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Summary

Episode 3: UEG Journal July spotlight

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Podcast Episode

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This episode reviews five recent UEG Journal publications covering chronic nausea and vomiting management, tofacitinib for refractory pouchitis, beta blockers for gastric varices, gut-brain disorders in obesity, and endoscopic surveillance techniques in inflammatory bowel disease.

KEY POINTS

- A new UEG consensus guideline on chronic nausea and vomiting emphasises ruling out secondary causes, differentiating vomiting from regurgitation and rumination, and recognising underdiagnosed conditions like cyclic vomiting syndrome and cannabinoid hyperemesis syndrome, though 67 of 94 final statements had low to very low quality evidence.
- A pilot trial of 13 patients found tofacitinib ten milligrams twice daily achieved clinical remission in about one in three patients with chronic or antibiotic resistant pouchitis after eight weeks, with symptom improvement in over half, but without significant endoscopic or histologic changes.
- A retrospective study of 490 cirrhotic patients showed adding non-selective beta blockers to endoscopic treatment for gastric varices reduced five year rebleeding rates from 46% to 31%, though survival benefit was not demonstrated except in a subgroup without prior splenectomy.
- A European survey of over 20,000 adults found disorders of the gut brain axis were significantly more common in people with obesity at 44% versus 39% in normal or overweight individuals, with all subtypes except functional constipation being more prevalent.
- A network meta analysis of 16 trials with over 2500 patients confirmed dye based chromoendoscopy remains superior for neoplasia detection in IBD surveillance, with high definition white light endoscopy with targeted biopsies as the next best alternative, while virtual chromoendoscopy showed no significant advantage over standard definition scopes.

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