

Management of Gastroparesis

Bible Class

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- postprandial fullness
- Nausea
- vomiting
- bloating
- upper abdominal pain

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Problem: functional dyspepsia and accelerated gastric emptying can present with similar symptoms

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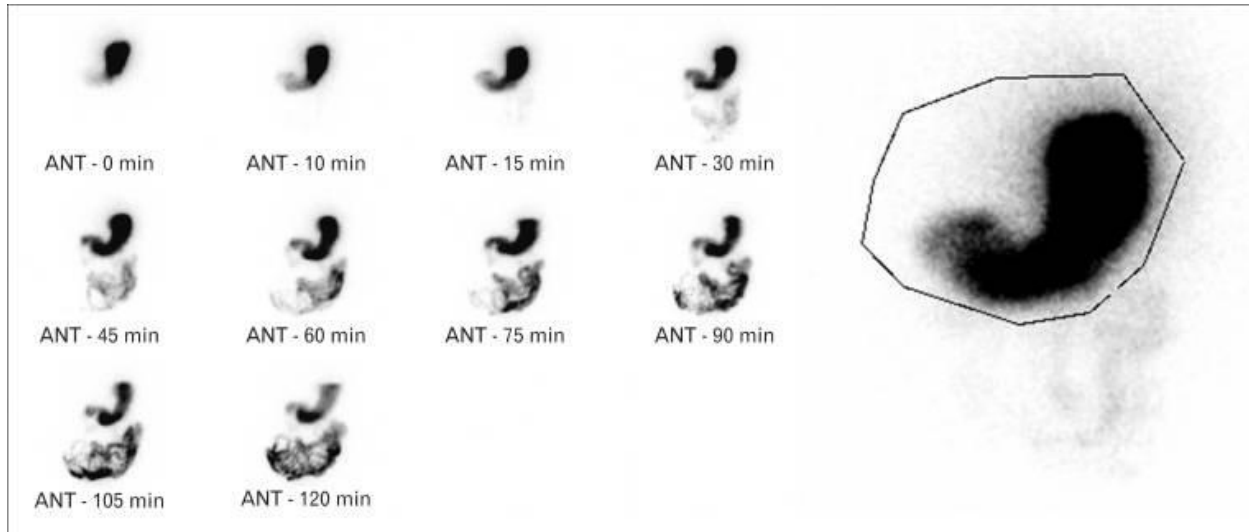
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1. Gastric emptying scintigraphy

Ingestion of a solid meal to which a radiotracer is bound (usually radiolabel egg Albumen with Tc-99m sulfur colloid; but consensus on the optimal test meal is lacking)



J Neurogastroenterol Motil. 2011 April; 17(2): 189–191

Most reliable T_{1/2} has been reported after 4h; defined as leased 50% emptying

2. Wireless capsule motility testing



Capsule that measures pH, temperature, pressure

Change pH (transition from the acid stomach to the alkaline duodenum)

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3. Breath tests (^{13}C -octonate test)

However, gold standard is gastric emptying scintigraphy

What can be the cause of gastroparesis?

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- Diabetes mellitus
- Idiopathic gastroparesis
- Hypothyroidism
- Postsurgical gastroparesis (Roux Y Gastrojejunostomie, Fundoplicatio (Nissen))
- Iatrogen gastroparesis
 - vagus nerve injury (in elder patients ulcus surgery)
 - Anticholinergic agents, opioids
 - Glucagon-like peptide-1 analogs (exanatide)
- Cholinergic dysautonomia
 - (caused by an underlying viral infection CMV, Ebstein-Barr, Varizella)
- Parkinsonism
- Amyloidosis
- Paraneoplastic disease
- Scleroderma
- Mesenteric ischemia

Principles of the management of gastroparesis?

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- Restoration of fluids (enteral alimentation should be preferred)
- Diet / glycemic control
- Pharmacological therapy
- Surgical intervention

What are the principles of oral nutrition / diet?

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- Meals with low fat content and low –fiber content; 4-5 meals a day
- Supplementation with high calory liquids
- Avoid carbohydrated beverages
- No alcohol and smoking

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GLP-1 analogs (exenatide)	delayed
Biguanides (Metformin)	possible delayed
Alpha Glucosidase inhibitors (acarbose)	delayed
dipeptidyl peptidase (DPP) IV inhibitors (e.g., sitagliptin and vildagliptin)	no
Sulfonylureas (Glimipirid)	no
Glitiazones (pioglitazone)	no

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Mechanism

Side Effect

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Metoclopramide
(5 – 40 mg / day)

D2 receptor antagonist

Tardive dyskinesia
Extrapyramidal side effects
as acute dystonia, involuntary
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Elongation of QT interval
cardiac arrhythmia
baseline electrocardiogram
repeate after 6 days

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Erythromycin
(3 mg/kg every 8 h)

lactobiont

QT prolongation
tachyphylaxis by downregulation
of motilin receptors (4 weeks)

