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The Care Continues...

GEXPRESS

From Editor's Desk

Dear Doctor,

An integral role of the doctor is to take utmost care of the health of the patients. This is possible by the evidence based clinical practice. This calls for a need of continuous awareness with regards to new updates in the illness as well as complications, prognosis and potential side effects associated with the therapy. “CADIGEN” would allow doctors to get in touch with new updates in the field and acquire higher levels of knowledge about patients’ health concerns, at their own pace.

Ideally, to keep one-self updates would be possible by continuous personal search of any advancement of relevant areas. However sometimes a timely or exhaustive search of relevant information isn’t practical or possible. Moreover, even in those cases where a personal search is possible, it is not common for doctors to get sufficient time to keep themselves aware of all advancements of their relevant areas of interest.

It is with great pleasure that we bring inaugural issue of newsletter CADIGEN for our esteemed gastroenterologists & gastro-surgeons which covers therapy updates, drug updates, drug/device of the month, upcoming conferences, for our revered doctors.

We eagerly look forward to your valuable suggestions and comments that would make the forthcoming issues more interesting and knowledgeable to our readers.

Happy reading!!!!

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News

Safety Warning for Transplantation of Fecal Microbiota and Additional Safety Measures for Monkeypox Virus

Health care professionals and patients are being notified by the Food and Drug Administration (FDA) about the potential risk of monkeypox virus transmission through faecal microbiota for transplantation (FMT) products. The FDA has also concluded that further safety precautions are required. Monkeypox virus DNA has been found in rectal swabs and/or stool samples from infected people in recent investigations. Although the risk of such transmission is unknown, this research shows that monkeypox virus may be transferred by FMT products.

Additional Safety Measures for FMT Use: The FDA has issued a warning that the monkeypox virus may be transferred through the clinical use of FMT. The FDA has decided that additional safeguards are required for any investigational use of FMT, whether used as a component of a study under an Investigational New Drug Application (IND) on file with the FDA or otherwise, if it involves stool donated on or after March 15, 2022. This is because there is a chance that serious adverse events could occur. These extra safeguards include the following:1) Donor screening with questions directed at identifying donors who are at high risk for monkeypox, may be currently infected with monkeypox virus, or may have been recently infected with monkeypox virus Retrospective screening for the use of FMT made from donated stool between March 15, 2022, and the date of planned implementation of updated donor screening for monkeypox is a part of donor screening.2) Formulation of exclusion standards for donors and donor stools based on donor screening 3) informed consent that contains details regarding the risk of monkeypox virus transmission using FMT, including FMT made from donors' asymptomatic stools.

Source: Center for Biologics Evaluation, Research. Safety alert regarding use of fecal Microbiota for transplantation and additional safety protections pertaining to Monkeypox virus [Internet]. U.S. Food and Drug Administration. FDA; [cited 2022 Sep 12].

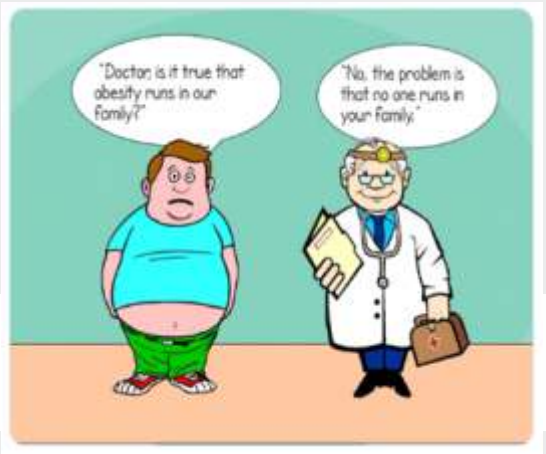
Drug update

Dupilumab for eosinophilic esophagitis

Dupilumab, a monoclonal antibody, has just received approval from the US Food and Drug Administration to treat eosinophilic esophagitis (EoE) in adults and children over the age of 12 who weigh less than 40 kg administered by subcutaneous injection. It is a human monoclonal antibody of the immunoglobulin G4 subclass that inhibits IL-4 and interleukin-13 (IL-13) signaling by specifically binding to the IL-4 receptor alpha subunit, which is shared by the IL-4 and IL-13 receptor complexes. Dupilumab demonstrated higher rates of histologic improvement after 24 weeks compared to placebo in a trial where patients with EoE were randomly assigned to the drug (approximately 60 versus 5 percent). Symptom scores for dysphagia were also improved by dupilumab. Future research will provide more insight into dupilumab's function in the treatment of EoE. Recommended dosage for adult and pediatric patients 12 years of age and older, weighing at least 40 kg, is 300 mg given every week (QW). Keep an eye monitor for vasculitic rash, worsening pulmonary symptoms, and/or neuropathy, especially after stopping oral corticosteroids, if you have eosinophilic conditions. Most common adverse reactions are injection site reactions, upper respiratory tract infections, arthralgia, and herpes viral infections. Patients with severe systemic eosinophilia who are receiving treatment for asthma may also exhibit clinical signs of eosinophilic pneumonia or vasculitis suggestive of eosinophilic granulomatosis with polyangiitis, diseases that are frequently managed with systemic corticosteroid therapy. The discontinuation of oral corticosteroid medication may be linked to these occurrences. Healthcare professionals should be on the lookout for individuals with eosinophilia who present with a vasculitic rash, increasing respiratory symptoms, cardiac problems, and/or neuropathy. Adult participants in the asthma trial have reported cases of eosinophilic pneumonia.

