

# GENERAL GASTROENTEROLOGY

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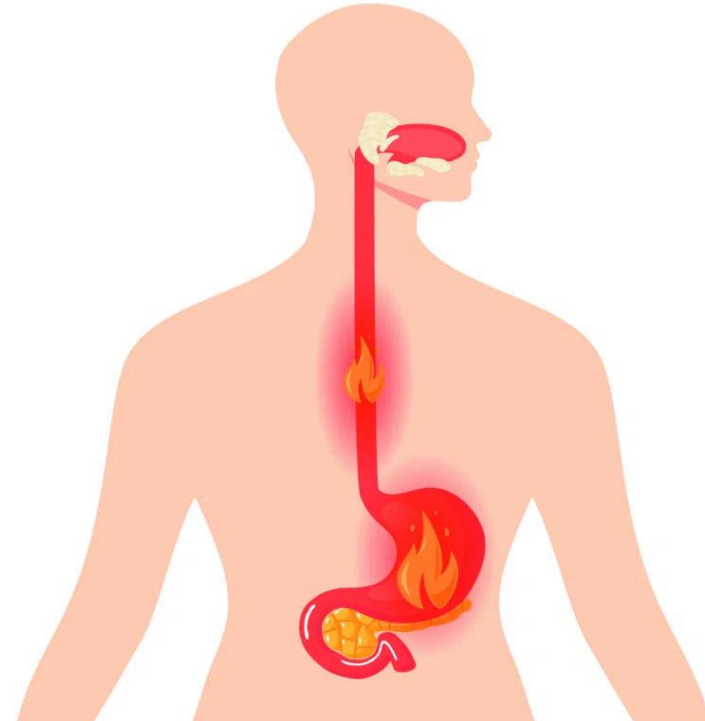
5/4/24

- ▶ Cover the most common General GI conditions
- ▶ Important questions to ask when taking a history
- ▶ Overview of Colorectal Cancer screening
- ▶ Questions/discussion

# OVERVIEW

- ▶ What do they mean?
- ▶ How often?
- ▶ Have they tried any medications?
- ▶ Trouble swallowing?
- ▶ Chest pain?
- ▶ Weight loss?

GASTROESOPHAGEAL REFLUX



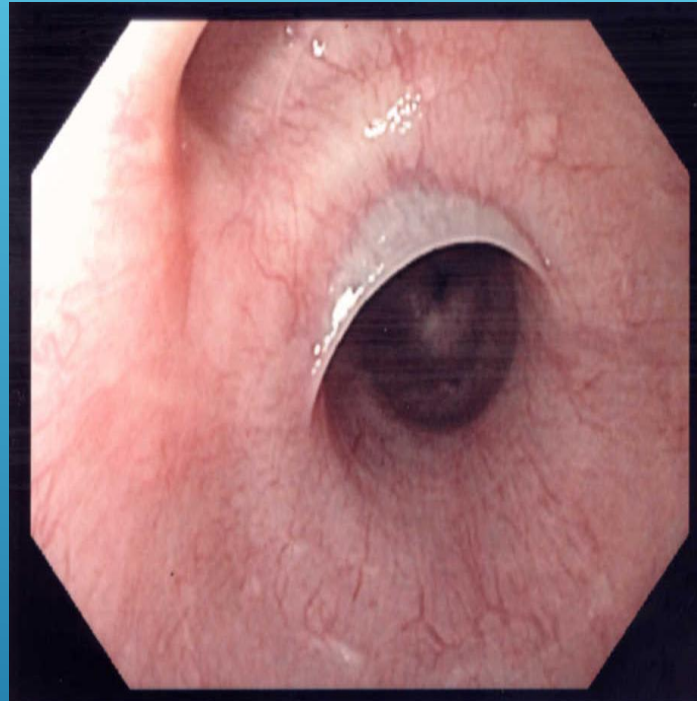
## HEARTBURN/GERD

- ▶ Solids? Liquids? Both?
- ▶ Difficulty initiating a swallow (transfer dysphagia)?
- ▶ Difficulty after a swallow (transit dysphagia)?
- ▶ Onset?
- ▶ Weight loss?
- ▶ Associated chest pain?

# DYSPHAGIA



Schatzki Ring



Esophageal Web



Eosinophilic Esophagitis

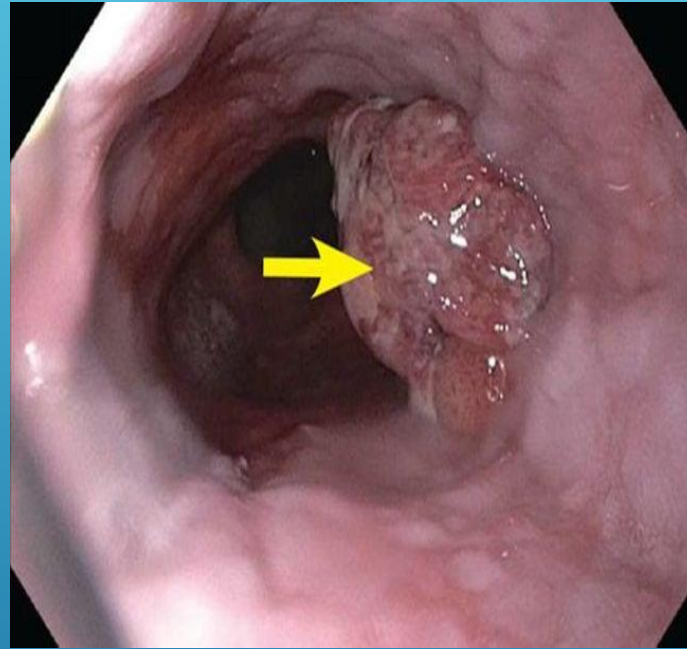
# DYSPHAGIA

[https://www.merckmanuals.com/  
/media/manual/professional/images/e/s/o/esophageal\\_ring\\_high.jpg?mw=350&thn=0&  
mp;sc\\_lang=en](https://www.merckmanuals.com/media/manual/professional/images/e/s/o/esophageal_ring_high.jpg?mw=350&thn=0&mp;sc_lang=en)

[https://upload.wikimedia.org/wikipedia/commons/thumb/4/4c/Multi\\_ring\\_esophagus.jpg/220p  
x-Multi\\_ring\\_esophagus.jpg](https://upload.wikimedia.org/wikipedia/commons/thumb/4/4c/Multi_ring_esophagus.jpg/220px-Multi_ring_esophagus.jpg)



Reflux Esophagitis



Esophageal  
Carcinoma



Candida Esophagitis

## DYSPHAGIA (CONTINUED)

- ▶ Evaluation:
- ▶ History is the key!
- ▶ Food diary
- ▶ Gluten sensitivity
- ▶ Bloodwork, breath testing
- ▶ History of DM? Small Intestinal Bacterial Overgrowth (SIBO)

# GAS/BLOATING

- ▶ WHAT DO THEY MEAN?
- ▶ How often do they have a BM?
- ▶ Onset?
- ▶ Complete evacuation?
- ▶ Change in stool caliber?
- ▶ Weight loss?
- ▶ Rectal bleeding?
- ▶ Family hx of colon cancer?

# CONSTIPATION



- ▶ WHAT DO THEY MEAN?
- ▶ Loose? Watery?
- ▶ Bloody/non-bloody?
- ▶ Weight loss?
- ▶ Recent travel?
- ▶ Recent antibiotics (within 6 months)?
- ▶ Unfiltered water consumption? (i.e. well water)
- ▶ Stool frequency?
- ▶ Nocturnal?

# DIARRHEA

- ▶ Stool color? (Black, bright red, maroon)
- ▶ Hematemesis? (Coffee ground emesis or bright red)
- ▶ UGI vs LGI source
- ▶ NSAID usage?
- ▶ Painful vs painless
- ▶ Onset?
- ▶ Prior similar symptoms?
- ▶ Have they ever undergone an EGD or Colonoscopy?

