Schweizerischer Kongress für Notfallmedizin Bern 25.-26.Mai 2018

Gastroenterologische Notfälle 2018 -das müssen Sie wissen

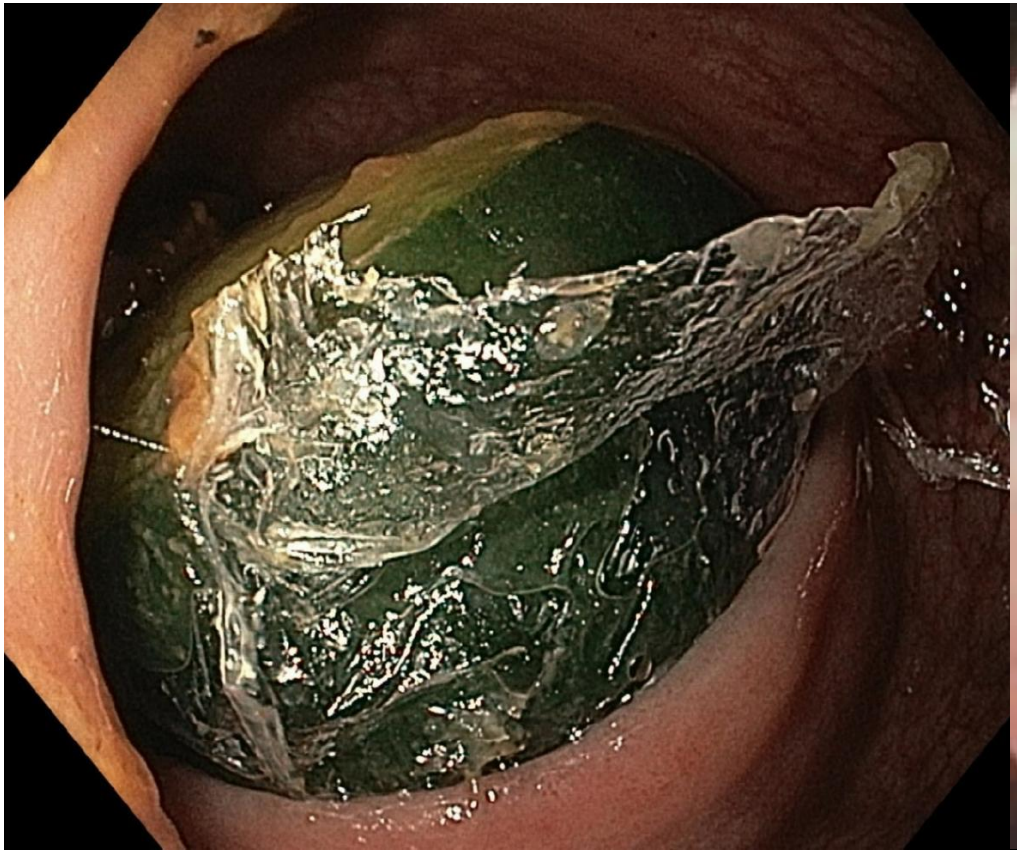
Christoph Gubler, Klinik für Gastroenterologie und Hepatologie USZ

