

North Carolina Society of Gastroenterology 2026 Annual Meeting



Advanced Endoscopy Panel Discussion

Moderator:

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Joint Providership



American Society for
Gastrointestinal Endoscopy

Case 1









Case 2a

80 M with Zenkers for years.

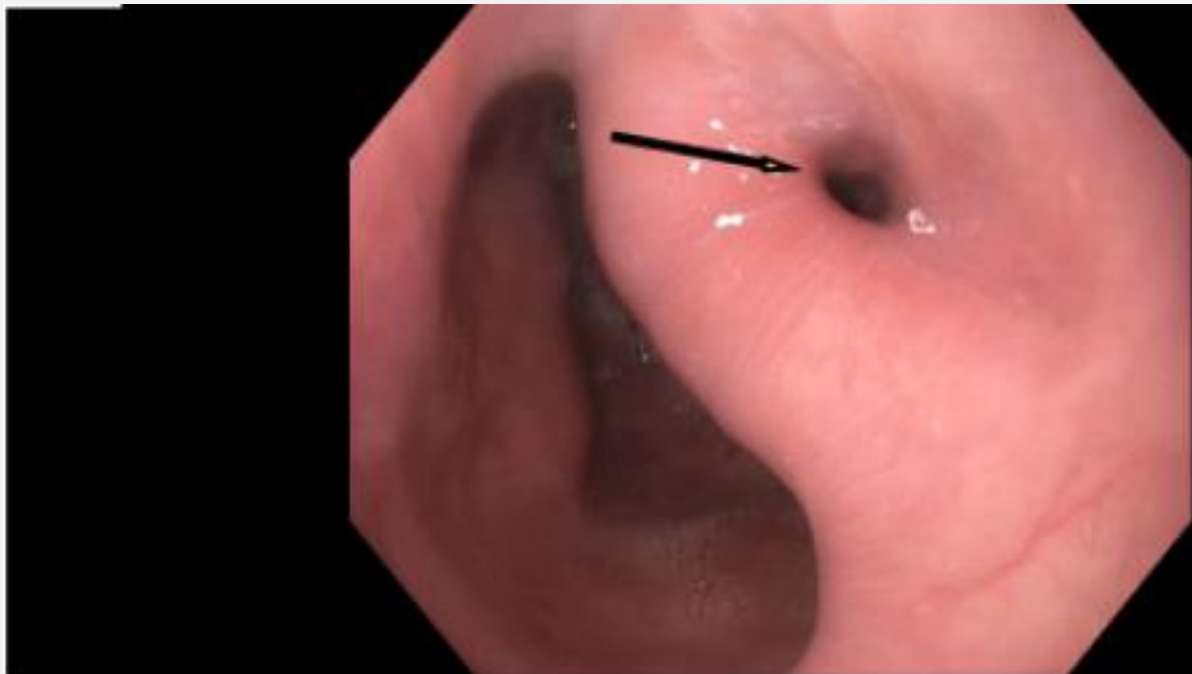
Experiences dysphagia, weight loss, regurgitation of food and medication. Has had a couple episodes where he had coughing and sputtering. No hx PNA.

Takes Eliquis for Afib.