Source: Dellon ES, Khoury P, Muir AB, Liacouras CA, Safroneeva E, Atkins D, Collins MH, Gonsalves N, Falk GW, Spergel JM, Hirano I. A Clinical Severity Index for Eosinophilic Esophagitis: Development, Consensus, and Future Directions. Journal of allergy and clinical immunology. 2022 May 20.

Medical humour

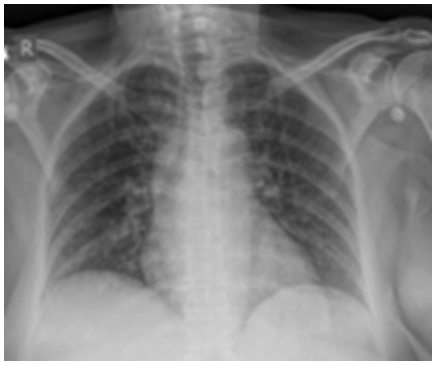


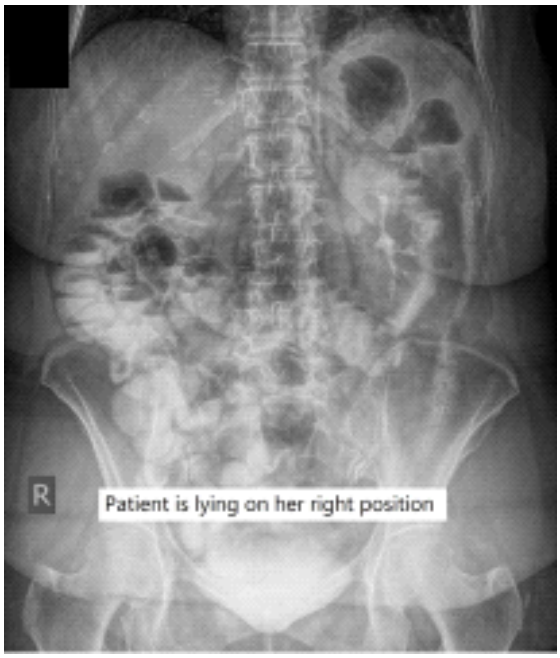
Uncommon Clinical Presentation

Gastric Perforation Due to Thermal Injury From Recurrent Intrahepatic Cholangiocarcinoma's Radiofrequency Ablation

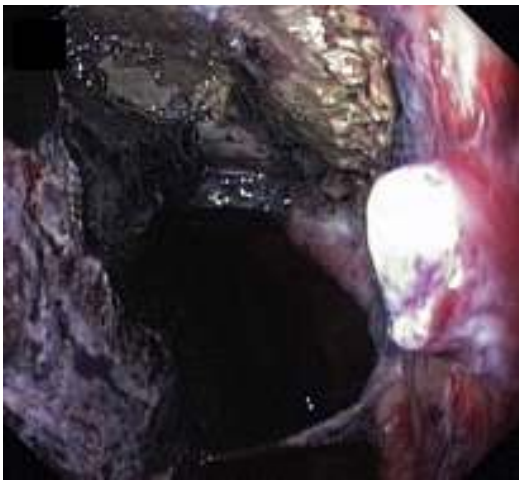
Following 3 episodes of hematemesis in the span of 4 hours, a 62-year-old lady with recurrent intrahepatic cholangiocarcinoma reported to the emergency room 17 months after segment-oriented liver resection. One month following the radiofrequency tumour ablation, symptoms started to show. A soft, non-distended abdomen with a well-healed surgical scar in the right upper quadrant and normal bowel sounds were found during a physical examination. On palpation, there was no discomfort. Hematocrit and haemoglobin values in the tests were significant at 29.5% and 9.9 g/dL, respectively.

