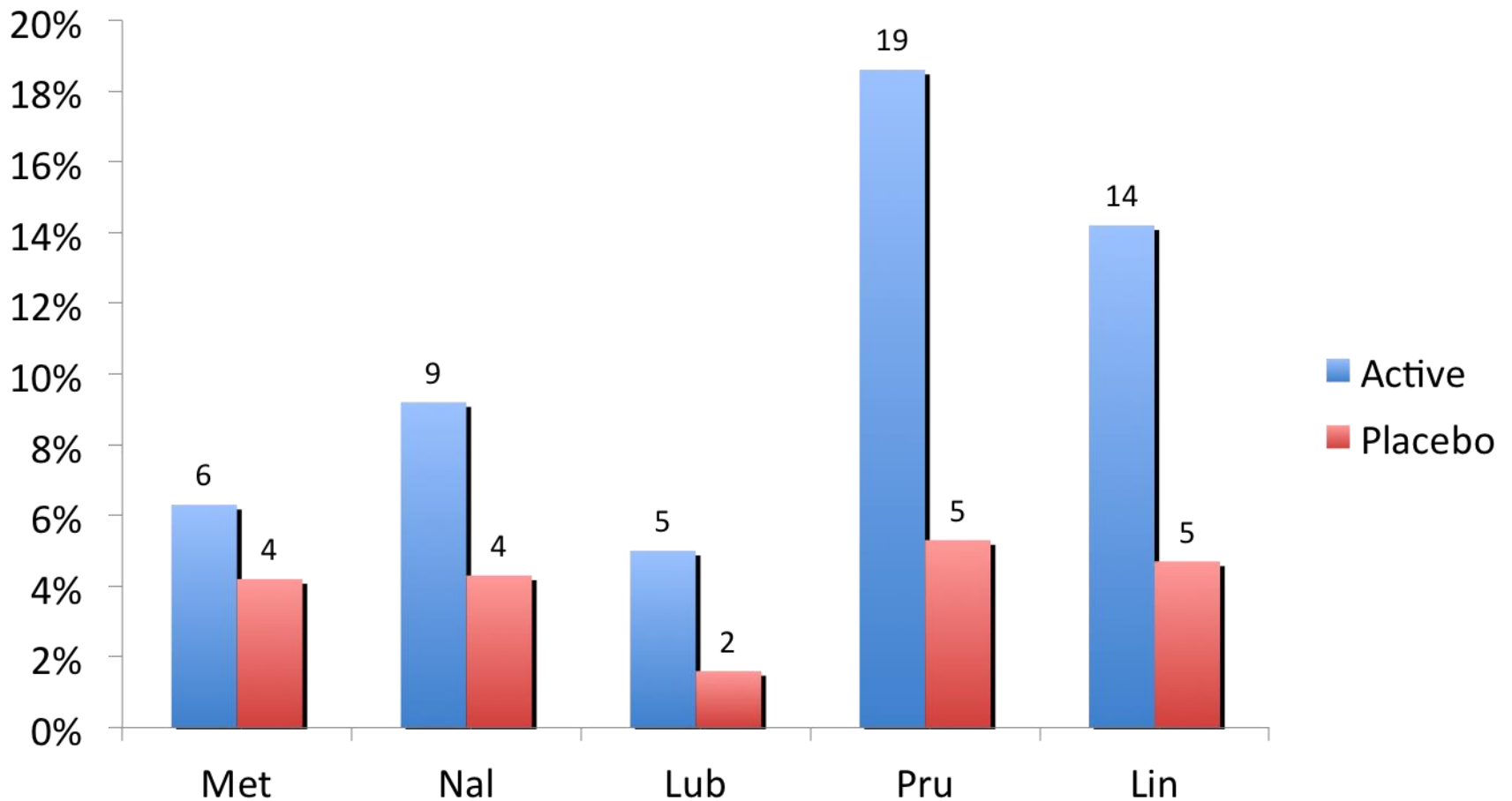
Abdominal pain

Percentage of subjects



Diarrhea

Percentage of subjects

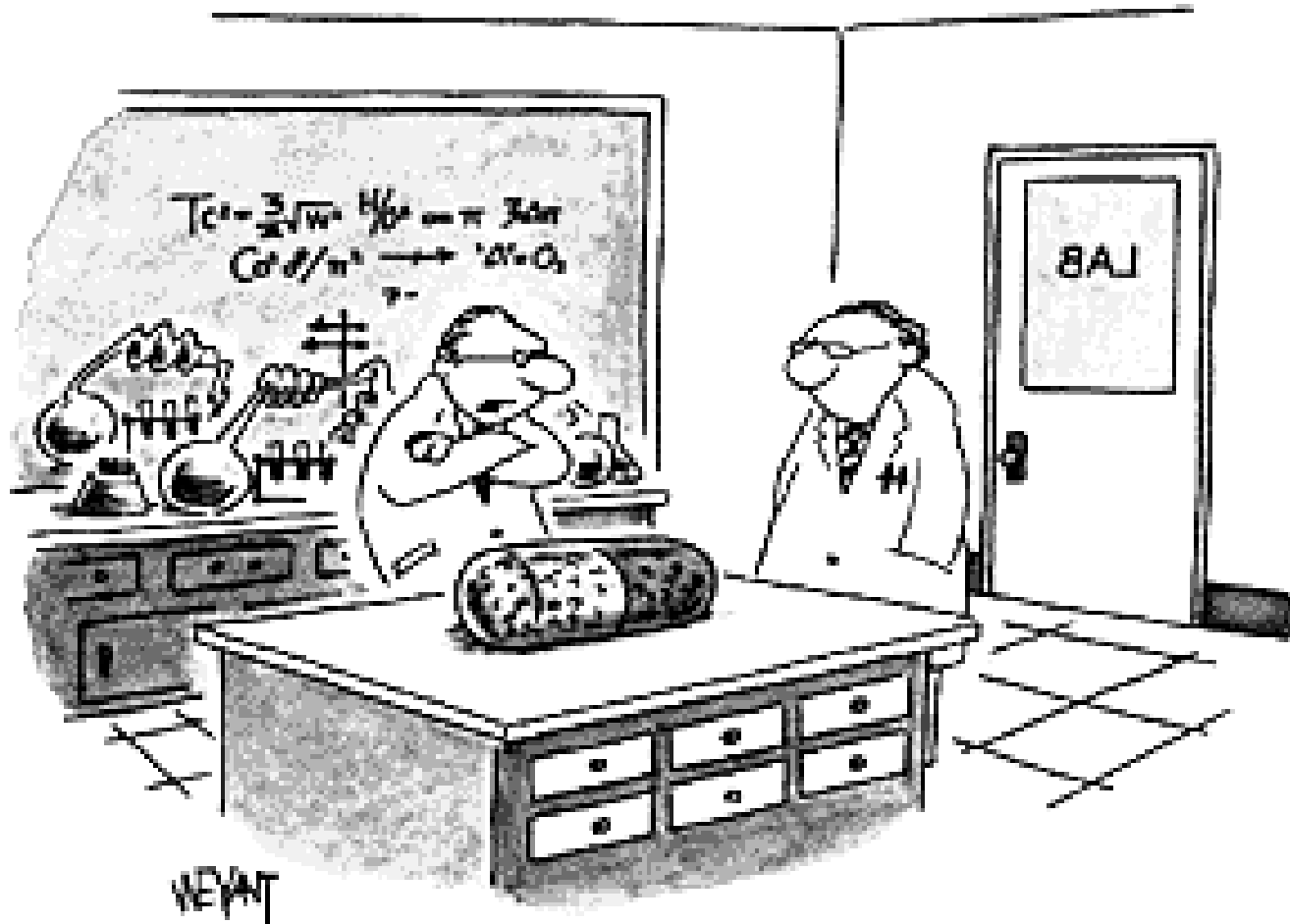


Message



- Newer treatments for opioid-induced or chronic idiopathic constipation are significantly superior to placebo in relieving constipation
- However:
 - As many as 62% of treated subjects with opioid-induced constipation may remain constipated
 - As many as 80% of treated subjects with chronic idiopathic constipation may remain constipated
 - All newer treatments are accompanied by no change or a possible increase in the prevalence of abdominal pain, diarrhea or flatulence

Questions and answers...



“That’s just great. I discover the cure for the common cold and all you can do is criticize...”