

Systemic Sclerosis

Gastrointestinal Disease and Its Management



Genevieve Gyger, MD*, Murray Baron, MD

KEYWORDS

- Systemic sclerosis • Gastroesophageal reflux • Dysmotility • Gastroparesis
- Pseudo-obstruction • Constipation • Fecal incontinence • Esophagus

KEY POINTS

- A multidisciplinary approach with a gastroenterologist, nutritionist, and often a speech therapist is mandatory in all patients with severe gastrointestinal involvement.
- Oral cavity abnormalities are common in systemic sclerosis and can be severe.
- Gastroesophageal reflux may trigger or worsen interstitial lung disease.
- All patients with scleroderma should be screened for malnutrition.
- Treatment of fecal incontinence starts with optimization of the constipation treatment.
- Probiotics may be useful in patients with bloating and distension and small intestinal bacterial overgrowth.
- Well-powered prospective studies are needed to determine the effect of immunosuppressive treatment on the onset of gastrointestinal tract disease, especially in early systemic sclerosis.

INTRODUCTION

The gastrointestinal (GI) tract is the most frequently involved internal organ in systemic sclerosis (SSc), affecting more than 90% of patients.¹ The most frequent GI involvement is the esophagus, followed by the ano-rectum and small bowel, but any part of the GI tract can be affected, from the mouth to the anus.

This article reviews the pathophysiology of GI tract involvement in SSc and discusses the investigations and management of the disease. **Table 1** shows the most commonly used investigations to assess the GI tract in SSc, and treatments are listed in **Table 2**.

The authors have no relevant financial disclosures to make.

Division of Rheumatology, Jewish General Hospital, McGill University, Suite A725, 3755 Cote St Catherine Road, Montreal, Quebec H3T 1E2, Canada

* Corresponding author.

E-mail address: genevieve.gyger@mcgill.ca

Rheum Dis Clin N Am 41 (2015) 459–473

<http://dx.doi.org/10.1016/j.rdc.2015.04.007>

rheumatic.theclinics.com

0889-857X/15/\$ – see front matter © 2015 Elsevier Inc. All rights reserved.

| Table 1 Common investigation for gastrointestinal involvement in SSC | | |
|--|---|--|
| Organ | Abnormality | Investigations |
| Esophagus | Esophagitis, stricture, Barrett esophagus | EGD |
| | Dysmotility, GER | Esophageal transit (nuclear medicine) |
| | Stricture, dysmotility | Barium swallow |
| | Dysmotility | Manometry |
| Stomach | Dysmotility | Gastric emptying study (nuclear medicine) |
| | GAVE, gastritis, ulcers, adenocarcinoma | EGD |
| Small bowel | Pseudo-obstruction | Plain abdominal radiography and CT scan |
| | Pneumatosis intestinalis and perforation | — |
| | SIBO | Lactulose and glucose Hydrogen breath test |
| Colon | Dilatation, volvulus, perforation | Plain radiography and CT scan |
| | Large wide mouth diverticula | — |
| | Telangiectasis | Colonoscopy |
| Anorectum | Incontinence | Anorectal manometry |
| | — | Endosonography |
| | — | Defecography |

PATHOPHYSIOLOGY OVERVIEW

Sjogren² has proposed an interesting hypothesis of the pathophysiology of the GI tract in SSC that includes 4 stages: vasculopathy, neural dysfunction, smooth muscle atrophy, and tissue fibrosis.² The earliest lesion may be vascular with mild changes in intestinal

| Table 2 Treatment options | | |
|-------------------------------------|---------------------------------------|--|
| Organ | Problem | Treatment |
| Oral cavity | Dry mouth | Artificial saliva, sugar free gum and candies Secretagogues pilocarpine, cevimeline |
| Esophagus | GER | Lifestyle changes Proton-pump inhibitors H2 receptor antagonist Sucralfate Antacid |
| | Dysmotility | Prokinetic agents: Domperidone Cisapride |
| Small bowel | Small intestinal bacterial overgrowth | Antibiotics, probiotics |
| | Pseudo-obstruction | Treat SIBO, domperidone, metoclopramide Octreotide ± erythromycin, cisapride |
| | Pneumatosis intestinalis | Antibiotics, nasal oxygen or elementary diet or parenteral nutrition |
| Colon | Constipation | Diet rich in fiber, stool softener, polyethylene glycol, Probiotics, possibly prucalopride |
| Anorectum | Fecal incontinence | Treat constipation, sphincter muscle training Sacral nerve stimulation |

Download English Version:

<https://daneshyari.com/en/article/3390278>

Download Persian Version:

<https://daneshyari.com/article/3390278>

[Daneshyari.com](https://daneshyari.com)