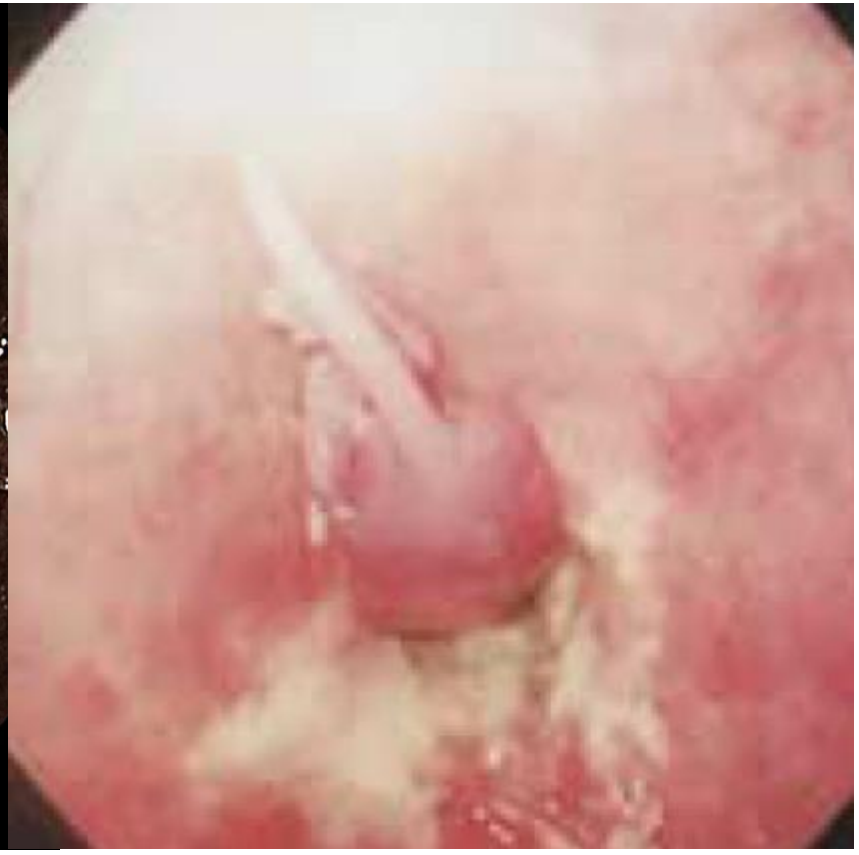
UniversitätsSpital Zürich

Universität Zürich[UZH]

I foreign bodies
II GI-bleeding
III abdominal pain
IV acute liver failure
V anal pain

foreign bodies

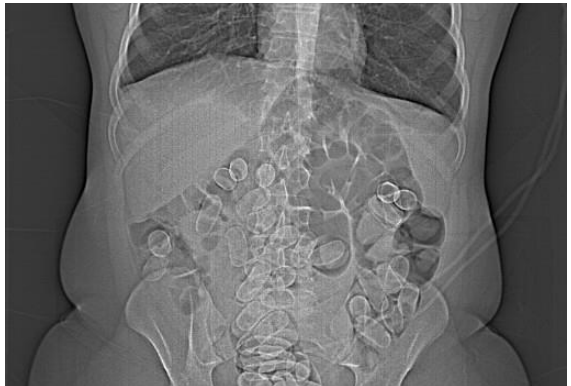




Rektum	history	bring a duplicate of foreign body *gastroenterologists training*
	deep sedation! interdisciplinary with coloprocto-surgeon	
Esophagus	sharp **button cells**	
Stomach	blunt sharp	>6cm length, 2.5cm diameter
Body packing	DON'T!	

emergency

urgency



UniversitätsSpital Zürich

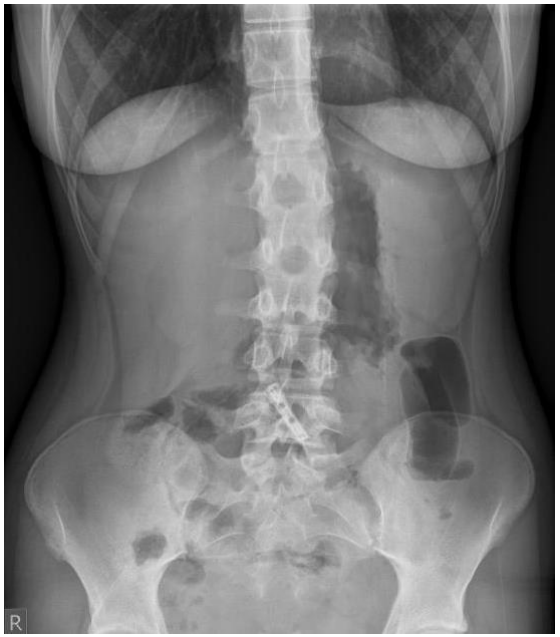
Universität Zürich[UZH]

