

Continuing Medical Education Exam: February 2012

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Instructions:

The GIE: *Gastrointestinal Endoscopy* CME Activity can now be completed entirely on-line. To complete, do the following:

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

Vahabzadeh B, Seetharam AB, Cook MB, et al. Validation of the Prague C & M criteria for the endoscopic grading of Barrett's esophagus by gastroenterology trainees: a multicenter study. *Gastrointest Endosc* 2012;75:236-41.

Rodriguez L, Rosen R, Manfredi M, et al. Endoscopic intrapyloric injection of botulinum toxin A in the treatment of children with gastroparesis: a retrospective, open-label study. *Gastrointest Endosc* 2012;75:302-9.

Dhir V, Bhandari S, Bapat M, et al. Comparison of EUS-guided rendezvous and precut papillotomy techniques for biliary access. *Gastrointest Endosc* 2012;75:354-9.

Jensen DM. The ins and outs of diverticular bleeding. *Gastrointest Endosc* 2012;75:388-91.

2. To date, ACC Sections and their Councils have been a valuable resource for the decision-making bodies of the College and have provided a welcome opportunity for the ACC to cultivate leadership and engage members. Visit the journals Web site at www.asge.org (members) or www.giejournal.org (nonmembers).
3. To date, ACC Sections and their Councils have been a valuable resource for the decision-making bodies of the College. 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. Describe the Prague classification of Barrett's esophagus.
2. Define the best strategies for the management of gastroparesis in children.
3. Compare the techniques of EUS-guided rendezvous and precut papillotomy in gaining biliary access in difficult biliary cannulation.
4. Distinguish the different endoscopic management options of colonic diverticular bleeding.

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 enduring material 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: February 1, 2012

Activity Expiration Date: February 28, 2014

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/conflictinterest>. CME editors, and their disclosures, are as follows:

G. S. Raju, MD, FASGE (Associate Editor for Journal CME):

Disclosed no relevant financial relationships.

Raquel E. Davila, MD (CME Editor):

Disclosed no relevant financial relationships.

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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

Jeffrey H. Lee, MD (CME Editor):

Consulting/Advisory/Speaking: Wyeth, Olympus

Research Support: ConMed

William Ross, MD (CME Editor):

Consulting/Advisory/Speaking: Boston Scientific, Olympus

Shou-Jiang Tang, MD (CME Editor):

Consulting/Advisory/Speaking: Olympus America

Other Financial: Ethicon Endo-Surgery, licensing agreement for magnetic anchoring and guidance system; Patents pending for magnetic anchoring and guidance system

Continuing Medical Education Questions: February 2012

QUESTION 1 OBJECTIVE:

To describe the Prague classification of Barrett's esophagus.

How to report Barrett's esophagus using the Prague classification?

Question 1:

Your program director institutes an instructional program for identification and classification of Barrett's mucosa using the Prague classification. Here is an endoscopy report of a patient with Barrett's esophagus, with the following markings. The diaphragmatic hiatus was located at 40 cm; the top of the gastric folds at 35 cm; the proximal margin of circumferential Barrett's esophagus at 33 cm; the proximal margin of the longest tongue of Barrett's esoph-

agus at 31 cm, and the proximal margin of the erosions at 30 cm.

How do you describe it using the Prague classification?

Possible answers: (A-D)

- A. C2, M4
- B. C7, M9
- C. C7, M10
- D. C2, M5

Look-up: Vahabzadeh B, Seetharam AB, Cook MB, et al. Validation of the Prague C & M criteria for the endoscopic grading of Barrett's esophagus by gastroenterology trainees: a multicenter study. *Gastrointest Endosc* 2012;75:236-41.

QUESTION 2 OBJECTIVE:

To define the best strategies for the management of gastroparesis in children.

What are the best treatment options for the treatment of gastroparesis in children?

Question 2:

A 13-year-old boy with a history of idiopathic gastroparesis presents to you with intermittent vomiting refractory to medical therapy. He has delayed gastric emptying demonstrated on a nuclear medicine gastric emptying study performed 7 months ago. The patient has already undergone esophagogastroduodenoscopy with intrapyloric injection of botulinum toxin A, which resulted in a significant reduction of his symptoms for approximately 3 months. He now presents with worsening, frequent vomiting and weight loss.

Which of the following would be a reasonable next step in the management of the patient's symptoms?

Possible answers: (A-D)

- A. Antroduodenal manometry
- B. Repeat intrapyloric botox injection
- C. Percutaneous endoscopic gastrostomy tube placement
- D. Pyloromyotomy

Look-up: Rodriguez L, Rosen R, Manfredi M, et al. Endoscopic intrapyloric injection of botulinum toxin A in the treatment of children with gastroparesis: a retrospective, open-label study. *Gastrointest Endosc* 2012;75:302-9.

QUESTION 3 OBJECTIVE:

To compare the techniques of EUS-guided rendezvous and precut papillotomy in gaining biliary access in difficult biliary cannulation.

How good is EUS-guided rendezvous technique for biliary access?

Question 3:

A 45-year-old male presents with a 2-week history of obstructive jaundice and moderate mid-epigastric pain. A CT scan shows a 3-cm mass in the head of the pancreas with a long stricture at the common bile duct with proximal biliary dilation. As an expert in endosonography and

ERCP, you are planning for biliary drainage. After several failed conventional ERCP techniques to access the bile duct, you are unable to see the ampulla well because of bleeding and marked edema.

Which of the following should you try next to gain access to the bile duct?

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