Common Cases in Gastroenterology & Hepatology

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GP Study Day

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An Approach to Gastroenterology?

"Intestines are comparable to a jester, who unless gravely insulted remains equitable."

John Moir, Scottish Physician. 17th Century.

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Case 1

27 year old female.

No BgHx of note. 1 second degree relative with ulcerative colitis.

PC: 1 year hx of generalised abdominal pain & bloating with alternating bowel habit.

No pr bleeding, no night-time symptoms.

Next steps?

Next steps?

- What investigations are appropriate?

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Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin

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- Investigations are normal.

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Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin
- Investigations are normal.
- What is the diagnosis?

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Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin
- Investigations are normal.
- What is the diagnosis?
    - Rome IV Criteria
    - Irritable Bowel Syndrome Mixed Sub-type

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Rome IV Criteria

Table 1. Rome IV Criteria for the Irritable Bowel Syndrome.*

Patient has recurrent abdominal pain (≥1 day per week, on average, in the previous 3 mo), with an onset ≥6 mo before diagnosis

Abdominal pain is associated with at least two of the following three symptoms:

- Pain related to defecation
- Change in frequency of stool
- Change in form (appearance) of stool

Patient has none of the following warning signs:

- Age ≥50 yr, no previous colon cancer screening, and presence of symptoms
- Recent change in bowel habit
- Evidence of overt GI bleeding (i.e., melena or hematochezia)
- Nocturnal pain or passage of stools
- Unintentional weight loss
- Family history of colorectal cancer or inflammatory bowel disease
- Palpable abdominal mass or lymphadenopathy
- Evidence of iron-deficiency anemia on blood testing
- Positive test for fecal occult blood

* The information is from Mearin et al.[1] GI denotes gastrointestinal.

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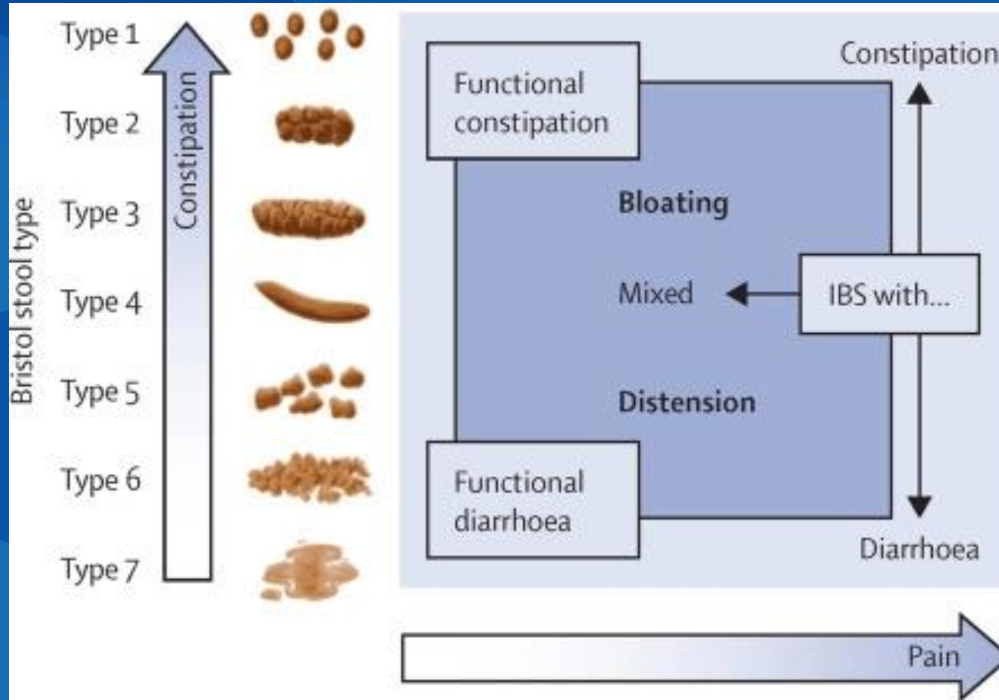
Irritable Bowel Syndrome vs Functional Disorder