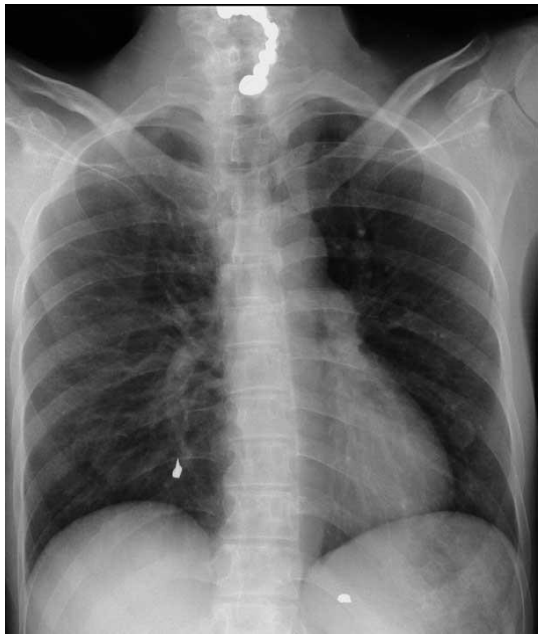
button cells

X ray
phonecall
minutes

foreign bodies

X-ray	food bolus	none
	possibly radio-opaque	nativ in 2 plains
contrast	suspected within esophagus: none	
	small parts within stomach: small amount gastrografin	
	caustic injury	none





UniversitätsSpital Zürich

Universität Zürich[UZH]

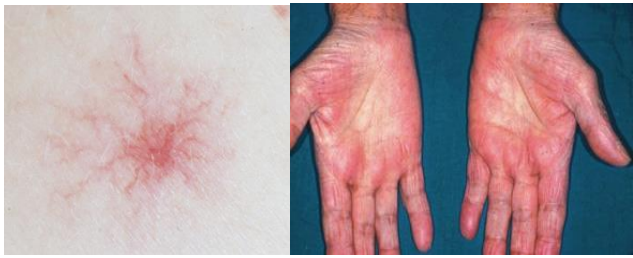
GI bleeding

HNO bleeding dorsal tamponade (urinary catheter)