# GASTROINTESTINAL BLEEDING

- ▶ **Upper GI bleeding (i.e. bleeding in the esophagus, stomach or duodenum, proximal to the ligament of Treitz)**
- ▶ Causes:
- ▶ Esophagitis
- ▶ Esophageal varices
- ▶ Peptic ulcer disease (PUD)
- ▶ Gastric Cancer
- ▶ Gastritis
- ▶ Gastric Antral Vascular Ectasia (GAVE)
- ▶ Gastric varices
- ▶ Dieulafoy lesion

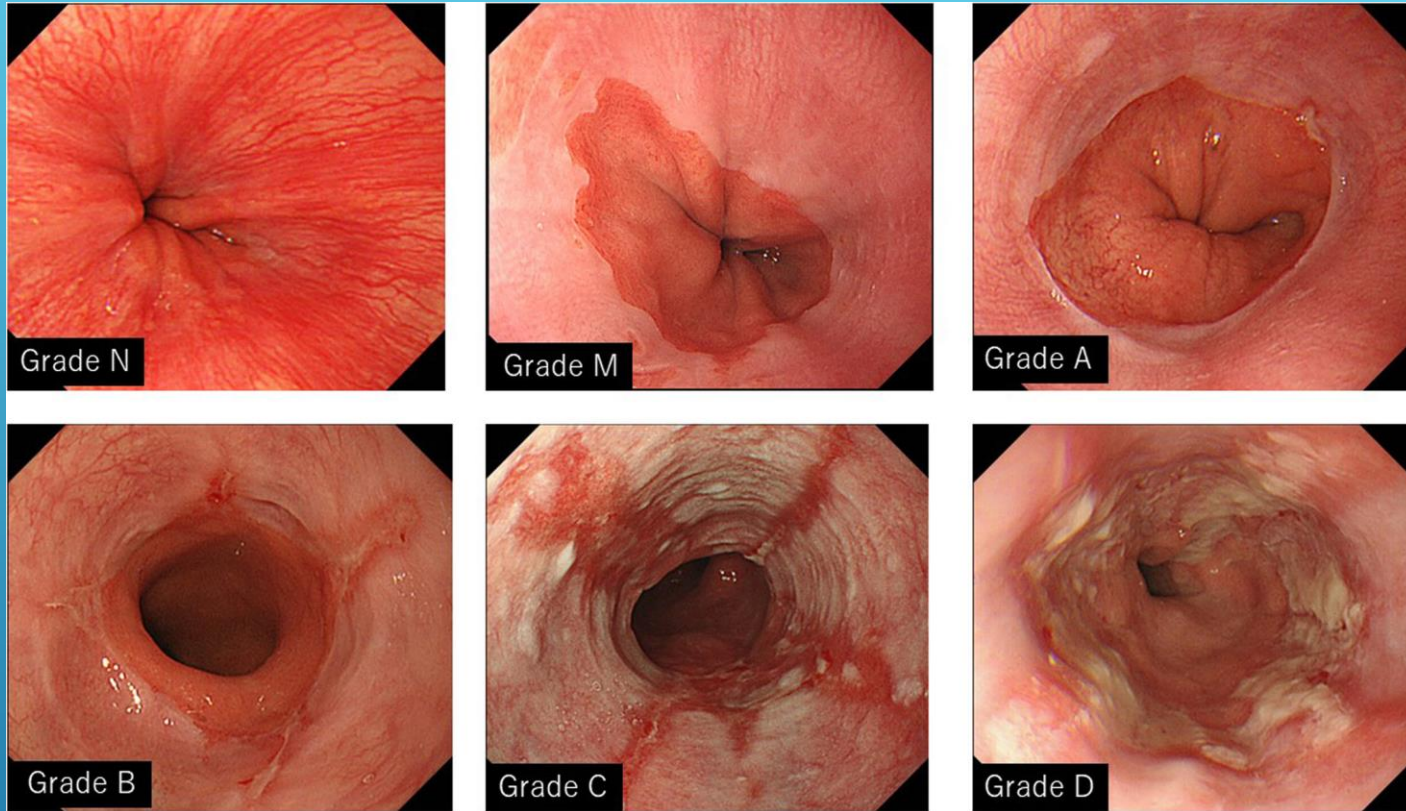
# GASTROINTESTINAL BLEEDING

- ▶ **Lower GI bleeding**
- ▶ Causes:
- ▶ Diverticulosis
- ▶ Internal hemorrhoids
- ▶ Angioectasias
- ▶ Colon polyps
- ▶ Mass of the colon
- ▶ Ischemic colitis
- ▶ Ulcerative Colitis

# GASTROINTESTINAL BLEEDING

# UPPER GI BLEEDING

A decorative graphic consisting of several parallel white lines of varying lengths, arranged in a diagonal pattern from the bottom-left towards the top-right of the slide.