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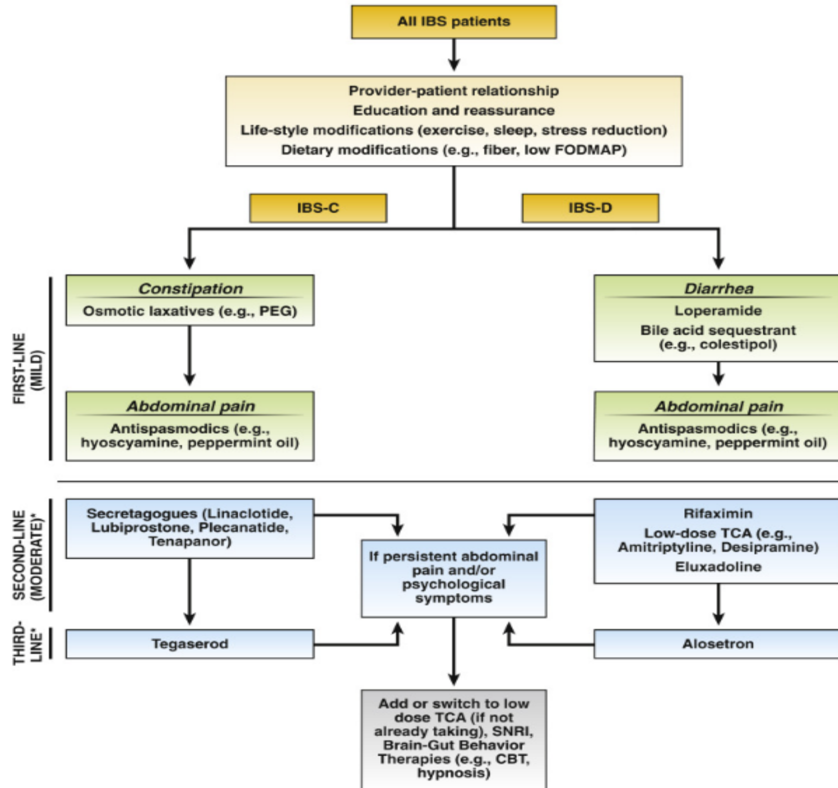
IBS Treatment Paradigm



- Manage expectations. Early, open dialogue is key.
- Lifestyle and dietary advice are important first line steps.
- First line medical therapies can be introduced in primary care.

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Revisit Case 1

27 year old female.

No BgHx of note. 1 second degree relative with ulcerative colitis.

PC: 6/12 hx of generalised abdominal pain with diarrhoea.

No pr bleeding, recent onset of night-time symptoms.

Next steps?

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Next steps?

- What investigations are appropriate?

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Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin

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Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin
- Calprotectin – 400 µg/mg (normal is 50 µg/mg).

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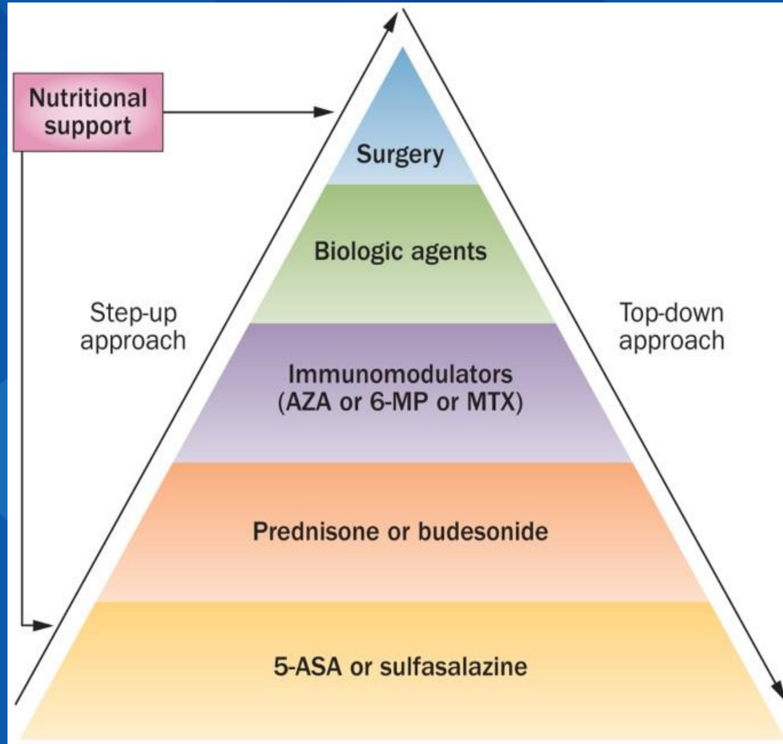
Next steps?