HISTORY HISTORY HISTORY HISTORY

?radiologist, gastroenterologist et al

Medications OAK, NOAK, DOAK and colleagues

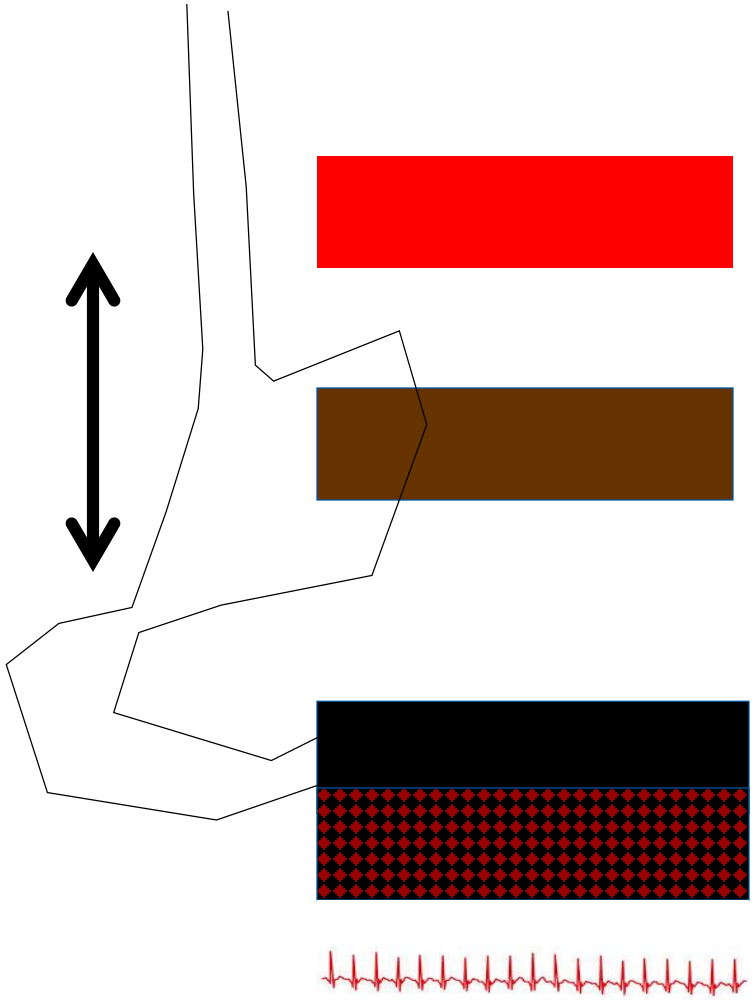


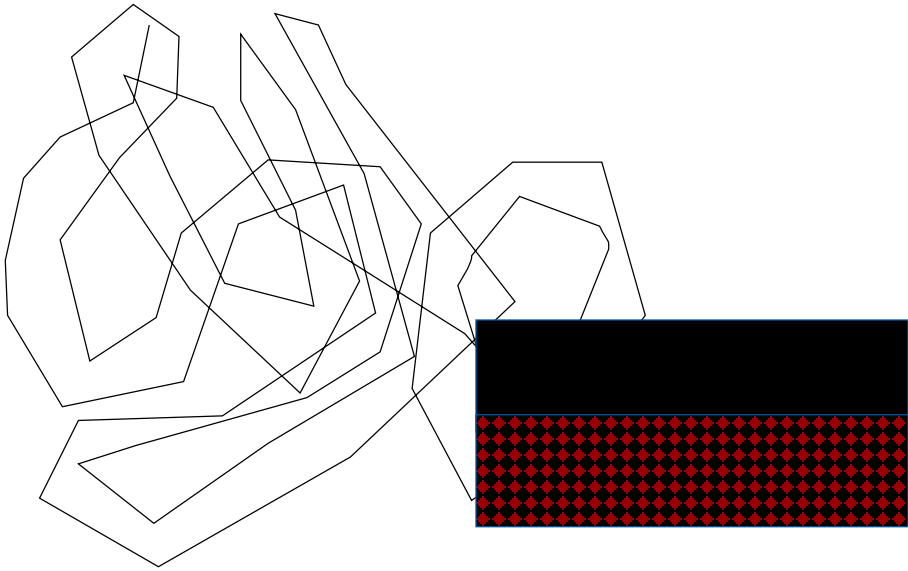
Variceal bleeding versus non variceal bleeding

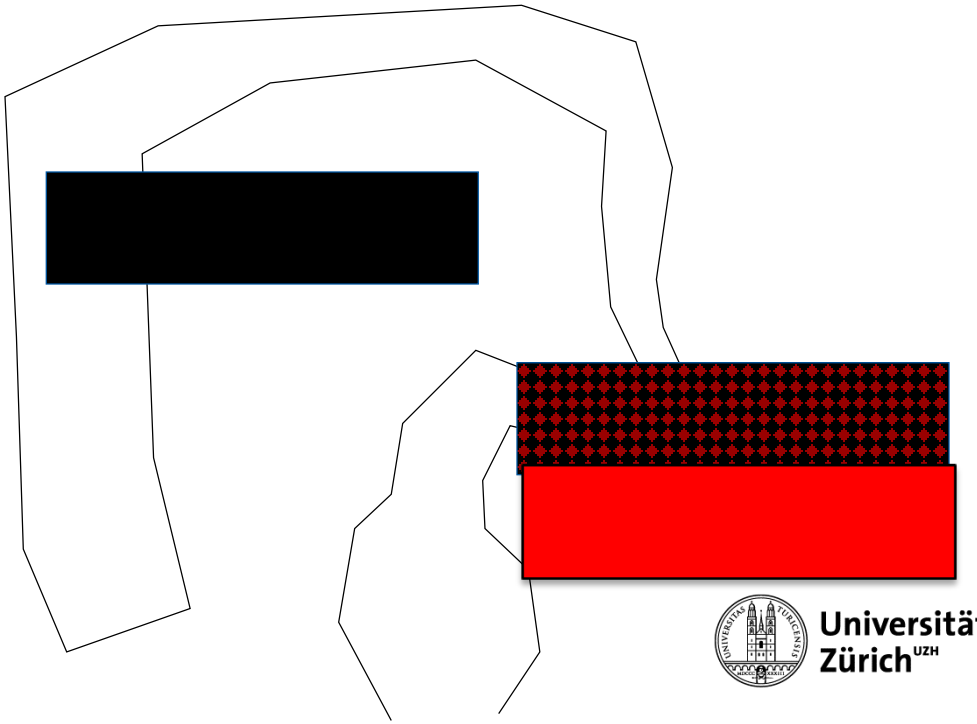
Upper – Middle – Lower bleeding

Urgency versus emergency:

- -hemodynamic parameters
- -hemostasis not blood counts
- -risc factors: age, tumor, comorbidity







Start bleeding till black stool
3-18 hours
Persistence after bleeding stop
3-5 days

UniversitätsSpital Zürich

Universität Zürich[UZH]

medical history
cardiopulmonary stabilisation
DRU (=digital rectal examination)
no gastric tube