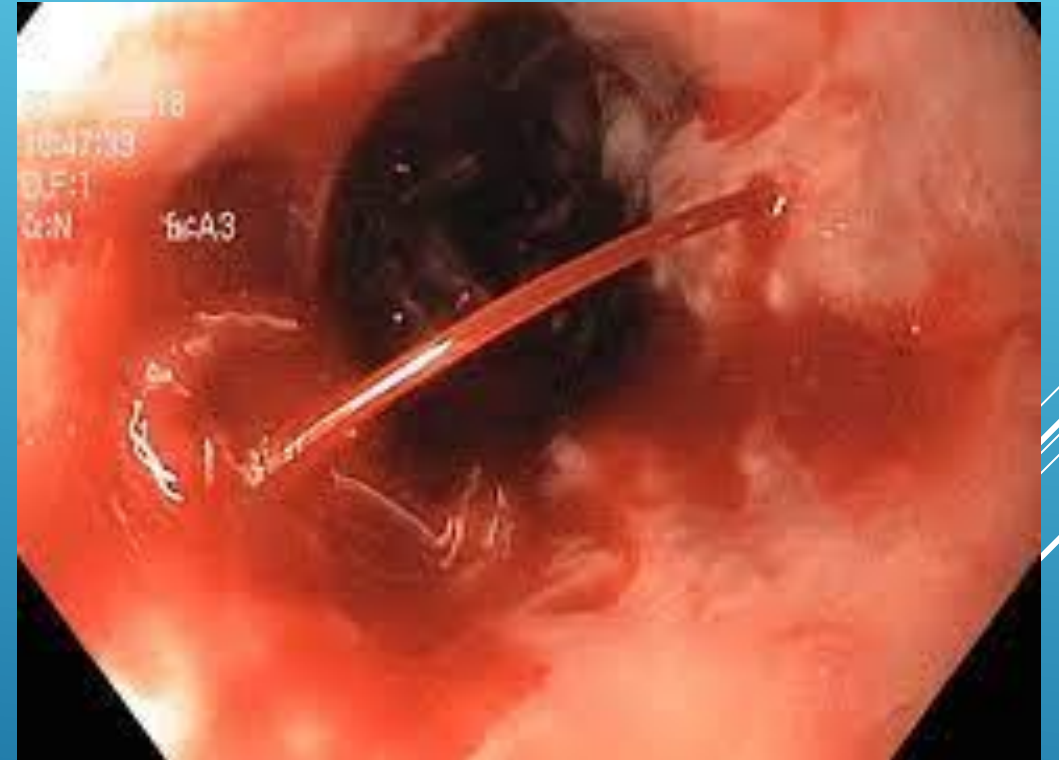


# ESOPHAGITIS

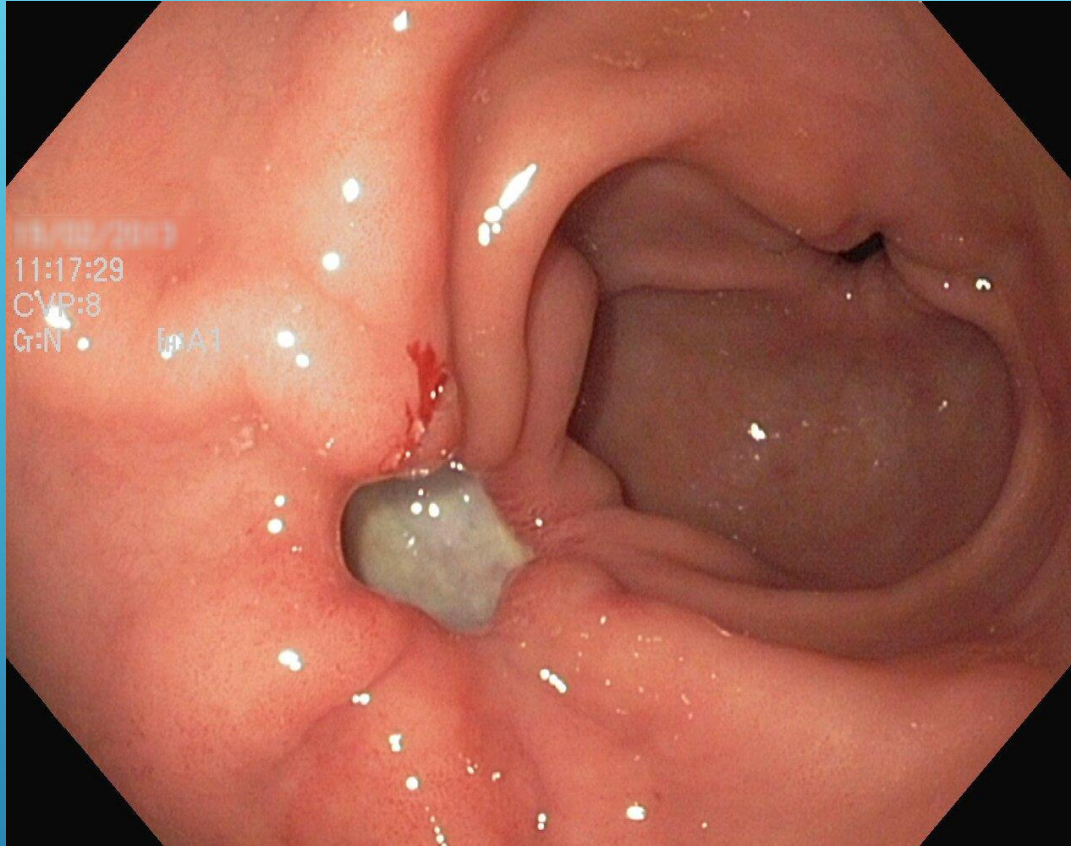
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<https://www.ncbi.nlm.nih.gov/books/NBK448078/bin/varices.gif>



