

## **Gastroenterology and Hepatology Clinical Update**

April 15, 2010

Richard Gambescia, MD, AGAF, FACP  
Clinical Professor of Medicine, Drexel University College of Medicine  
Philadelphia, Pa.

### **Patients with Uncomplicated Dyspepsia Rarely have Serious Underlying Pathology**

Dyspepsia is a vague UGI symptom that frustrates primary care doctors and GI specialists. How aggressively should these symptoms be pursued? Is there an underlying cancer? Should an endoscopy be performed? Vakil, N. et al did a retrospective review of prospective data on patients with dyspepsia without alert symptoms (dysphagia, anemia, bleeding, etc.) and reported their results in *Clinical Gastroenterology and Hepatology* 2009;7 (July): 756-761. Of the 2741 eligible patients, 1912 were less than 50 years old. Patients on NSAIDs who had heartburn, or who had been treated with a PPI or who had been treated for H. pylori were excluded. All 2741 patients had upper endoscopy. Six had a cancer discovered at endoscopy, but only one of these patients was under 50 years old! This article underscores what has been generally accepted. Patients under the age of 50 without alert symptoms need not have early endoscopy.

### **SSRIs are Associated with Some Increased Risk of UGI Bleeding**

In 2 recent articles, one reported by Targownik et al in the *American Journal of Gastroenterology*, 2009; 104 June: 1475 – 1482 and the other by Loke et al in *Alimentary Pharmacology and Therapeutics* 2008,27 (Jan 1) 31 -40, SSRIs were associated with upper gastrointestinal bleeding. The first citation was a retrospective case controlled study and the second was a meta-analysis of various databases. In both instances, SSRIs (Lexapro is an example) increased the risk of UGI bleeding especially if the drug was used in conjunction with an NSAID (non-steroidal anti-inflammatory drug.) The concomitant use of a PPI (proton pump inhibitor) can reduce the risk of bleeding.

## **Clostridium difficile Infection Treated with Monoclonal Antibody**

*C. difficile* is an increasing inpatient and outpatient infection with significant morbidity and some associated mortality. There is a high incidence of persistence and reoccurrence of disease. In an article by Lowy, I. et al titled "Treatment with Monoclonal Antibodies against *Clostridium difficile* Toxins" in *NEJM* 2010,362 (Jan 21) 197 – 205, a unique approach to treating this infection was employed. Human monoclonal antibodies directed against *C. diff* toxins A and B were used on patients taking either Vancomycin or Metronidazole for *C. diff* infection. There was a placebo arm in the study. The use of these monoclonal antibodies significantly reduced the recurrence of *C. diff* infection at 84 days when compared to placebo. This novel treatment could potentially improve secondary prevention of *C. diff*, which is frequently the Achilles heel of standard antibiotic treatment of this disease.

## **A Test to Distinguish Autoimmune Pancreatitis from Cancer of the Pancreas**

Autoimmune pancreatitis (AIP) is a disease of recent clinical interest frequently mimicking cancer of the pancreas. Despite diagnostic algorithms, a diagnosis is difficult to establish. Open surgery is often needed when clinical features (such as response to steroids) or endoscopic ultrasound with biopsy fails to establish a diagnosis. In an article published in the *NEJM*, Frulloni, L., et al 2009, 361 (November 26) describe a unique antibody to peptide AIP 1-7 which was found in 94% of patients with AIP. This antibody was negative in 95% of the patients with cancer of the pancreas. The study was a small prospective, non-blinded controlled study. Further testing of this antibody is needed; however, it appears promising in helping to distinguish AIP from cancer of the pancreas.