Spleen-Thrombocytes-Index
Giannini GUT 2003

Thrombozyten(n/mm^3)/Milzgrösse (mm)
Quotient

>Cut-Off 909

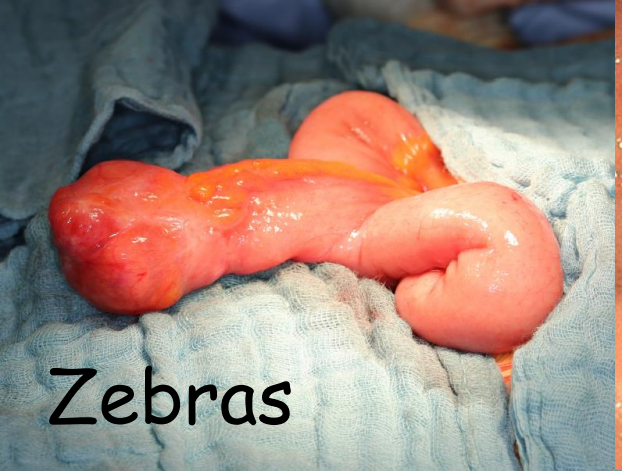
=100% NPV

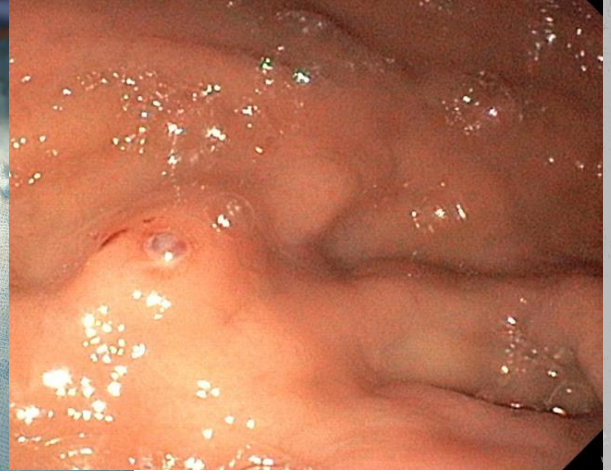
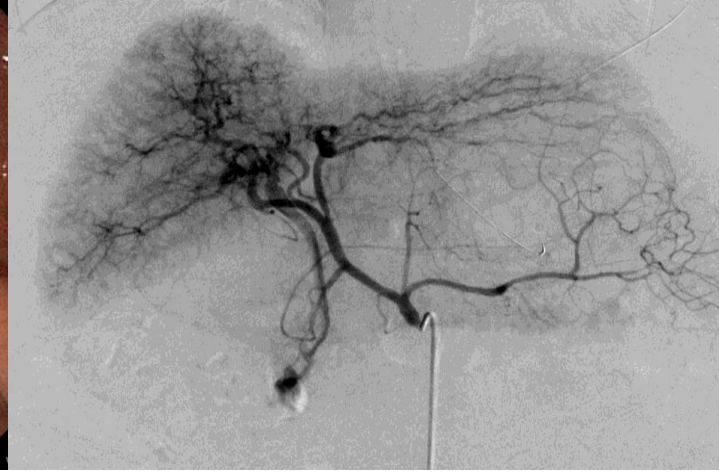
Multivariate Analyse

Tubus is removable & not a disease

PPI Bolus/Perfusor (80mg followed by 8mg per hour)
Erythromycin 250mg 20 minutes before endoscopy
vasoactiva until endoscopy

Gastroscopy & optional rectosigmoidoscopy



Meckel	massive endoscopy neg bleeding of the young
Dieulafoy	blood within the stomach and no source
Hemobilia	biopsy? Duodenoscopy- angio with embol
AEF	
	= atrio-esophageal fistula
	history of ablation no endoscopy
ADF	
	= aorto-duodenal fistula
	history of aortal graft CT with iv contrast

acute abdominal pain

Academic Emergency Medicine
Official Journal of the Society for Academic Emergency Medicine

ORIGINAL CONTRIBUTION

Abdominal Computed Tomography Utilization and 30-day Revisitation in Emergency Department Patients Presenting With Abdominal Pain

Brian W. Patterson, MD, MPH, Arjun K. Venkatesh, MD, MBA, MHS, Lora AlKhawam, MD, and Peter S. Pang, MD, MS