Chest and plain abdominal radiography images were unremarkable

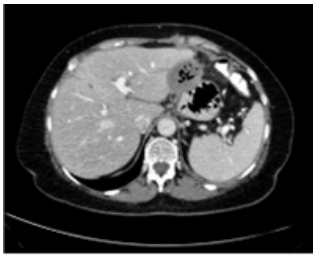


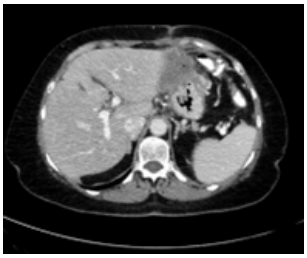


Esophagogastroduodenoscopy was performed immediately and lengthwise perforation on the lesser curvature of the stomach was suspected



Abdominal computed tomography confirmed covert gastric perforation of the anterior wall with hepatic gas formation





The patient underwent urgent exploratory laparotomy, which ultimately led to an open suture repair of the perforation. In general, radiofrequency ablation is regarded as effective and safe for the treatment of recurrent intrahepatic cholangiocarcinoma. Rates of stomach wall perforation following heat injury range from 0.04% to 0.10 percent. While leukocytosis, fever, and stomach discomfort are common symptoms, in our case the patient was afebrile and had unremarkable results on first clinical and radiologic exams. The anterior stomach wall rupture discovered during endoscopy was the basis for the diagnosis. An urgent open surgical repair was successfully performed on the patient.

Source: Koutsoumourakis A, Stafylidou M, Gagalis A. An atypical case of acute upper gastrointestinal bleeding. Gastroenterology [Internet]. 2021;160(7):2261–3.

Therapy update

Upgraded duodenoscopes with disposable designs for prevention of infection transmitted by gastrointestinal endoscopy

Despite the fact that the first duodenoscope-transmitted infection was first described more than 30 years ago, numerous recent reports associate duodenoscope-transmitted infections during endoscopic retrograde cholangiopancreatography (ERCP) with multidrug-resistant organisms (MDRO). This has prompted a review of current reprocessing standards and infection control practises as well as extensive research into the potential causes of such infections. Particularly, MDROs, such as carbapenem-resistant enterobacteriaceae (CRE), were linked to nosocomial clusters related to ERCP, primarily because it was challenging to properly clean the elevator channel and recess.

Duodenoscopes can include reusable, difficult-to-clean components and complex designs. If a duodenoscope is not properly reprocessed, tissue or fluid from one patient may still be present when it is used on another patient. Rarely, this may result in the spread of a disease from patient to patient. A significant issue that increases the difficulty of reprocessing is device design.

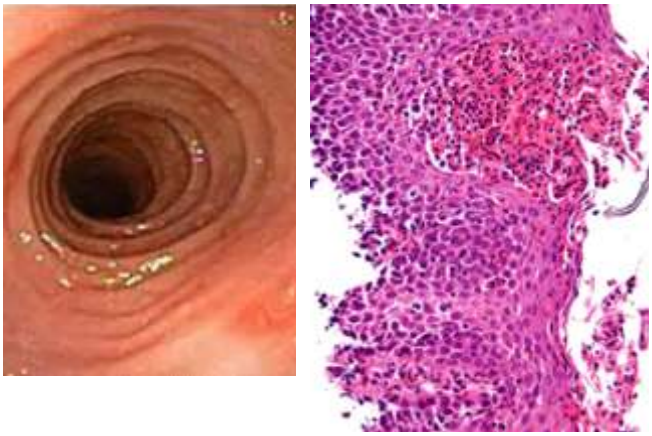
Innovative device designs that make reprocessing simpler, more efficient, or unnecessary are the best way to reduce the danger of disease transmission by duodenoscopes, according to recent research that is detailed here. Duodenoscopes with disposable parts can be easier to clean, less contaminated, and less likely to spread disease after reprocessing. In comparison to reusable or fixed endcaps,

disposable designs may reduce between-patient duodenoscope infection by half or more.

The sampling and culturing study for the duodenoscope with a disposable component, the ED-580XT, has been finished by Fujifilm. The final results for this newer model duodenoscope show that just 1.1% of samples tested positive for high concern organisms and that 0% of samples tested positive for enough low concern species to indicate a reprocessing failure. This is an improvement above the 4 to 6% high concern organism contamination that was seen with older model duodenoscopes.

Clinical Question

A 69 years male is presented with complaints of chronic diarrhoea with pale stools. He suffered from weight loss for the last 2 months, with intermittent fever. O/E Pallor +. Undergone blood examination, peripheral smear revealed macrocytes and hypersegmented neutrophils. Calprotectin and lactoferrin is elevated in stool examination. Guaiac test was positive. What is the most probable diagnosis?



Source: Furuta GT, Katzka DA. New England Journal of Medicine. 2015 Oct 22;373(17):1640-8.

Recent Conference

22nd International Conference on
Gastroenterology and Hepatology

Venue: Madrid, Spain
Date: 10-11 November 2022

13th International Conference on
Liver Diseases & Hepatology

Venue: Amsterdam, Netherland
Date: 14-15 November 2022

32nd National Conference of the
Indian Association of Surgical Gastroenterology

Venue: Kolkata, India
Date: 13-16 October 2022