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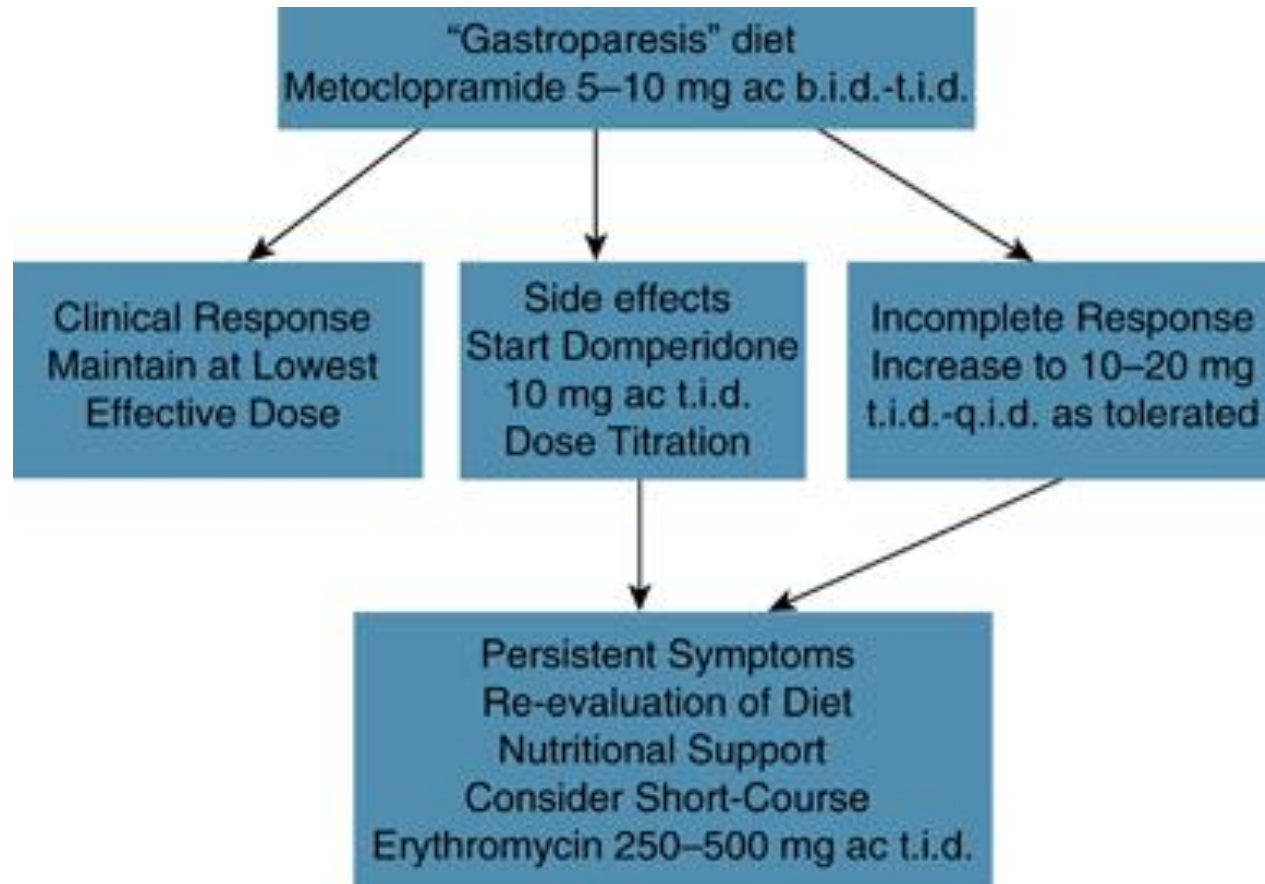
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Aprepitant	Neurokinin -1 receptor antagonist	Dizziness, headache, elevated liver transaminase

Flow chart summarizing the pharmacological treatment of gastroparesis



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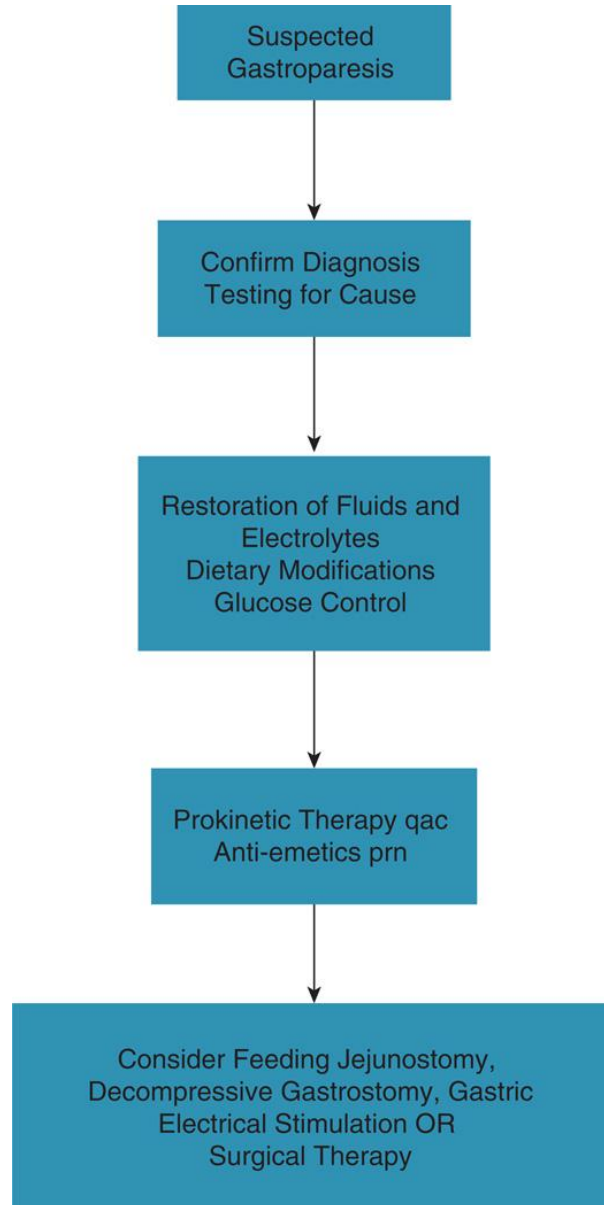
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- Complete gastrectomy can be considered

Management of gastroparesis



Thank you