Dig Dis Sci (2017) 62:2894–2899
DOI 10.1007/s10620-017-4720-x

ORIGINAL ARTICLE

Early Abdominal Imaging Remains Over-Utilized in Acute Pancreatitis

IMAGING/REVIEW ARTICLE

Considerations in Imaging Among Emergency Department Patients With Inflammatory Bowel Disease

Richard T. Griffey, MD, MPH*; Kathryn J. Fowler, MD; Andrew Thelen, MD; Alexandra Gutierrez, MD, MPH
*Corresponding Author. E-mail: griffeyr@wustl.edu

CT scan

less revisits day 30
50% change of DX
23% remain unclear

>25% overuse
pediatric overuse
radiation dose

MRI
ultrasound

acute abdominal pain

History & signs
should lead diagnostic procedures always

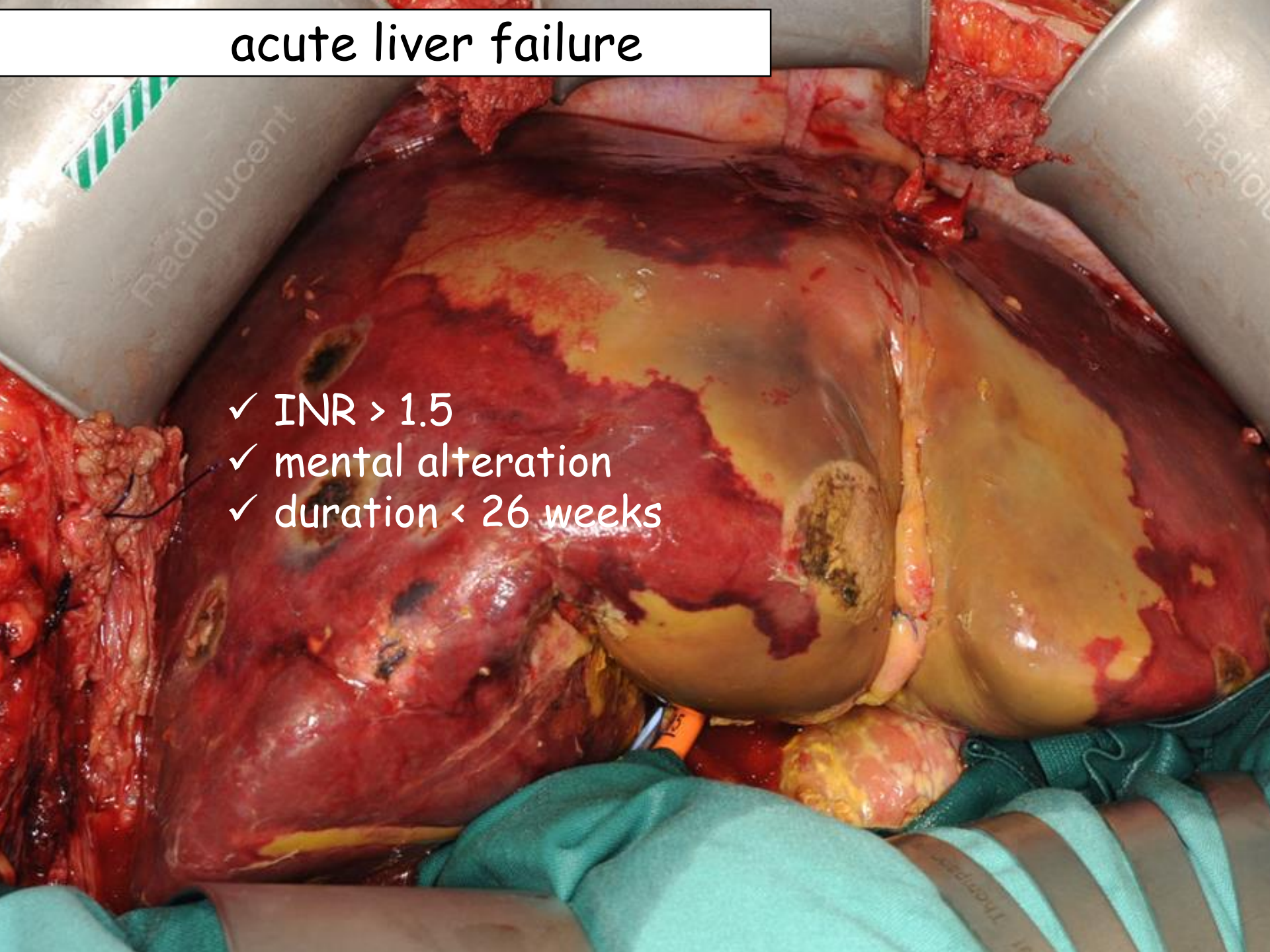
CT yes

After bariatric surgery
After vascular/endovascular surgery
After interventional endoscopy
After PEG/Button insertion

