Management of chronic intestinal pseudo-obstruction

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UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | IBD | Neurogastroenterology & Motility | Small Intestine & Nutrition

October 12, 2024

Chronic intestinal pseudo-obstruction is diagnosed by clinical and radiological criteria, but small bowel manometry helps confirm and characterise the disorder, and a treatable autoimmune inflammatory subgroup exists.

KEY POINTS

- The speaker stated that diagnosis relies on chronic symptoms similar to bowel obstruction plus dilated small bowel loops and air-fluid levels on imaging without mechanical obstruction, but there is no quantitative criterion for dilation and symptoms are nonspecific.
- Small bowel manometry is available at very few centres but is abnormal in all CIPO patients; the speaker reported that only 20 percent of motility experts surveyed use it routinely, and normal manometry virtually excludes CIPO.
- More than 50 percent of cases remain idiopathic despite thorough workup; secondary causes include systemic sclerosis, muscular dystrophies, mitochondrial diseases, amyloidosis, and autoimmune inflammatory forms.
- Autoimmune inflammatory CIPO begins abruptly, progresses over one to three months, and may respond to high-dose steroids, IV immunoglobulins, and maintenance therapy with rituximab, mycophenolate, azathioprine, or cyclophosphamide, though evidence is limited to case reports.
- Full-thickness small bowel biopsy was reported safe in a multicentre study of 124 patients, with the highest diagnostic yield in the jejunum and inflammatory forms identified in 28 percent of CIPO cases.
- The speaker recommended that venting techniques, now placeable endoscopically, should be considered; a Japanese series of seven patients showed symptom reduction, BMI increase, and albumin improvement in all cases.

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