

Continuing Medical Education Exam: December 2017

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Instructions:

The GIE: *Gastrointestinal 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:

Meeralam Y, Al-Shammari K, Yaghoobi M, et al. Diagnostic accuracy of EUS compared with MRCP in detecting choledocholithiasis: a meta-analysis of diagnostic test accuracy in head-to-head studies. *Gastrointest Endosc* 2017;86:986-93.

Laine L, Laursen SB, Dalton HR, et al. Relationship of time to presentation after onset of upper GI bleeding with patient characteristics and outcomes: a prospective study. *Gastrointest Endosc* 2017;86:1028-37.

Tal AO, Finkelmeier F, Filmann N. Multiple plastic stents versus covered metal stent for treatment of anastomotic biliary strictures after liver transplantation: a prospective, randomized, multicenter trial. *Gastrointest Endosc* 2017;86:1038-45.

Shi HY, Chan FKL, Higashimori A, et al. A prospective study on second-generation colon capsule endoscopy to detect mucosal lesions and disease activity in ulcerative colitis (with video). *Gastrointest Endosc* 2017;86:1139-46.

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. Compare diagnostic accuracy of EUS with MRCP in detecting choledocholithiasis.
2. Assess the impact of timing of presentation to the ER after onset of upper GI bleeding on patient outcomes.
3. Explain the benefits of covered self-expandable metal versus plastic stents for the management of anastomotic biliary strictures after liver transplant.
4. Review the safety and accuracy of second-generation colon capsule endoscopy in the assessment of mucosal inflammation for disease monitoring in ulcerative colitis

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: December 1, 2017

Activity Expiration Date: December 31, 2019

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:

Prasad G. Iyer, MD (Associate Editor for Journal CME)

Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma

Amit Rastogi, MD (Associate Editor for Journal CME)

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Disclosed no relevant financial relationships.

William Ross, MD (CME Editor):

Consulting/Advisory/Speaking: Boston Scientific, Olympus

Brian Weston, MD (CME Editor):

Disclosed no relevant financial relationships.

All CME activities, including their associated articles are copyrighted by the ASGE.

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

Continuing Medical Education Questions: December 2017

QUESTION 1 OBJECTIVE:

Compare diagnostic accuracy of EUS with MRCP in detecting choledocholithiasis

Diagnostic accuracy of EUS compared with MRCP in detecting choledocholithiasis

Question 1:

A 65-year-old female with intermittent right upper quadrant abdominal pain and suspected choledocholithiasis presents for evaluation after initial laboratory and transabdominal ultrasound are non-diagnostic. Based on the results of the current study, which test is most optimal for patients who are at least moderate-risk (10%-50%) for choledocholithiasis?

Possible answers: (A-D)

- A. MRCP
- B. EUS
- C. MRCP and EUS are equivalent
- D. ERCP

Look-up: Meeralam Y, Al-Shammari K, Yaghoobi M, et al. Diagnostic accuracy of EUS compared with MRCP in detecting choledocholithiasis: a meta-analysis of diagnostic test accuracy in head-to-head studies. *Gastrointest Endosc* 2017;86:986-93.

QUESTION 2 OBJECTIVE:

Assess the impact of timing of presentation to the ER after onset of upper GI bleeding on patient outcomes.

Relationship of time to presentation after onset of upper GI bleeding

Question 2:

The emergency center (EC) calls you about a 55-year-old patient who presented within 4 hours of developing coffee ground emesis. The EC nurse states that the patient has stable vital signs and has no known comorbidities. However, the prompt presentation and patient anxiety is encouraging the EC to admit the patient to intensive care. Based on the study by Laine et al in this month's journal you state that early presenters with symptoms of upper gastrointestinal (UGI) bleeding have an increased likelihood of:

Possible answers: (A-E)

- A. Need for blood transfusion
- B. Need for endoscopic hemostatic interventions
- C. Death
- D. Altered mental status
- E. Prolonged hospital stay

Look-up: Laine L, Laursen SB, Dalton HR, et al. Relationship of time to presentation after onset of upper GI bleeding with patient characteristics and outcomes: a prospective study. *Gastrointest Endosc* 2017;86:1028-37.

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