Mistakes in gastroparesis and how to avoid them

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Mistakes In Articles

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This article examines common diagnostic mistakes in gastroparesis, a condition defined by delayed gastric emptying with nausea and vomiting, which has seen a dramatic rise in US diagnoses from 21 cases in 1958 to 5 million in 2019.

KEY POINTS

- Gastroparesis is defined as delayed gastric emptying associated primarily with nausea and vomiting in the absence of mechanical obstruction, first described by Kassander in 1958 as 'gastroparesis diabeticorum'
- Hospital admissions for gastroparesis are rising much faster than for related conditions such as nausea and vomiting, gastro-oesophageal reflux disease, gastritis or gastric ulcers, which remain relatively static, representing a major healthcare burden
- The author suggests the rapid increase in prevalence likely occurred because it has become easier to measure gastric emptying and attribute symptoms without necessarily considering differential diagnoses
- Most cases are caused by diabetes (type 1 more than type 2) or surgical procedures disrupting the vagus nerve such as Billroth gastrectomy, oesophagectomy, gastric bypass surgery and fundoplication, though cases can be idiopathic
- Clinicians managing patients with suspected gastroparesis would benefit from understanding the most frequent diagnostic mistakes in this condition

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