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Summary

Malabsorption in a patient with systemic sclerosis

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UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Neurogastroenterology & Motility | Small Intestine & Nutrition

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The speaker presented a case of a 66-year-old male with systemic sclerosis and myositis overlap who developed chronic intestinal pseudo obstruction requiring parenteral nutrition for severe malnutrition and malabsorption.

KEY POINTS

- The speaker reported the patient lost more than 10% of body weight in less than six months and developed small bowel dilation up to almost six centimeters with endoscopic findings of severe duodenal dilation, stasis, and retrograde flow.
- The speaker stated parenteral nutrition was initiated immediately rather than enteral feeding due to the severity of pseudo obstruction, starting with alternating two-chamber and three-chamber bags providing approximately 1900 kcals daily.
- The speaker reported treatment included prokinetics (prucalopride reduced to 1mg daily, domperidone as needed), empiric therapy for small intestinal bacterial overgrowth with doxycycline 100mg twice daily and PPI dose reduction, and immunosuppression escalation with increased MMF dose, prednisolone, and rituximab.
- A venting PEG was placed surgically in December as endoscopic placement was not possible due to distended small bowel, later changed to larger calibre, but the patient continued to have frequent hospitalisations for vomiting and obstruction episodes.
- The speaker stated that systemic sclerosis can lead to chronic intestinal pseudo obstruction with high risk of malabsorption and mortality, and emphasized involving rheumatology for immunosuppression and bone health monitoring.

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