Continuing Medical Education Exam: October 2014

James Buxbaum, MD, William Ross, MD, Shou-Jiang Tang, MD, Brian Weston, MD, *Co-Editors, CME Section*
G. S. Raju, MD, *Editor, CME Section*
Glenn M. Eisen, MD, MPH, *Editor-in-Chief, Gastrointestinal Endoscopy*

Instructions:

The GIE: *Gastroinintestinal Endoscopy* CME Activity can now be completed entirely online. To complete do the following:

1. Read the CME articles in this issue carefully and complete the activity:

Lipka S, Keshishian J, Boyce HW, et al. The natural history of steroid-näïve eosinophilic esophagitis in adults treated with endoscopic dilation and proton pump inhibitor therapy over a mean duration of nearly 14 years. Gastrointest Endosc 2014;80:592-8.
Haito-Chavez Y, Law JK, Kratt T, et al. International multicenter experience with an over-the-scope clipping device for endoscopic management of GI defects (with video). Gastrointest Endosc 2014;80:610-22.
Ahlenstiel G, Hourigan LF, Brown G, et al. Actual endoscopic versus predicted surgical mortality for treatment of advanced mucosal neoplasia of the colon. Gastrointest Endosc 2014;80:668-76.
Ali A, Arnold C, Singhi A, et al. Clues to uncommon and easily overlooked infectious diagnoses affecting the GI tract and distinction from their clinicopathologic mimics. Gastrointest Endosc 2014;80:689-706.

2. Log in online to complete a single examination with multiple choice questions followed by a brief post-test evaluation. Visit the Journal's Web site at www.asge.org (members) or www.giejournal.org (nonmembers).
3. Persons scoring greater than or equal to 75% pass the examination and can print a CME certificate. Persons scoring less than 75% cannot print a CME certificate; however, they can retake the exam. Exams can be saved to be accessed at a later date.

You may create a free personal account to save and return to your work in progress, as well as save and track your completed activities so that you may print a certificate at any time. The complete articles, detailed instructions for completion, as well as past Journal CME activities can also be found at this site.

Target Audience

This activity is designed for physicians who are involved with providing patient care and who wish to advance their current knowledge of clinical medicine.

Learning Objectives

Upon completion of this educational activity, participants will be able to:

1. Recognize potential for the management of eosinophilic esophagitis (EoE) with esophageal dilation.
2. Assess the over-the-scope clipping device for the endoscopic management of GI defects.
3. Demonstrate the outcome of colon EMR in the management of benign polyps
4. Describe how the combination of clinical history, endoscopic findings, and histology may be used to accurately diagnose infectious diseases of the gastrointestinal mucosa.

Continuing Medical Education

The American Society for Gastrointestinal Endoscopy (ASGE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
The ASGE designates this Journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Activity Start Date: October 1, 2014
Activity Expiration Date: October 31, 2016

Disclosures

Disclosure information for authors of the articles can be found with the article in the abstract section. All disclosure information for GIE editors can be found online at http://www.giejournal.org/content/conflictofinterest. CME editors, and their disclosures, are as follows:

G. S. Raju, MD, FASGE (Associate Editor for Journal CME):
Disclosed no relevant financial relationships.

James Buxbaum, MD (CME Editor):
Disclosed no relevant financial relationships.

Minimum Online System Requirements:
486 Pentium 1 level computer (PC or Macintosh)
Windows 95,98,2000, NT or Mac OS Netscape 4. × or Microsoft Internet Explorer 4. × and above 16 MB RAM 56.6K modem

William Ross, MD (CME Editor):
Consulting/Advisory/Speaking: Boston Scientific, Olympus

Shou-Jiang Tang, MD (CME Editor):
Disclosed no relevant financial relationships.

Brian Weston, MD (CME Editor):
Disclosed no relevant financial relationships.

Continuing Medical Education Questions: October 2014

QUESTION 1 OBJECTIVE:

Recognize potential for the management of eosinophilic esophagitis (EoE) with esophageal dilation.

Natural history of EoE and utility of endoscopic dilation in the management of EoE

Question 1:

A 55-year-old man with a prior history of EoE undergoes endoscopy to evaluate symptoms of dysphagia. Endoscopy reveals a fibrotic stricture (luminal diameter 11 mm) in the mid-esophagus and is dilated to 15 mm with a Savary dilator. Esophageal biopsies reveal 5 eosinophils/HPF. The patient returns to the clinic and wonders about the possibility of symptomatic relief only with intermittent dilation without steroids.

Which of the following dilation regimens has been shown to be effective and durable in the treatment of fibrostenotic EoE?

Possible answers: (A-D)

A. Savary dilation; target dilation: 16 mm; follow-up dilation: based on symptoms
B. Savary dilation; target dilation: 20 mm; follow-up dilation: once a year
C. Balloon dilation; target dilation: 16 mm; follow-up dilations based on symptoms
D. Balloon dilation; target dilation: 16 mm; follow-up dilation: once a year

Look-up: Lipka S, Keshishian J, Boyce HW, et al. The natural history of steroid-näïve eosinophilic esophagitis in adults treated with endoscopic dilation and proton pump inhibitor therapy over a mean duration of nearly 14 years. Gastrointest Endosc 2014;80:592-8.

QUESTION 2 OBJECTIVE:

Assess the over-the-scope clipping device for the endoscopic management of GI defects.

The over-the-scope clip (OTSC) for the management of gastrointestinal (GI) defects

Question 2:

A surgical colleague comes to you for information regarding the OTSC clip, which you recently placed on a patient for a colon EMR perforation. You discuss the role of endoscopic closure of different types of perforations, fistulae, and anastomotic leaks.

Which of the following GI defects is most likely to close successfully with an OTSC clip?

Possible answers: (A-D)

A. Gastric perforation after snare resection
B. Gastric chronic fistula
C. Esophagogastric anastomotic leak
D. Gastric leak after bariatric surgery

Look-up: Haito-Chavez Y, Law JK, Kratt T, et al. International multicenter experience with an over-the-scope clipping device for endoscopic management of GI defects (with video). Gastrointest Endosc 2014;80:610-22.