gutflix
GI learning, personalised

Summary

Panel discussion: Cross-cutting: Diagnostic - invasive or not invasive

UEG Week Barcelona 2026 | Presentation

Hepatobiliary | Primary Care | Neurogastroenterology & Motility | Endoscopy

October 20, 2026

Panel discussion emphasizes that test-and-treat strategy is superior to prompt endoscopy for uncomplicated dyspepsia based on cost-effectiveness and symptom outcomes, with functional dyspepsia requiring appropriate diagnosis and neuromodulator treatment rather than repeated investigation.

KEY POINTS

- The speaker stated that test-and-treat was the top-ranked strategy in a network meta-analysis for managing uncomplicated dyspepsia, and that prompt endoscopy would require willingness to pay £175,000 per patient cured to be cost-effective.
- At least 80% of patients with uncomplicated dyspepsia have functional dyspepsia, which is not an acid-related disorder, so PPI non-response should prompt tricyclic antidepressant treatment rather than endoscopy.
- Reassurance after endoscopy is limited and wanes over time unless a valid explanation for symptoms is provided, so endoscopy for reassurance alone is not justified.
- For microscopic colitis diagnosis, proximal colonic biopsies are necessary in addition to left-sided biopsies to avoid missing cases, though calprotectin testing is not useful as it is typically done only in younger patients and can be falsely elevated by NSAIDs and PPIs.
- The speaker reported liver biopsy is a safe procedure with bleeding complications approximately once every 3-4 years in their unit and an overall fatality rate of approximately 1 in 40,000.
- For coeliac disease evaluation, the speaker recommended four biopsies from the second portion of the duodenum and separate biopsies from the duodenal bulb in different bottles.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/30766a16-d150-11f1-bb84-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.