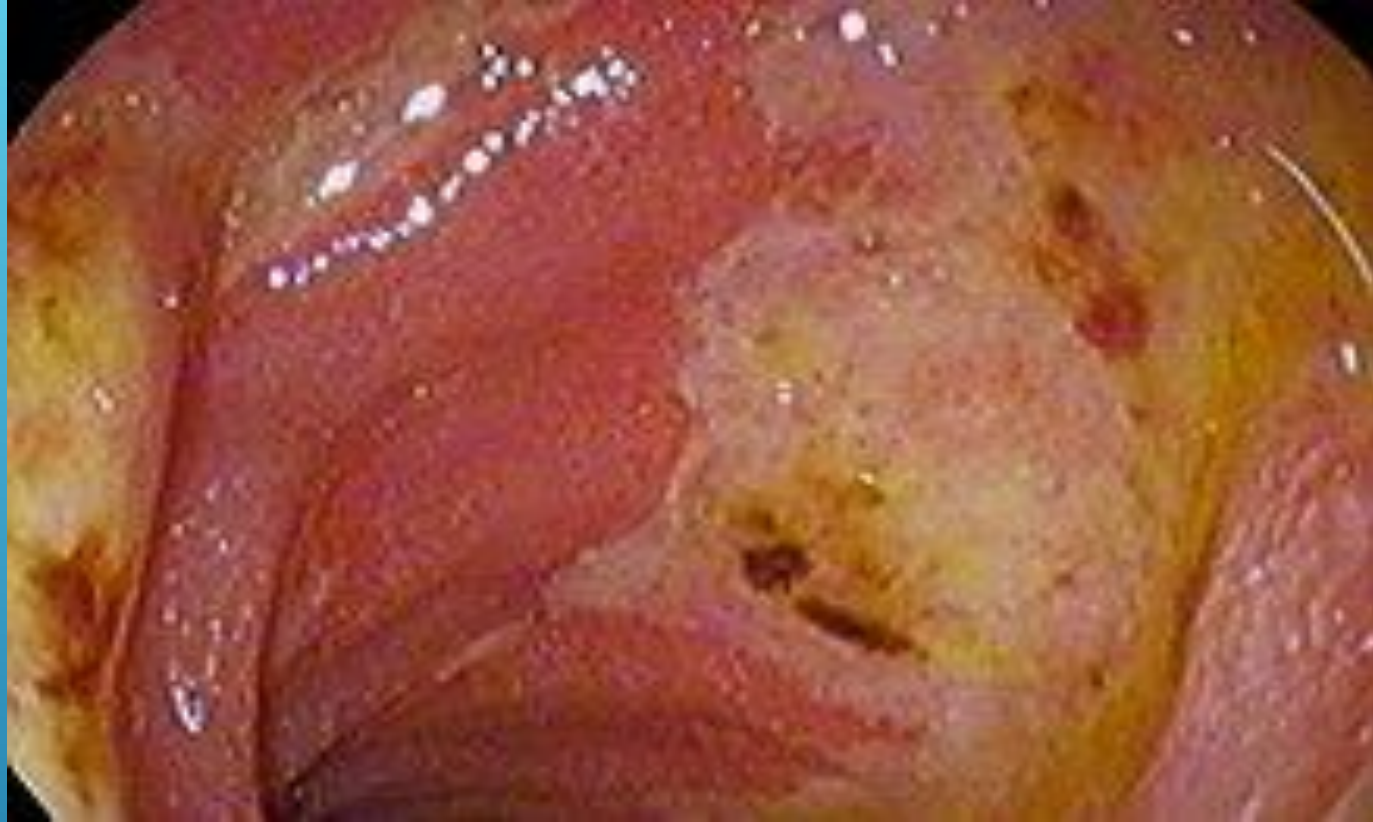
# Esophageal Varices



# PEPTIC ULCER DISEASE (GASTRIC ULCER)

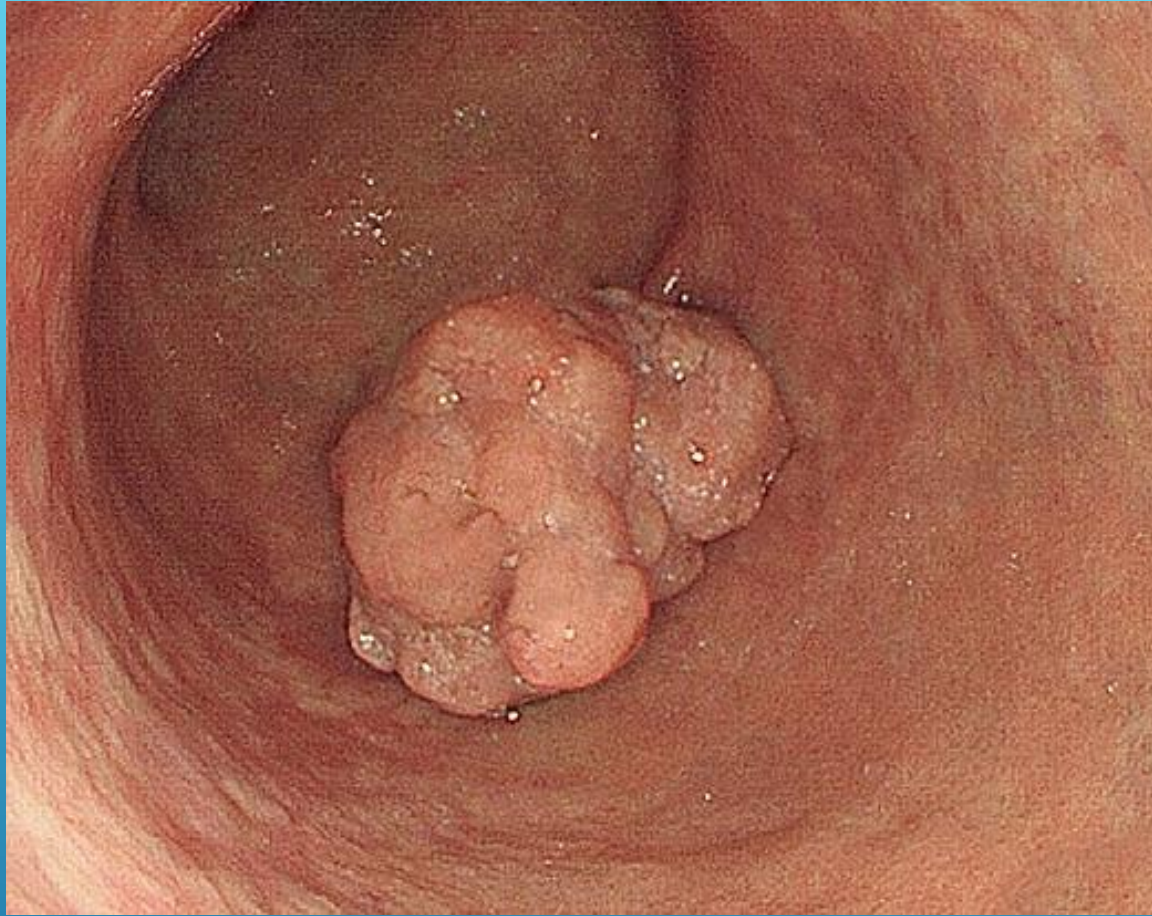
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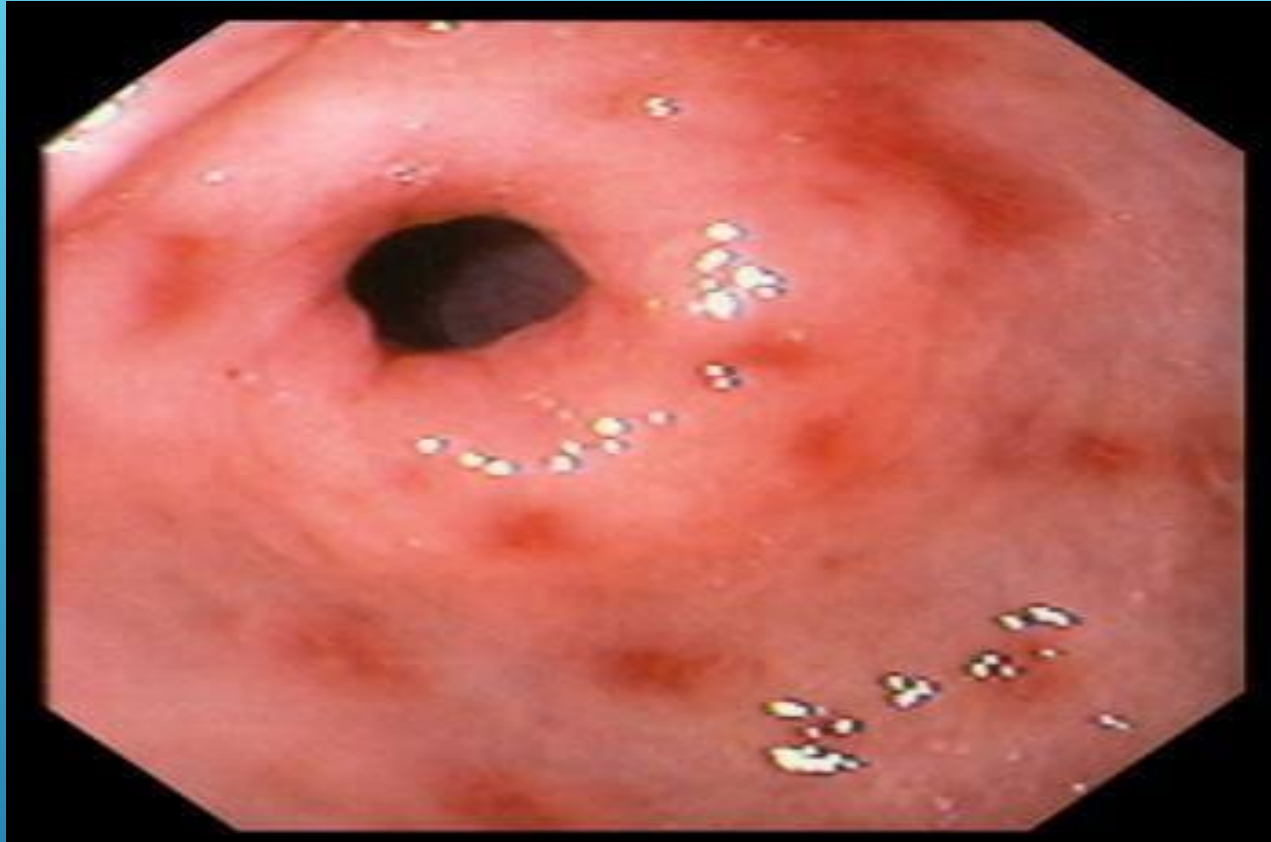
# PEPTIC ULCER DISEASE (DUODENAL ULCER)

[https://upload.wikimedia.org/wikipedia/commons/thumb/4/41/Duodenal\\_ulcer01.jpg/220px-Duodenal\\_ulcer01.jpg](https://upload.wikimedia.org/wikipedia/commons/thumb/4/41/Duodenal_ulcer01.jpg/220px-Duodenal_ulcer01.jpg)



