

GI Update 2014- Delegate Guide
Workshop – GI Imaging

Case 1

A 35 year old female presents to your office with abdominal pain. She has had bloating and alternating diarrhea and constipation for years. She has gained 5 kg over the last 6 months and has no dyspepsia or dysphagia. Recently, she has had episodes of diarrhea where she has barely made it to the washroom. This alternates with days of hard stools, straining and constipation. Bloodwork including CBC, TSH, electrolytes and creatinine are normal.

Q1a) What is your working diagnosis?

Q1b) Would you consider GI Imaging for this patient?

Q1c) How would you interpret this finding?



Case 2

A 53 year old male presents to the emergency room with abdominal pain. With further history, it is predominately in the right upper quadrant. The pain comes in waves but was more frequent over the last 6 hrs. On initial examination, vitals are stable (HR 88, BP 140/90, Temp 37.0). He has mild RUQ tenderness but Murphy's sign is negative. There is no rebound tenderness or masses.

Initial bloodwork reveals

ALT 92 U/L

Alkaline phosphatase 126 U/L

Bilirubin 17 umol/L

Lipase 32 U/L

Q2a) What GI imaging could/should be ordered?

Q2b) Should this patient be referred for ERCP?

Case 3

A 51 year old woman comes to your office. She saw an ad for a private clinic that offered virtual (CT) colonoscopy. She has no symptoms and has no personal or family history of colorectal cancer or adenomatous polyps.

3a) What is virtual colonoscopy (CTC) and how is it performed?

3b) What is the sensitivity of CTC for polyps and colon cancer?

3c) How does it compare vs other colon cancer screening tests?

3d) Should it be recommended for this patient?

Case 4

A 75 year old man comes to your office with progressive dysphagia. This has been worsening over the last few months and he has lost 15 kg of weight.

4a) Would you consider and GI imaging? Barium swallow?

4b) He is diagnosed with esophageal cancer, what staging tests are required?