2018-04-26

Approach to the Diagnostic Workup and Management of Small Bowel Lesions at a Tertiary Care Center (poster)

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Approach to the Diagnostic Workup and Management of Small Bowel Lesions at a Tertiary Care Center

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Background and Purpose

• Primary small bowel lesions (SBLs) are difficult to diagnose with modern endoscopic and radiographic techniques.
• SBLs are rare, yet vary widely in pathology and gastrointestinal tract location.
• It is important to review prior SBL cases to understand what factors were most beneficial in directing diagnostic approaches and subsequent treatments for these patients.
• Here, we evaluate diagnostic modalities and management practices of patients with SBLs at an advanced endoscopic referral center.

Methods

• We analyzed patients undergoing surgical management for SBL from 2005-2015 at a single tertiary care center.
• Patients were stratified into two major presenting symptoms and signs: Gastrointestinal bleed/anemia (GIBA) or obstruction/pain (OP).

Results Summary

• 112 patients underwent surgery after presenting with GIBA (n=67) or OP (n=45).
• Mean age was 61.8 years and 45% were women.
• Patients with GIBA had a higher body mass index, were more likely to have chronic or acute-on-chronic symptoms (100% vs. 67%), and more often referred from outside hospitals (82% vs. 44%) (p<0.01).
• Most common preoperative imaging modalities were video capsule endoscopy (VCE) (96%) for GIBA and computer tomography CT (78%) for OP.
• VCE and CT findings were frequently concordant with operative findings in GIBA (67%) and OP (54%) patients, respectively.
• Intraoperative visual inspection or palpation of the bowel identified lesions in 71% of patients.
• Intraoperative Enteroscopy confirmed or identified lesions in 69% of GIBA patients (n=26).
• 90% of GIBA patients had a small bowel resection (93% laparoscopic)
• 58% of OP patients had a small bowel resection (81% laparoscopic)
• Surgical exploration failed to identify lesions in 10% of GIBA patients and 24% of OP patients.
• 20% of GIBA patients (vs. 13% of OP patients) who underwent resections had recurrent symptoms

Table 1: Patient characteristics according to clinical presentation

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>GIBA (n=67)</th>
<th>OP (n=45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean, years)</td>
<td>61.9±9.6</td>
<td>62.3±12.2</td>
</tr>
<tr>
<td>Gender</td>
<td>26/41</td>
<td>26/19</td>
</tr>
<tr>
<td>BMI</td>
<td>28±4</td>
<td>25±4</td>
</tr>
<tr>
<td>Chronic/acute</td>
<td>47/20</td>
<td>23/22</td>
</tr>
<tr>
<td>Outside hospital (%)</td>
<td>39/28</td>
<td>16/29</td>
</tr>
</tbody>
</table>

Table 2: Endoscopy and imaging findings according to clinical presentation

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>GIBA (n=67)</th>
<th>OP (n=45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCE</td>
<td>63/3</td>
<td>32/13</td>
</tr>
<tr>
<td>CT</td>
<td>62/21</td>
<td>33/12</td>
</tr>
<tr>
<td>VCE and CT concordant</td>
<td>34/13</td>
<td>17/8</td>
</tr>
</tbody>
</table>

Conclusions

• Management and identification of SBL is governed by presenting symptomatology.
• Optimal management includes VCE and IE for GIBA and CT scans for OP patients.
• Comprehensive evaluation may require referral to specialized centers

Acknowledgements

• I would like to thank all authors and staff in the Surgery and Gastroenterology departments at UMass Medical School, and the Senior Scholars Program for the opportunity to showcase this study.