CT no

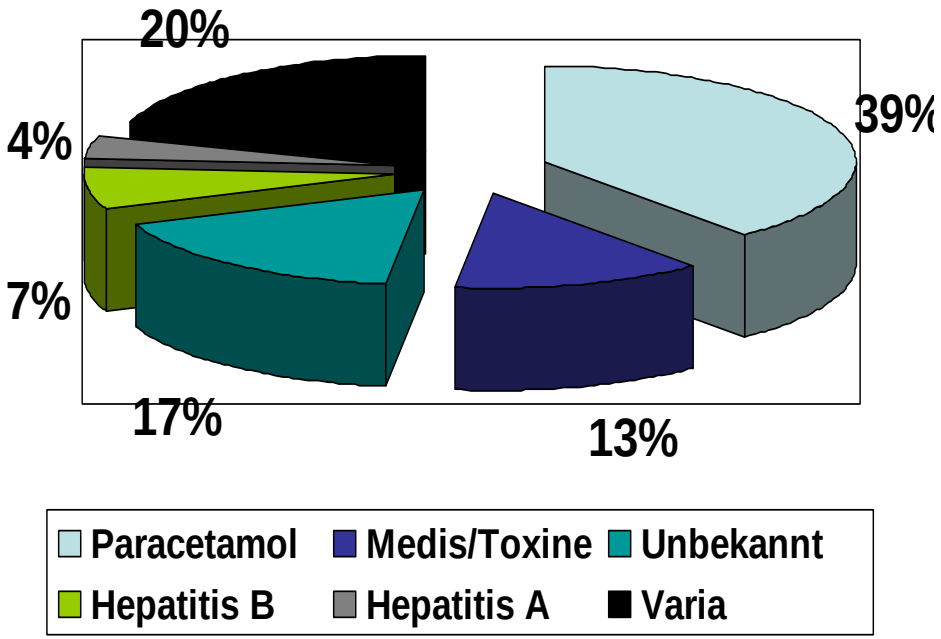
IBD	Ultrasound
acute Pancreatitis	day 3-5 if ever

acute liver failure



- ✓ INR > 1.5
- ✓ mental alteration
- ✓ duration < 26 weeks

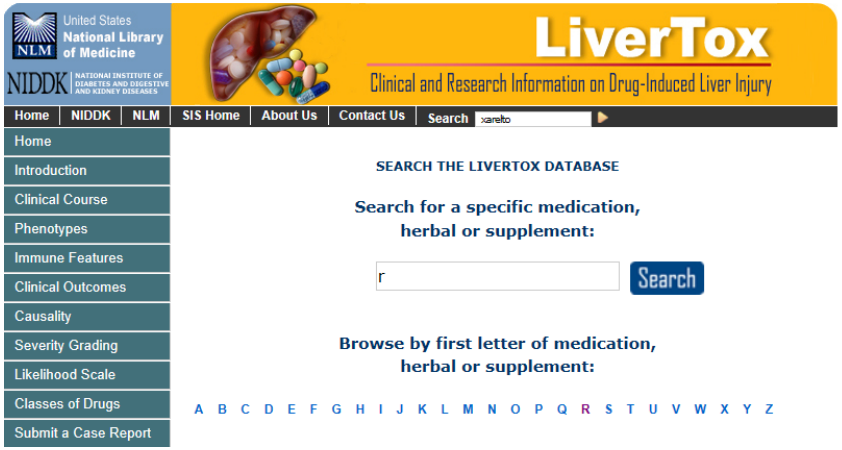
The usual suspects



The unusual suspects

-MDMA, Cocain
-Herbals: Maté, Herbalife
-Hepatitis E, A, Herpes

-DILI



UniversitätsSpital Zürich

Universität Zürich[UZH]

acute liver failure

Question No 1 is the diagnosis correct?