- **What investigations are appropriate?**
    - Bloods – FBC, Ferritin, Iron stores, CRP, coeliac serology.
    - Stool tests – Calprotectin
- Calprotectin – 400 µg/mg (normal is 50 µg/mg).
- Referred for colonoscopy.
    - Colonoscopy demonstrates left-sided inflammation consistent with inflammatory bowel disease.
    - Histology consistent with ulcerative colitis.
- Patient commenced on Mezavant XL 2.4g od.

IBD Treatment in the Community



- When should I give steroids?
- What steroids should I prescribe?
- How long for should I prescribe steroids?

How to manage a flare of IBD

- **Flare severity?**
    - Mild 1-3 BM/day with no systemic symptoms
    - Moderate 4-6 BM/day with no systemic symptoms
    - Severe > 6 BM/day with fever/tachycardia

- **Current therapy?**
    - Maximise 5ASA therapy

- **Steroids?**
    - 40mg prednisolone po od x 1/52 reducing to zero (8 weeks)
    - Cortiment 9mg od x 8/52 (not suitable for small bowel Crohn's disease)
    - Calcium + vitamin D cover

- **Contact local IBD service**

Revisit Case 1

27 year old female.

No BgHx of note. 1 second degree relative with ulcerative colitis.

PC: 3/12 hx of worsening constipation.

Intermittent but consistent pr bleeding for 2/12 – fresh blood in toilet and blood on wiping.

Next steps?

Next steps?

- What investigations are appropriate?

Next steps?

- **What investigations are appropriate?**
    - Referral for urgent colonoscopy.

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Next steps?

- **What investigations are appropriate?**
    - Referral for urgent colonoscopy.

- Colonoscopy demonstrates a sigmoid stricture. Biopsies consistent with colorectal adenocarcinoma.

- Patient referred to MDT for definitive treatment.

Rising Incidence of CRC in younger age groups

1 IN 5 COLORECTAL CANCER PATIENTS ARE 20-54 YEARS OLD.

WhyGetScreened.org

Summary

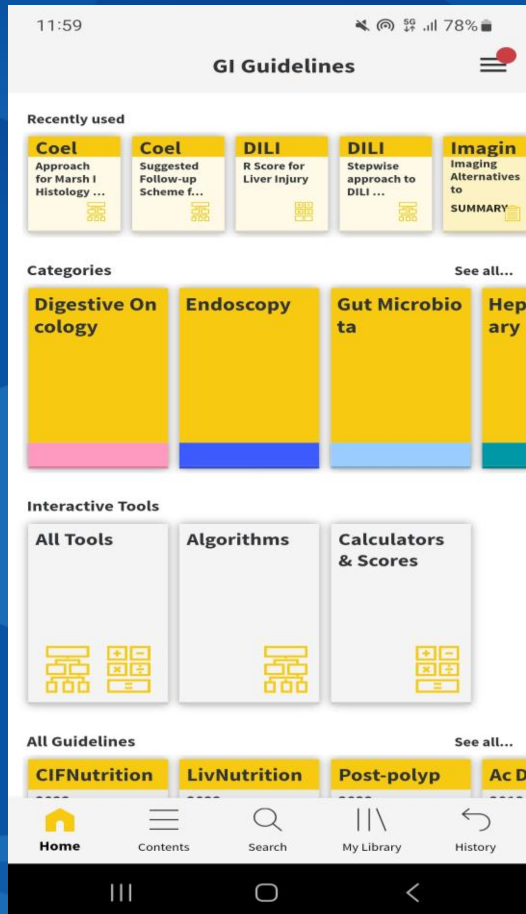
Early, open dialogue is key in management of Irritable Bowel Syndrome.

Non-invasive investigations are important in stream-lining referral pathways.

Maximise 5ASA therapies and appropriate steroid prescribing can prevent hospitilsation in IBD.

Don’t ignore persistent PR bleeding in young patients.

GI Guidelines



- GI Guidelines App
- United European Gastroenterology Society.
- Mobile App available on GooglePlay Store and Apple Store – click here.

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Thank you