



# Session 1

## Panel Discussion

### General GI

Pinehurst

2023

# General GI Panel Discussion

- Sanjib Mohanty, MD – Charlotte Gastroenterology – Moderator
- Doug Morgan, MD – The University of Alabama at Birmingham
- Wood Gibbs, MD – Southern Gastroenterology Associates
- Melissa Teitelman Grotgut, MD – Duke University
- Kimberly Hodulik, PharmD – Duke University

# Case 1

- 65 year old male who presents with 6 months history of daily epigastric pain, nausea
- + daily smoker, EtOH
- PMH: HTN, DM, obesity, hyperlipidemia
- ER visit 1 month ago – Hg 12, MCV 80, ferritin 45, normal iron studies, B12
- Began PPI daily since ER visit – no response
- PE – moderate epigastric tenderness, otherwise, normal
- No history of GI evaluation or endoscopy

Case 1 cont.

- > 3cm antral ulcer
- Nonobstructing
- No other associated findings



## Case 1 cont.-Panel Question

- Biopsy or not to biopsy?
  - Ulcer
  - H. pylori
  - Intestinal metaplasia
  - Flow cytometry - Lymphoma

## Case 1 cont.

- PPI BID
- Stop smoking, EtOH, NSAIDs
- BENIGN pathology – negative H. pylori, malignancy, intestinal metaplasia

## Case 1 cont.-Panel Question

- Surveillance EGD? When?
- What if there is concomitant intestinal metaplasia?

## Case 2

- 65 year old white male presents with chronic GERD only partially responsive to PPI daily therapy x 3 months.
- PMH: Obesity, HTN, hyperlipidemia
- + daily tobacco
- No prior history of EGD



## Case 2 cont.

- Antrum and Body biopsies for pathology
  - Chronic inactive gastritis with focal intestinal metaplasia (complete type). Negative for dysplasia. Positive for *Helicobacter pylori*.



## Case 2 cont.-Panel Question

- Surveillance EGD for GIM:
  - When and how often?
  - Mapping?

## Case 3

- 64 year old female presents to the ER with 3 days of dark black stool with Hgb decline – 3 months ago 13.5 → 8.4 g/dL in ER.
- PMH: CVA, DVT x 2 in past, HTN, DM, obesity
- On ASA 81mg daily and Warfarin
- INR in ER 4.5, BUN 40, normal Cr.
- Has been taking daily Goody powders for arthritis
- Hemodynamically stable with benign exam other than melena on DRE

## Case 3 cont.-Panel Question

- What to do now?
  - Hold antiplatelet therapy – ASA/warfarin?
  - FFP?
  - Vitamin K?
  - KCENTRA (prothrombin complex concentrate)?
  - EGD timing?

## Case 3 cont.

- EGD



- Antral ulcer with nonbleeding VV
- Site injected with epinephrine (1:10,000) and treated with clips with achievement of hemostasis

## Case 3 cont.-Panel question

- When to resume anticoagulation?