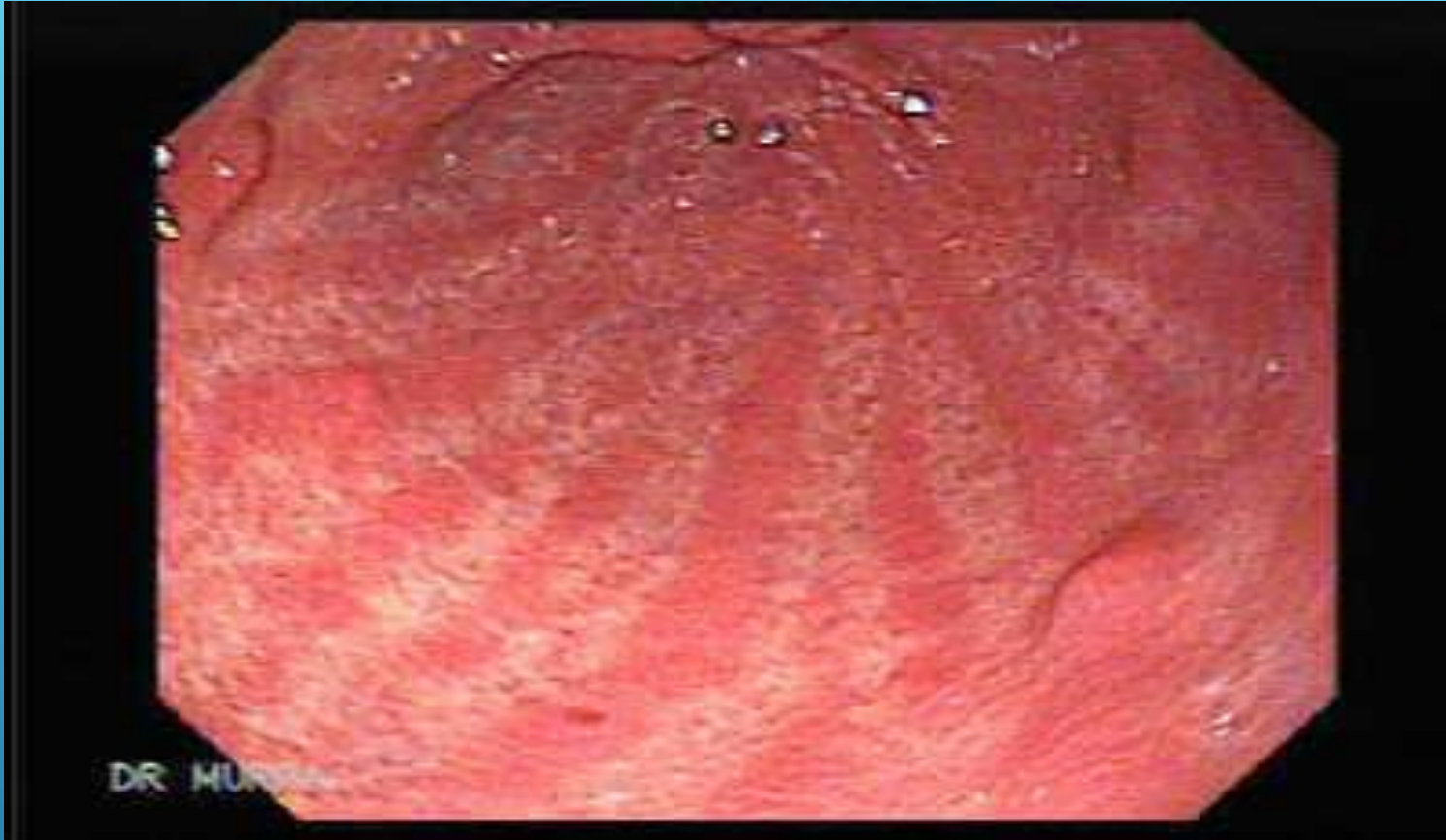
# GASTRIC CANCER

<https://www.saintjohnscancer.org/gastrointestinal/wp-content/uploads/sites/6/2023/06/Cancer-in-the-stomach-Saint-Johns-Cancer-Institute.jpg>



# EROSIVE GASTRITIS

[https://www.merckmanuals.com/-/media/manual/professional/images/m/1/6/m1650191-erosive-gastritis-science-photo-library-high.jpg?mw=350&thn=0&sc\\_lang=en](https://www.merckmanuals.com/-/media/manual/professional/images/m/1/6/m1650191-erosive-gastritis-science-photo-library-high.jpg?mw=350&thn=0&sc_lang=en)



## GASTRIC ANTRAL VASCULAR ECTASIA (GAVE) AKA "WATERMELON STOMACH"

<https://www.gastrointestinalatlas.com/imagenes/WaterMelonx1.jpg>



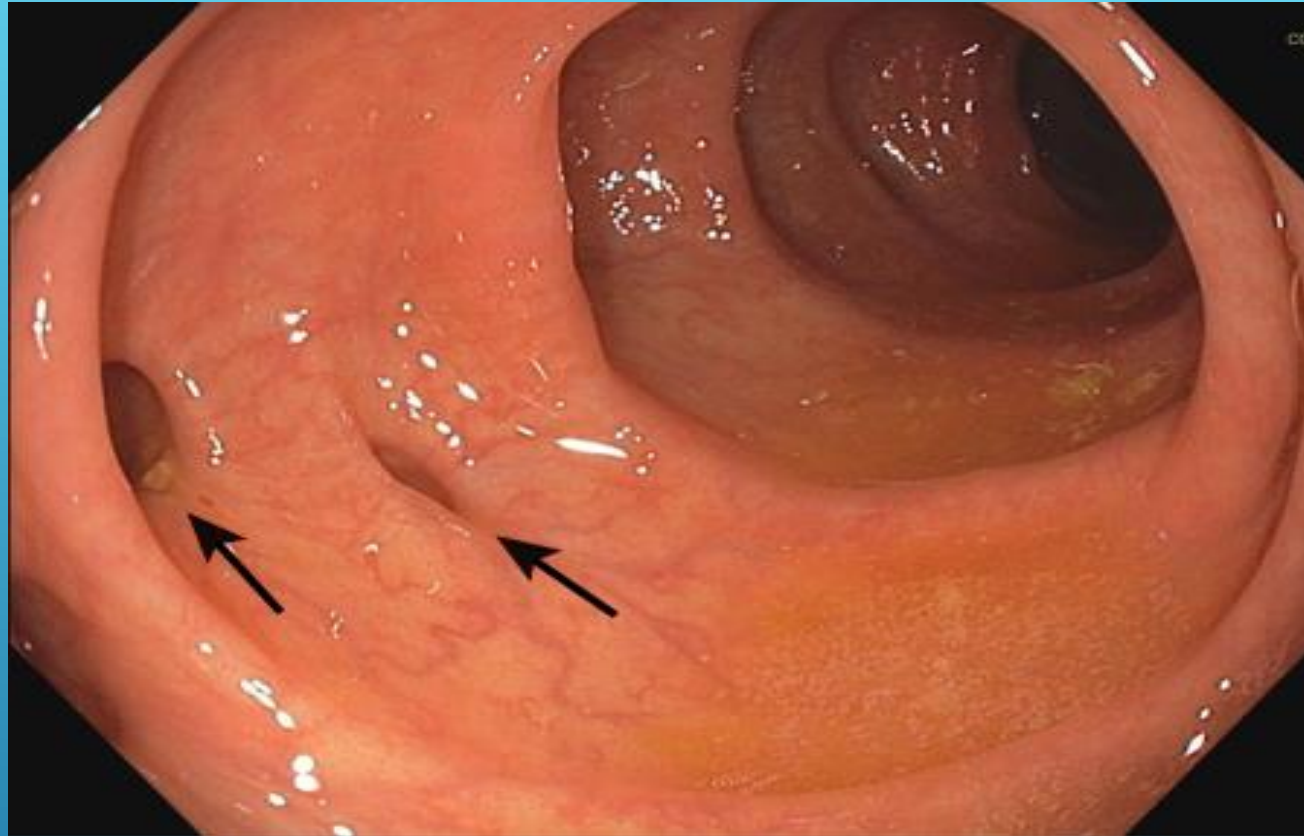
GASTRIC VARICES



DIEULAFOY LESION

# LOWER GI BLEEDING

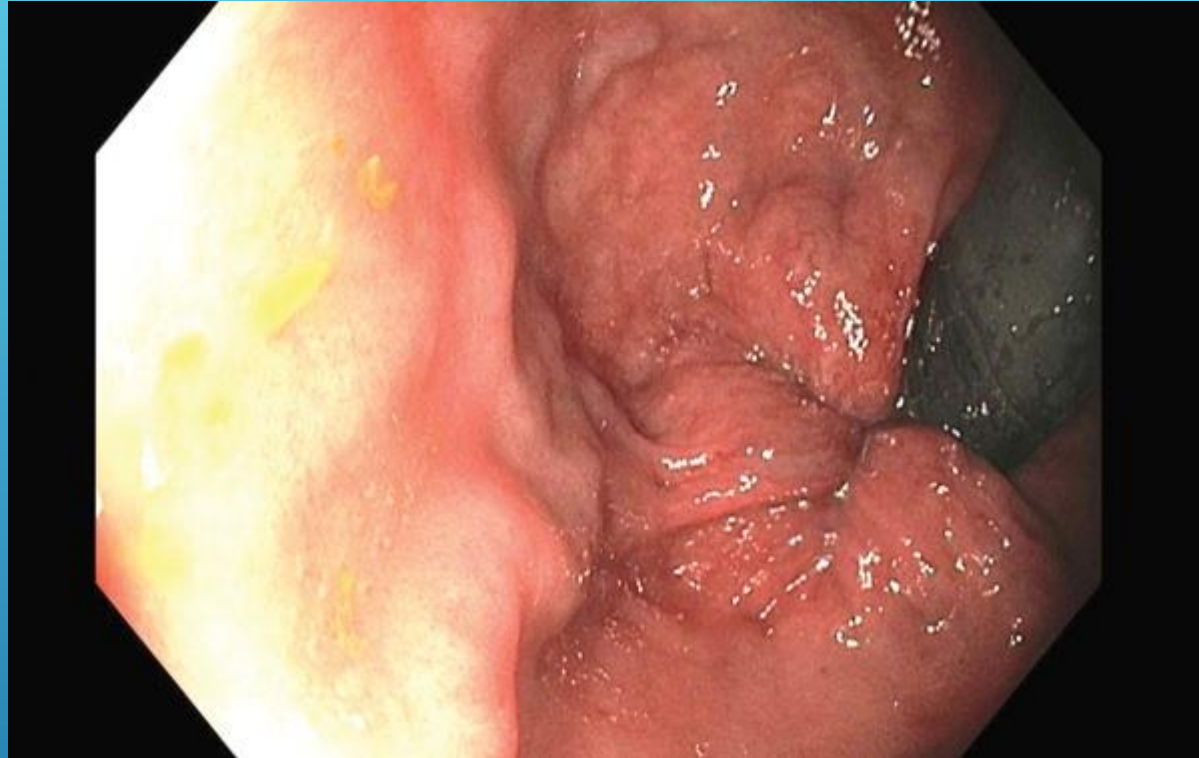
The background is a blue gradient, transitioning from a lighter blue at the top to a darker blue at the bottom. On the right side, there are several white, parallel diagonal lines that create a sense of motion or depth, extending from the bottom right towards the top right.



