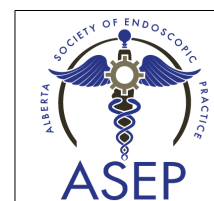
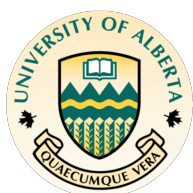


# Case Based Decision Making

Endo Skills January 2020  
Drs Clarence Wong and Mike Kolber



## Objectives

- Identify steps to use critical thinking to obtain best outcome
- Determine best diagnostic procedures and testing based on cases presented

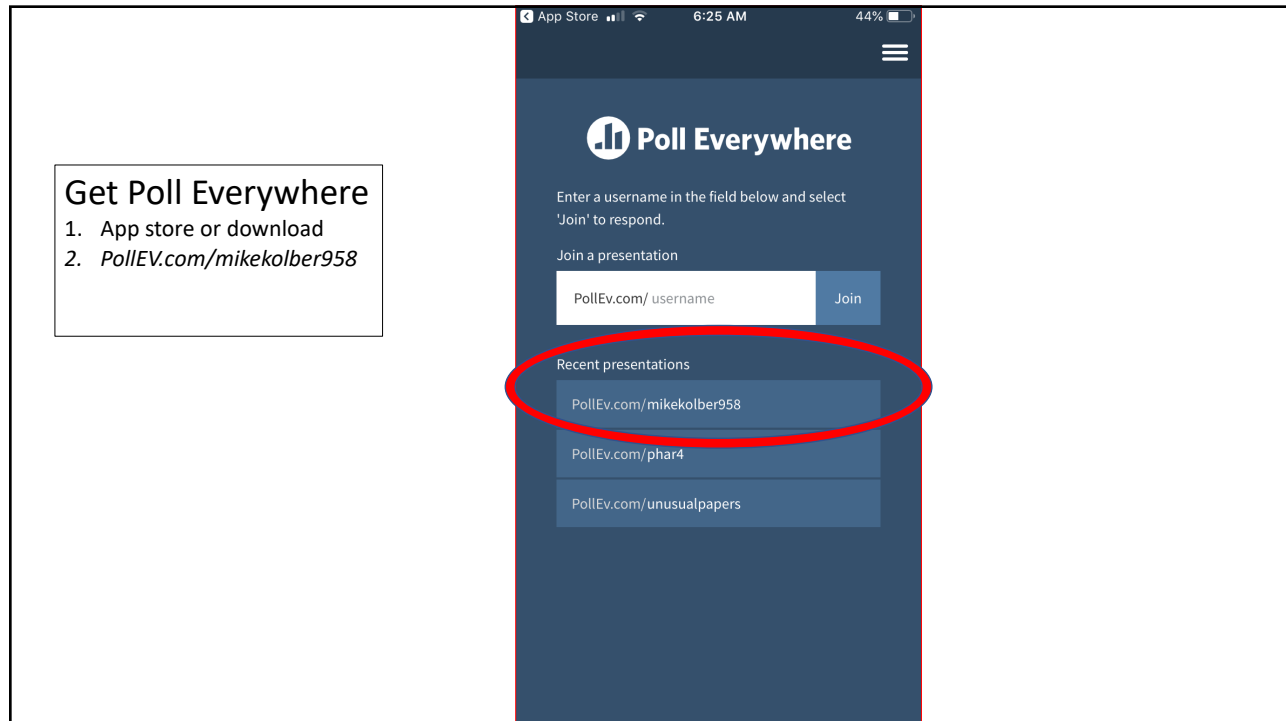
Patients have provided consent to share their stories / pictures

## Faculty/Presenter Disclosure

- **Presenter:** Clarence Wong
- **Relationships that may introduce potential bias and/or conflict of interest:**
  - **Grants/Research Support:** Allergan, Medtronic, Takeda
  - **Speakers Bureau/Honoraria:** Allergan, Medtronic, Takeda
  - **Funded Grants, research or clinical trials:** Alberta Innovates, Somagen
  - **Other:** Employee University of Alberta, Alberta Health Services

## Faculty/Presenter Disclosure

- **Faculty/Presenter:** Mike Kolber
- **Relationships with commercial interests:**
  - **Grants/Research Support:** NA
  - **Speakers Bureau/Honoraria:** expenses (+/- honorarium) for BCCFPs, SRPC, BS Med, ACFP
  - **Consulting Fees:** Expert Drug Committee (Alberta Health)
  - **Employee:** University of Alberta, ACFP
  - **Non-profit grant sources:** ACFP, CIHR, PRIHS
  - **UA Spin Off company:** Electronic Medical Procedure Reporting System



## Cases

- Case #1: Chronic (acutely worse) Diarrhea
- Case #2: Functional paraplegia and Dysphagia
- Case #3: To clip or not to Clip
- Case 4: To BE or not to BE, that is the question
- Case 5: Rural or Urban Scope?
- Case 6: Post polypectomy remnant
- Case 7: Anemia NYD

## Case 1: Chronic (acutely worse) Diarrhea

- 68 yo ♀ with 2 years of diarrhea (12/day), minimal bleeding, 60' wt loss, incontinent of stool. Rectal pain ++.
- Scoped elsewhere x 2 (last ~ 1 ya):
  - quiescent colitis and biospies = chronic active colitis.
- Meds: Salofalk 3 gr/day, ventolin, Advair, Spiriva, citalopram, montelukast, candesartan, labetalol, ASA 81 mg (1'prevention), multivitamin, 'hair loss' supplements.
- PMHx: Chronic Fatigue syndrome, Bladder ca, cholecystectomy
- N CBC, Fecal cal 450, VB12 = 160

## Case #2: Functional paraplegia and Dysphagia

- 27 yo ♀ resolved 'functional' paraplegic
- Multi-year history of oropharyngeal dysphagia for solids and liquids. Seen in 2017 and ordered VFSS = "normal"
- Meds: duloxetine, pregabalin, pantoprazole, CBD oil, buscopan, gaviscon.
- What would you scope her?

### Case 3: To clip or not to Clip prior to polypectomy

- 71 yo FIT+ colon. Sigmoid = long, thick stalk (1cm) with polyp.

### Case 4: To BE or not to BE

- 63 yo overweight ♂ with GERD
- Remote gastro = esophagitis (prior to PPI): not biopsied
- Repeat gastroscopy below: ~ 1cm from TGF to top of ? Barretts

## Case 5: Rural or Urban Scope

- 65 yo ♀ challenging colon in 2012. ? Asc. colon polyp – seen on way in, not on way out.
- Virtual colon May 2019 = 11mm ascending colon polyp.
- Colon = lesion below

## Case 7: Anemia NYD

- 69 yo with UC, controlled on anti-TNF. Dual anti-platelet (Ticagrelor, ASA) for cardiac stent 2 years ago.
- Hemoglobin ↓: 132 (2017) to 111 – 102 - 96 with ? melena x 2d (thought from beets / blueberries)
  - MCV normal, ↑ RDW, ferritin ↓.
- Colonoscopy 2019 rectal inflammation only.
- Medications: Ticagrelor, ASA, Infiximab, rabrepazole, metformin, BB, statin
- Intolerant of adult iron (constipation)

## Case 6: Post polypectomy remnant

- 2018: known ascending colon polyp: not removed as unable to safely remove with cold snare.