

**East Suffolk and
North Essex**
NHS Foundation Trust

Gastroenterology

Crawford Jamieson



Joint learning objectives



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To explore common but sometimes undiagnosed gastro conditions by case discussions.

Interaction will be needed – this is two way learning!

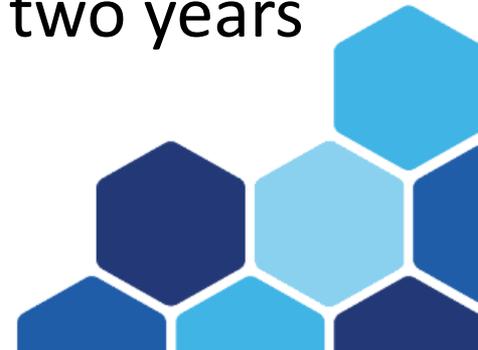


SJ, 28 year old woman

Usually fit and well, two children, youngest 7 years old
Five years ago developed severe intermittent right upper quadrant pain of biliary quality.

Uncomplicated laparoscopic cholecystectomy 4 years ago, gallstones plus minor inflammation.

Worsening intermittent RUQ pain in the last two years similar to the previous history.



SJ, 28 year old woman



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USS – previous cholecystectomy, normal liver,
no intrahepatic bile duct dilatation, 9mm
common bile duct



TK, 56 year old woman

Asthmatic, previous bereavement 10 years ago.
Treated with citalopram over the last seven years for depression . Well tolerated and mood improved. Also has tension headaches over the last five years, treated with over the counter ibuprofen PRN.

Last two years loose stools. Sudden onset, BO seven to ten times per day. Makes at night to pass stool. No blood, no weight loss, otherwise well.

FBC, U and E normal, LFT normal.



AY, 22 year old man

Moved to the area three years ago to study art. Childhood headaches, migrainous, resolved around age of 16 years. Last two years has suffered intermittent severe upper abdominal pain and vomiting. On four occasions he has been admitted to hospital with incipient dehydration and received IV fluids. On one admission he received IV morphine and his vomiting resolved rapidly.

Between episodes he is entirely well. Mild reflux symptoms treated with omeprazole 20 mg od which resolved the reflux symptoms but no effect on the intermittent severe pain.



JB, 23 year old woman



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Usually very fit and well, married with two year old son. 3 months ago she visited family in Bangladesh. Well during the three week visit but on return to the UK developed loose stools with variable pattern BO 2-3 times per day. Semi formed, no blood or mucus.

No family history of bowel pathology and the rest of her family are fine.

Three sets of stool cultures sent with no pathogens found.

Normal FBC, CRP, TFT, TTG negative



GT, 40 year old man

12 weeks ago had non specific upper abdominal pain in the evening with some dyspeptic features. HP serology negative. Treated with PPI for four weeks. Symptoms resolved.

USS was performed 10 weeks ago – normal liver, no biliary dilation, there is an 8mm gallbladder polyp which appears pedunculated. The gallbladder otherwise is normal and no stones were seen.



RW, 43 year old man



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Six month history of occasional dysphagia to solids, also has intermittent retrosternal chest pain which occurs more often, especially at night time.

No weight loss, no family history of significance



GF, 43 year old woman

Presented with upper abdominal pain five years ago, quite severe.

Normal gastroscopy, USS showed gallbladder stones. Cholecystectomy with resolution of pain.

Three years ago developed loose stools three to five times per day.

FBC, TFT normal, TTG negative, Calprotectin 40
Colonoscopy normal with normal biopsy series.

Continues to have loose stools which are interfering with her work as a teacher.



JH, 32 year old man

Asymptomatic, blood tests have shown:

Bili	38
Alk Phos	112
ALT	28
Alb	41
Hb	138
WCC	4.1
Plts	323



TK, 21 year old man

Third year undergraduate economics student.
Weight loss of 25% body weight in the last year.

Keen runner and cyclist.

Came to the appointment with his sister who was worried about his weight loss when she visited.

No history of diarrhoea, otherwise well.

No abdominal symptoms.

Has always live in the UK.

No fever or other constitutional disturbance.

FBC normal, U and E, LFT, TFT normal, TTG negative.

Stool faecal elastase normal.

CXR normal.



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