# DIVERTICULOSIS

[https://upload.wikimedia.org/wikipedia/commons/thumb/2/2a/Diverticulosis\\_%28two\\_diverticula%29\\_01.svg/450px-Diverticulosis\\_%28two\\_diverticula%29\\_01.svg.png](https://upload.wikimedia.org/wikipedia/commons/thumb/2/2a/Diverticulosis_%28two_diverticula%29_01.svg/450px-Diverticulosis_%28two_diverticula%29_01.svg.png)





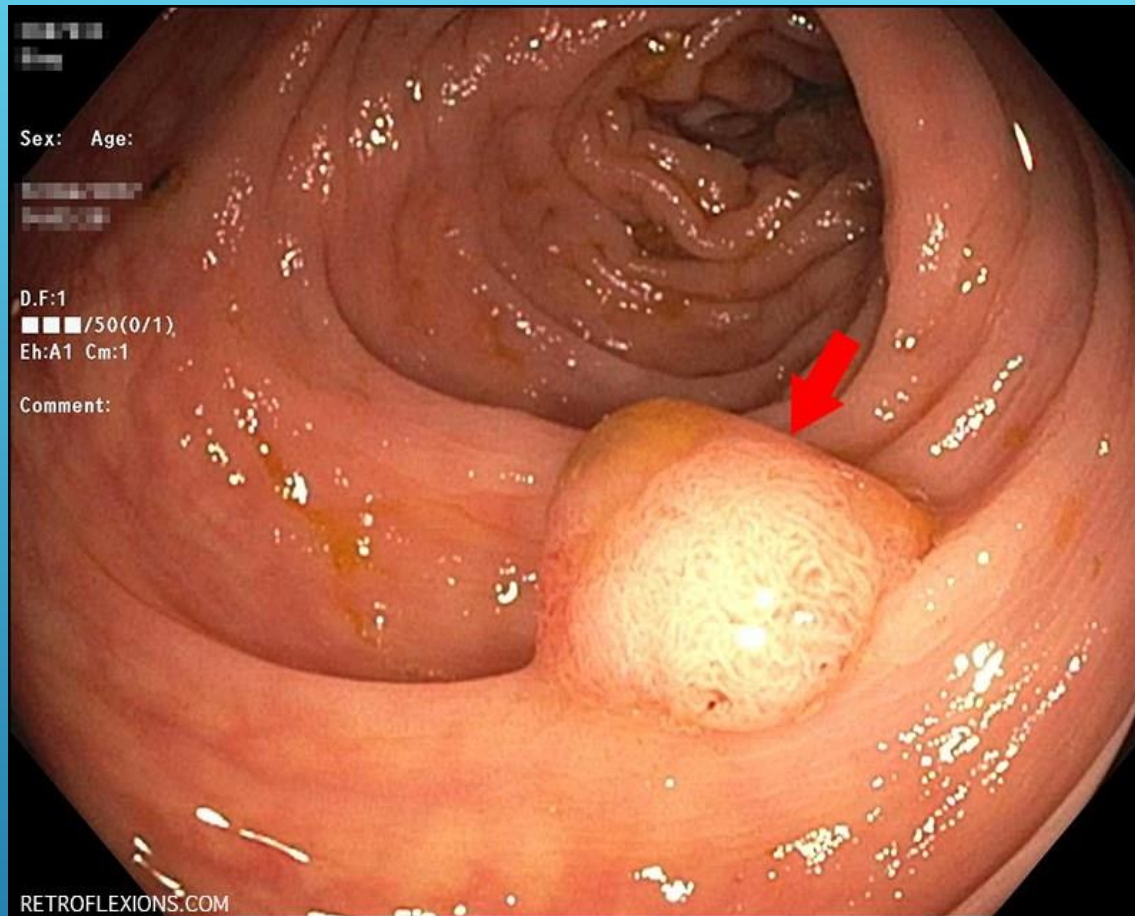
# INTERNAL HEMORRHOIDS

[https://www.gastroendonews.com/aimages/2019/G  
EN0119\\_0001\\_c\\_600.jpg](https://www.gastroendonews.com/aimages/2019/G<br/>EN0119_0001_c_600.jpg)



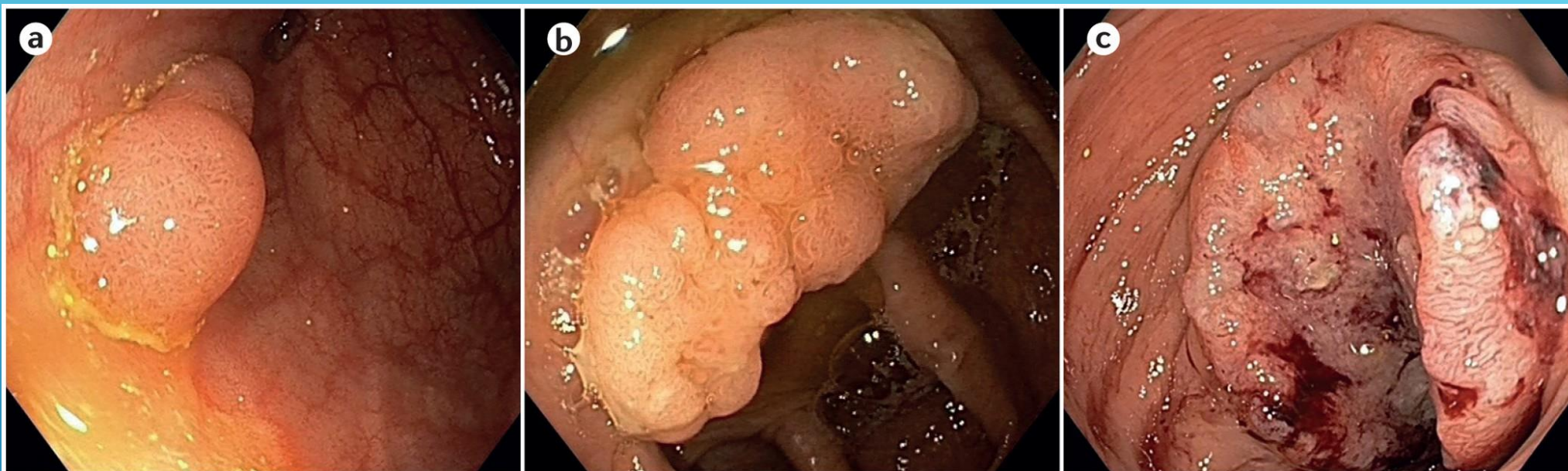
# ANGIOECTASIAS

<https://www.google.com/url?sa=i&url=https%3A%2F%2Fen.wikipedia.org%2Fwiki%2FAngiodysplasia&psig=AOvVaw3uPQGLsEvmuYnQe2pRbBoF&ust=1694140311029000&source=images&cd=vfe&opi=89978449&ved=0CA8QjRxqFwoTCJDzjM26I4EDFQAAAAAdAAAAABAE>