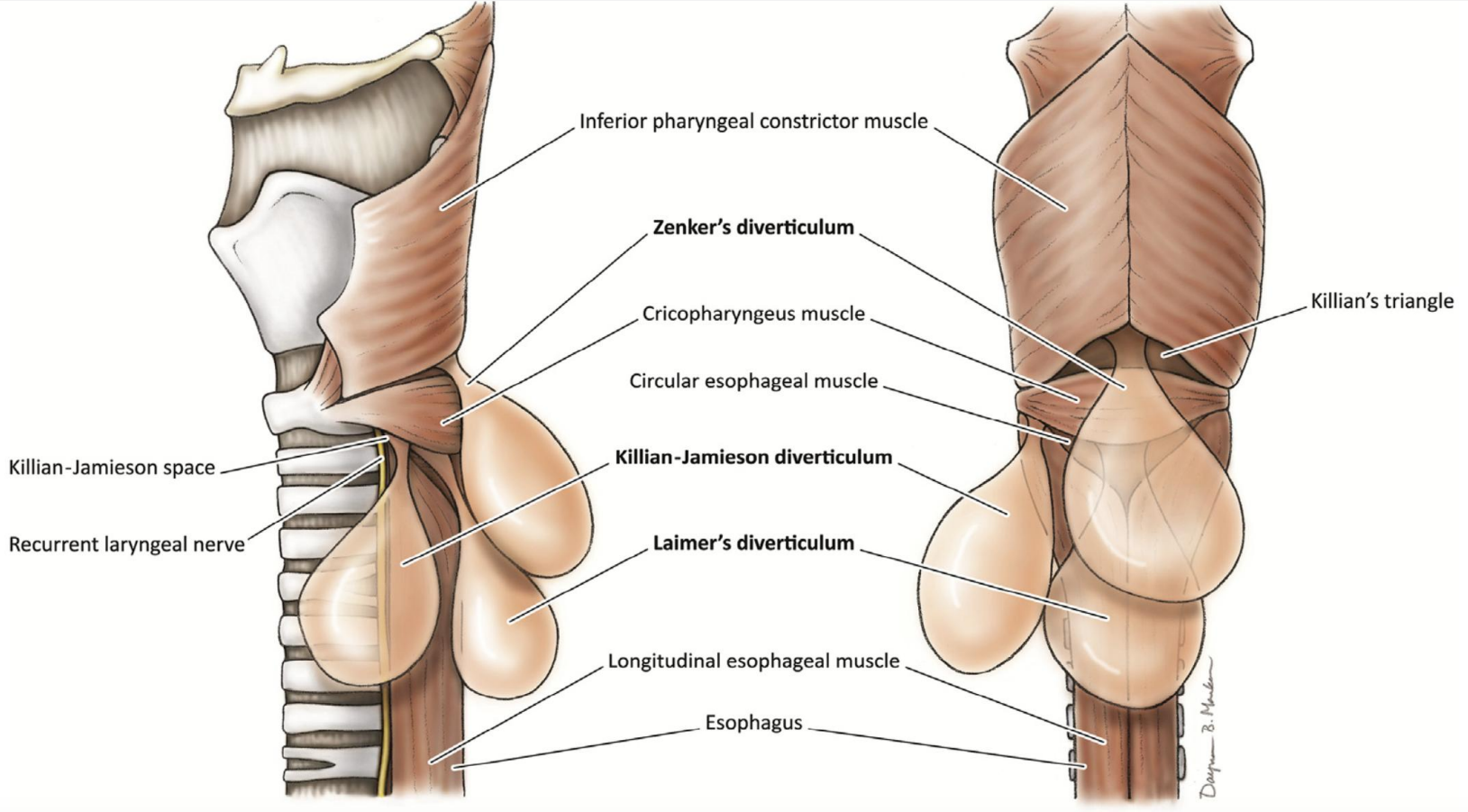
Case 2a



Case 2a



Case 2a



Case 2b

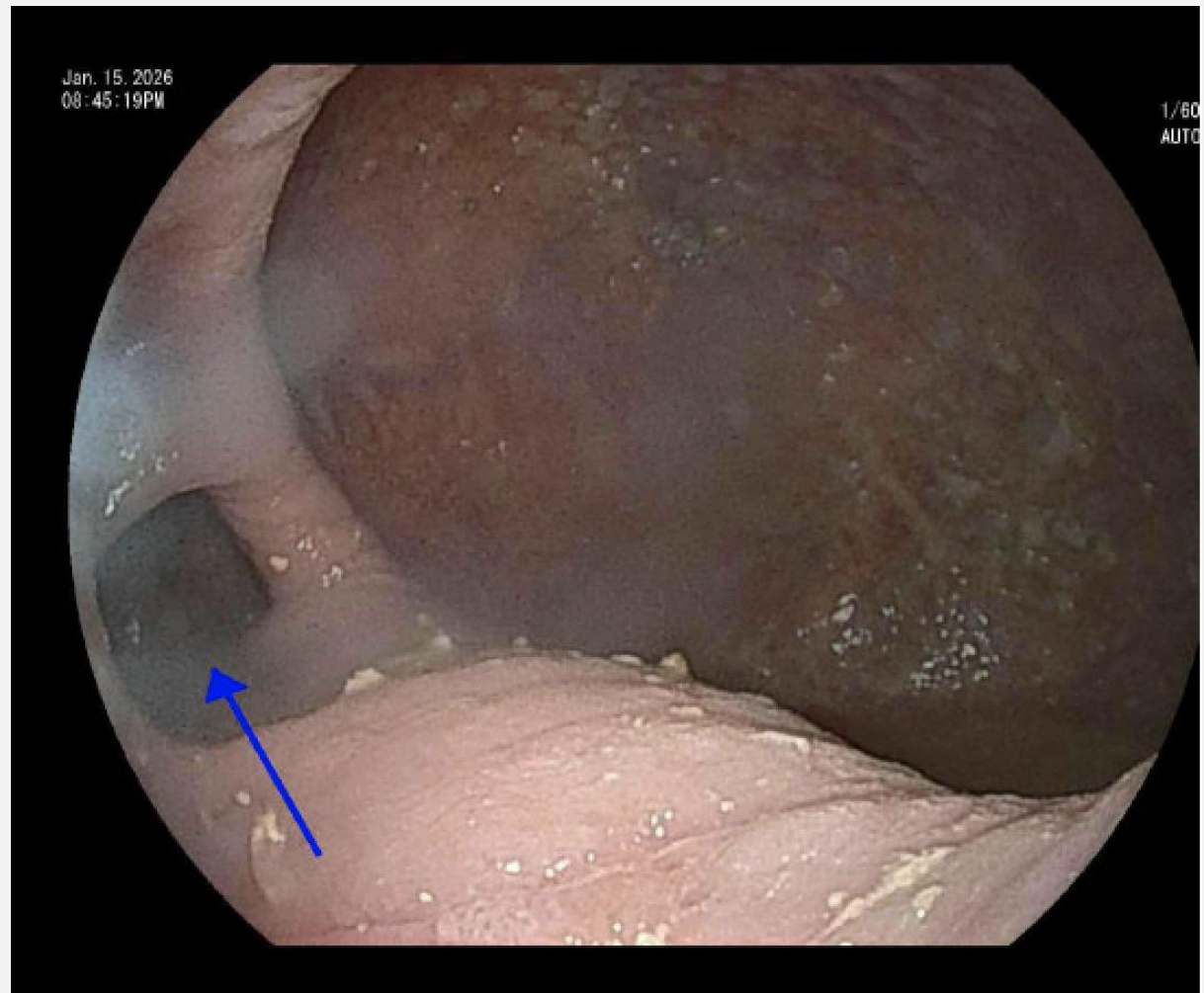
65 M with epiphrenic diverticula for 6 years. Has dysphagia, heartburn, regurgitation, chest pain when laying on left side.

Has had one episode of PNA.

PMH: CAD, takes ASA 81mg

Esophageal manometry catheter coils in diverticula.

Case 2b



Case 3

58-year-old female presents to the emergency department with right upper quadrant pain, jaundice, and fever for 2 days.

PMH:

- RYGB performed 4 years ago for morbid obesity (BMI 42) – op report 150cm roux limb
- Successful weight loss of 45 kg post-surgery
- Hypertension
- No history of gallstones prior to bariatric surgery

Case 3

Physical Examination:

Temperature 38.7°C, HR 105 bpm, BP 128/82

Jaundiced sclera and skin

+RUQ TTP, +Murphy's sign

No peritoneal signs

Labs:

Total bilirubin: 4.8 mg/dL (direct: 3.6 mg/dL)

Alkaline phosphatase: 385 U/L

AST: 245 U/L, ALT: 298 U/L

WBC: 14,200/ μ L with left shift

Lipase: normal

Case 3

Imaging:

Abdominal ultrasound: Dilated common bile duct (12 mm) with multiple echogenic foci suggestive of stones; gallbladder wall thickening with pericholecystic fluid

