

Episode 5: UEG Journal September Spotlight

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Podcast Episode

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Four studies challenge current gastroenterology practice: small stable pancreatic cysts may not need surveillance, pancreatic enzymes improve Crohn's diarrhoea on enteral nutrition, PCR-guided *H. pylori* treatment achieves higher cure rates, and PSC significantly worsens outcomes in inflammatory bowel disease.

KEY POINTS

- The PACIFIC trial found that pancreatic cysts smaller than 1.5 cm that remain stable (growing less than 2.5 mm per year) carry no increased cancer risk compared to the general population, suggesting surveillance cessation may be appropriate for this low-risk group.
- A randomised trial of 147 Crohn's disease patients showed that pancreatic enzyme replacement therapy reduced diarrhoea frequency to below five bowel movements per day during exclusive enteral nutrition and improved quality of life and anxiety-depression scores, though endoscopic outcomes were unchanged.
- A French study demonstrated that PCR-based susceptibility testing for *H. pylori* achieved 98 to 100 percent eradication rates with tailored antibiotic regimens, compared to 81 percent with empirical bismuth quadruple therapy, and was 39 percent more cost-effective than immunohistochemistry.
- Analysis of over 400,000 patients revealed that primary sclerosing cholangitis increases mortality by nearly 70 percent in inflammatory bowel disease, with composite adverse outcomes (death, hospitalization, or colectomy) occurring in 54 percent of IBD-PSC patients versus 42 percent with IBD alone, highlighting the need for intensified monitoring and cancer surveillance in this population.

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