# COLON POLYPS

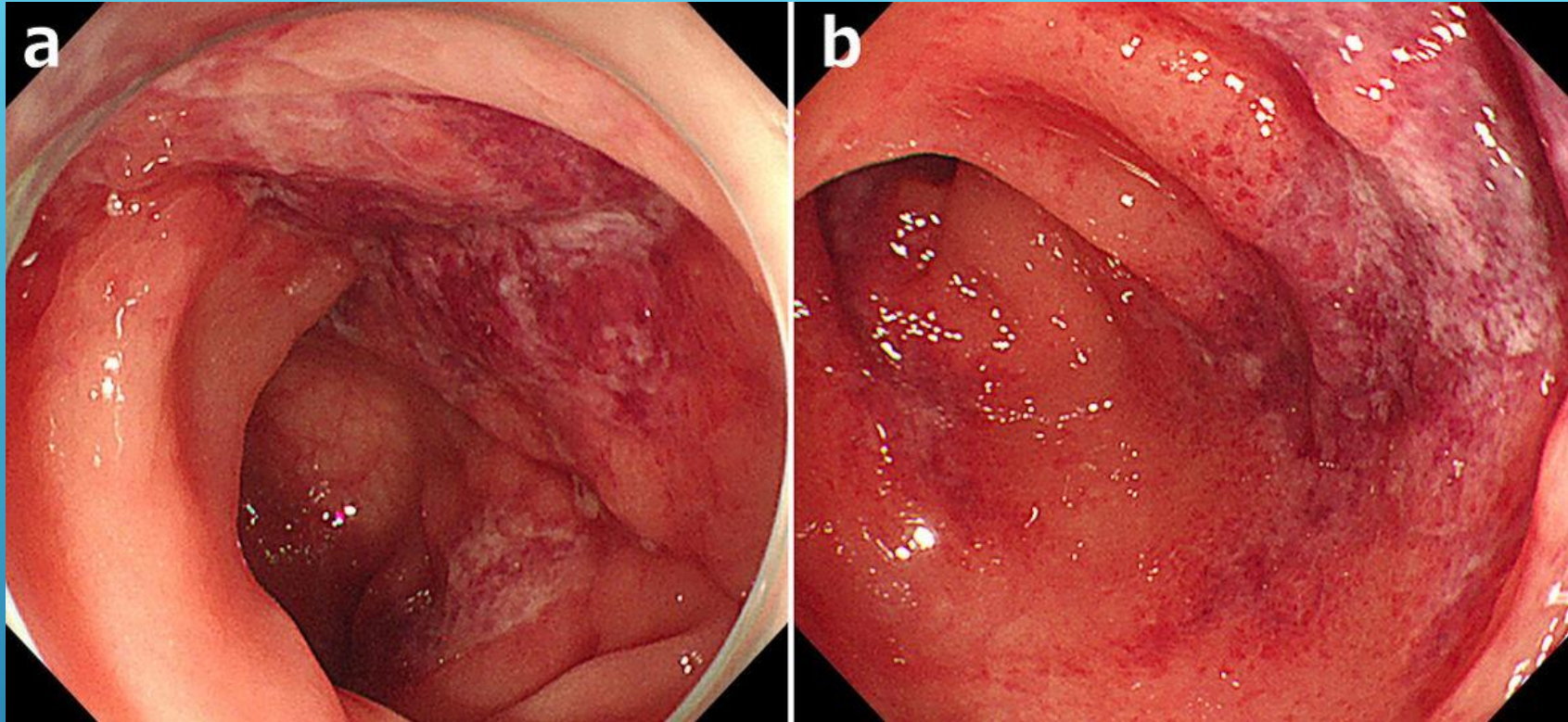
<https://www.kevinmd.com/wp-content/uploads/splenicflexpolyp1.jpg>



Nature Reviews | **Disease Primers**

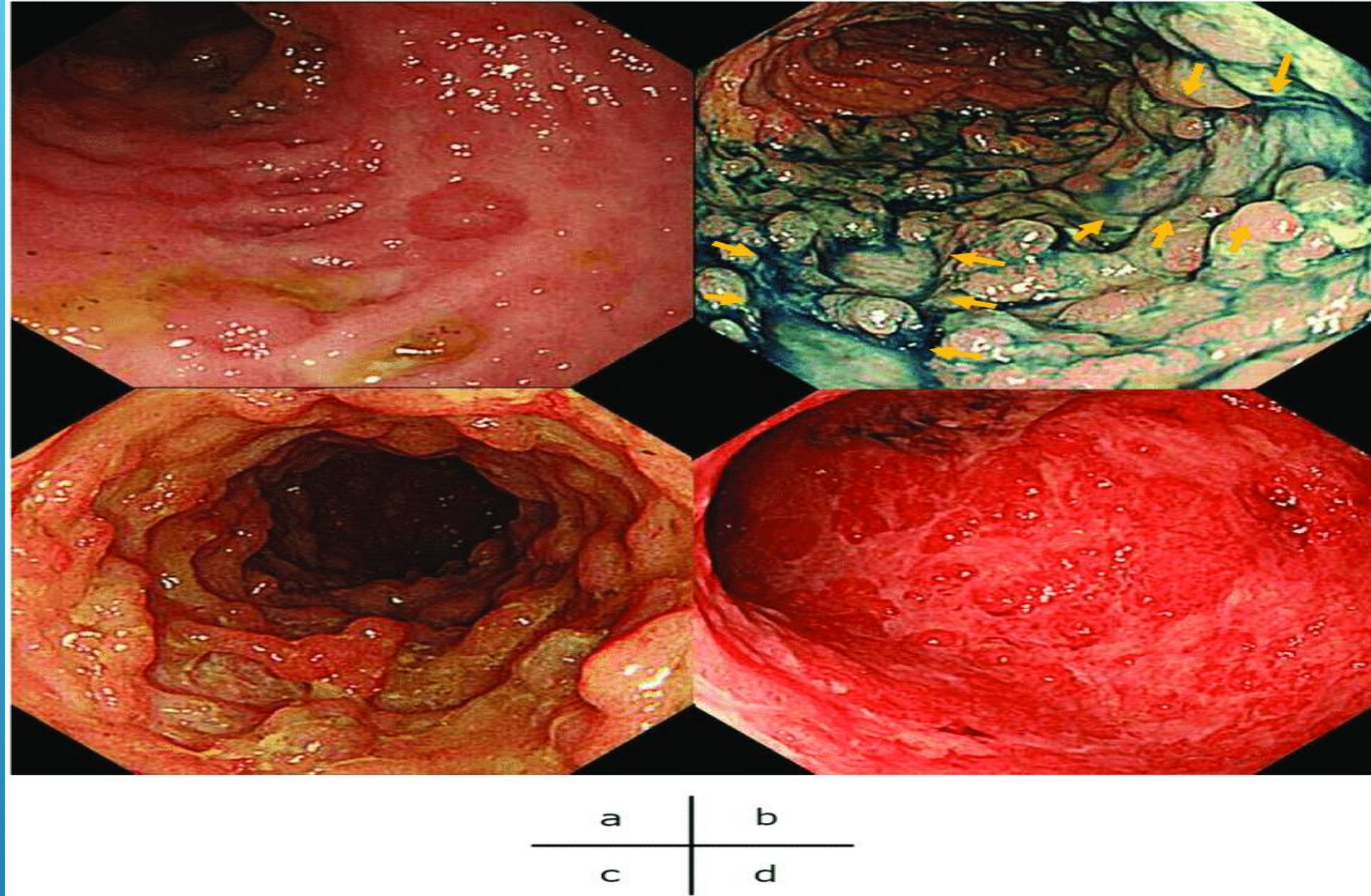
# COLON CANCER

[https://media.springernature.com/full/springer-static/image/art%3A10.1038%2Fnrp.2015.65/MediaObjects/41572\\_2015\\_Article\\_BFnrdp201565\\_Fig1\\_HTML.jpg](https://media.springernature.com/full/springer-static/image/art%3A10.1038%2Fnrp.2015.65/MediaObjects/41572_2015_Article_BFnrdp201565_Fig1_HTML.jpg)



# ISCHEMIC COLITIS

<https://www.gastrores.org/tables/gr1461-g001.jpg>



# ULCERATIVE COLITIS

<https://www.researchgate.net/publication/340345802/figure/fig1/AS:875494744551424@1585745621290/Characteristic-endoscopic-findings-of-ulcerative-colitis-complicated-by-human.png>

- ▶ Onset?
- ▶ Frequency?
- ▶ Duration?
- ▶ Location?
- ▶ Description (Sharp, dull, burning?)
- ▶ Radiation?
- ▶ Exacerbating/alleviating factors?