MRCP: Confirms choledocholithiasis with at least two stones (8 mm and 6 mm) in the distal common bile duct

Case 4a

42 F seeking weight loss treatment to prepare for a knee replacement after unsuccessful attempts with lifestyle modification.

BMI 37.2

HgbA1c 6.1%

OSA uses CPAP nightly

GERD, controlled on omeprazole daily

No prior abdominal surgeries

Social Hx: teacher, married with 2 teenage children, non-smoker, social ETOH, concerned about missing work. Commercial insurance with pharmacy benefits but high deductible

Case 4b

47 F with recurrent painful marginal ulcers following RNYGB 6 years ago. Had excellent initial weight loss with BMI 44 to 28. Non smoker, non drinker. Works as a restaurant manager.

3 episodes of marginal ulcers over the last 3 years at the GJ despite high dose PPI and sucralfate. HP neg.

PMH:

DM2 – A1c 7.8% on metformin and semaglutide

Chronic low back pain – occasional ibuprofen

Depression - sertraline

Case 4b

PE:

BMI up to 31.2

Epigastric tenderness

EGD: 1.5cm GJ marginal ulcer with exposed suture.
Biopsies negative for malignancy.

UGIS: Patent GJ anastomosis with “possible small GG fistula, question communication”. Pouch measures 7cm.

Labs: A1c 7.8%; Hgb 10.1; Ferritin 22; Albumin 3.2