if yes: transfer to a Transplant unit early
PSYCHIATRIST

Question No 2 acute or acute on chronic

which list for transplantation? LIVER BIOPSY

Question No 3 is there a non-transplant treatment option

autoimmune hepatitis	STEROIDS
Hepatitis B	TENOFOVIR/ENTECAVIR
M. Wilson	DRUGS/HEMODIALYSIS

a) Clichy criteria

Bismuth Ann Surg 1995

Encephalopathy

+ Factor V < 20% (up to age of 30)

+ Factor V < 30% (over age of 30)

b) King College Criteria

King's College criteria for selection of ALF patients for liver transplantation (according to Ref. [6])

Paracetamol-induced ALF

Arterial blood pH < 7.30 (irrespective of grade of encephalopathy)

OR all of the following

- Prothrombin time >100 s (INR >6.5)
- Serum creatinine >300 μmol/L
- Grade III or IV hepatic encephalopathy

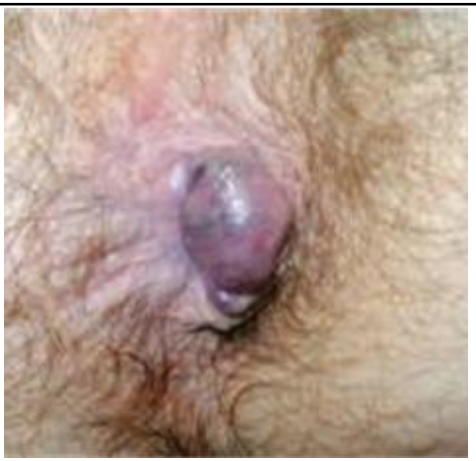
Non-Paracetamol induced ALF

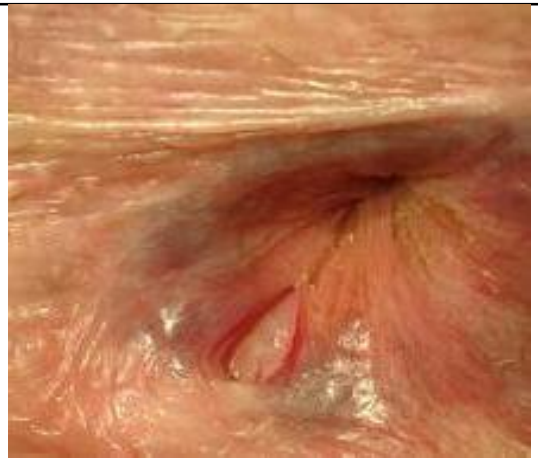
Prothrombin time >100 s (INR > 6.5) (irrespective of grade of encephalopathy)

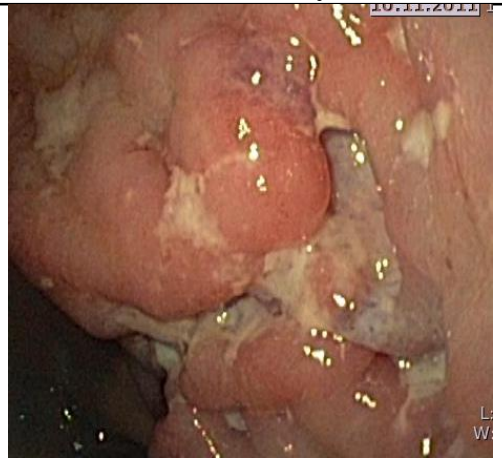
OR any 3 of the following (irrespective of grade of encephalopathy)

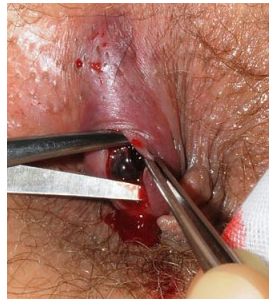
- Age <10 or >40 years
- Etiology: non-A/non-B hepatitis, drug-induced
- Duration of jaundice to encephalopathy >7 days
- Prothrombin time >50 (INR > 3.5)
- Serum bilirubin >300 μmol/L

anal pain









Perianal	thrombosis	**incision within 72h**
Anal canal	fissure, STD	Proctoscopy or Rectosigmoidoscopy **in Sedation!**
Perirectum	abscess, tumor	**TPUS** EUS Cross sectional imaging

**«Everything is going to be fine in the end.
If it's not fine it's not the end.»**

Oscar Wilde