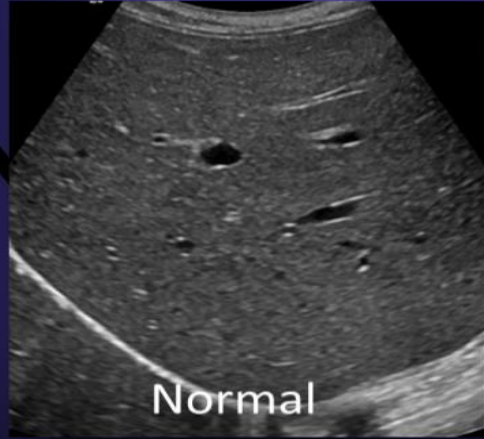
# ABDOMINAL PAIN

- ▶ What enzymes are elevated?
- ▶ AST/ALT/Bilirubin/Alkaline Phosphatase
- ▶ New medications/dosage adjustments?
- ▶ Risk factors for Hepatitis?
- ▶ Vaccinated against Hepatitis B?
- ▶ Abdominal pain?
- ▶ Jaundice?
- ▶ Weight loss?
- ▶ Hx of tobacco use?

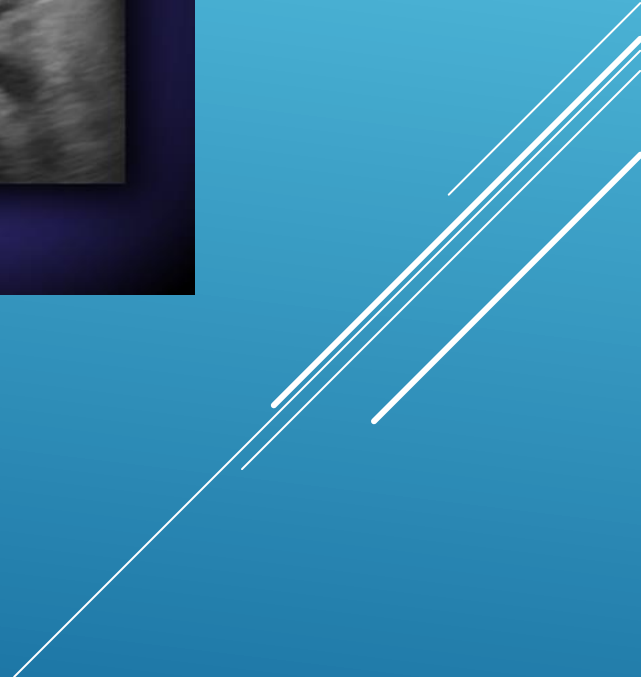
## ABNORMAL LIVER-RELATED TESTS/CIRRHOSIS



# Fatty Liver



ABNORMAL LIVER-RELATED TESTS  
<https://sonographic tendencies.files.wordpress.com/2017/07/fatty.png?w=1200>



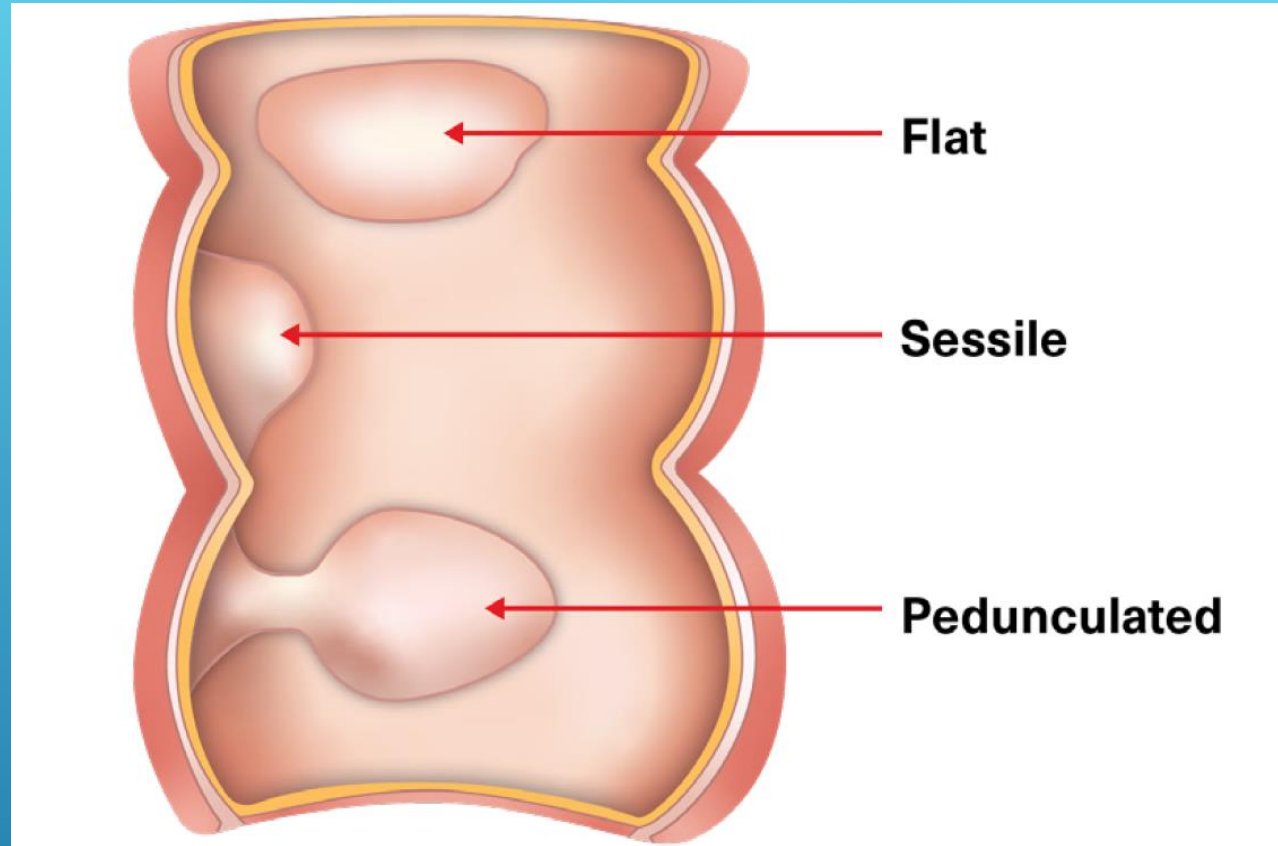


# COLORECTAL CANCER SCREENING

- ▶ Have they had a colonoscopy before?
- ▶ If yes, how long ago?
- ▶ History of polyps?
- ▶ Family history of polyps?
- ▶ Family history of colon cancer?
- ▶ Any symptoms?

# COLORECTAL CANCER SCREENING





# COLORECTAL CANCER SCREENING

- ▶ USPSTF recommends CRC screening starting at age 45, along with the American Cancer Society
- ▶ CRC is the #2 cause of cancer death in the US (roughly 50k/yr)

#### Additional Guidelines:

- ▶ For those who have a first-degree family member with colon cancer: Start at age 40, or 10 years earlier than the youngest affected relative (whichever occurs first)
- ▶ For those without a family history of colon cancer, colonoscopy is recommended every 10 years
- ▶ For those with a family history of colon cancer or adenomatous polyps, colonoscopy is recommended not later than every 5 years

# COLORECTAL CANCER SCREENING



# COLORECTAL CANCER SCREENING



THANK YOU!!!

