

Nasjonalt Senter for Gastroenterologisk Ultrasonografi

National Centre for Ultrasound in Gastroenterology Haukeland University Hospital, Bergen, Norway

Ultralyd av øvre GI-traktus

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Impact of Dyspepsia



- Dyspepsia is the ruin of most things; empires, expeditions and everything else.
 - Thomas de Quincy, 1822.



Dyspeptic symptoms

- Major symptoms:
 - epigastric pain or discomfort
 - nausea
 - bloating
 - postprandial fullness
 - early satiety
- Minor symptoms:
 - belching
 - regurgitation
 - vomiting
 - heartburn
 - anorexia





Case: Female - 50 years

- Previous diseases: in good health until her symptoms started 2.5 years prior to UMAT.
- Symptoms:
 - Pain in the upper abdomen, not colicky
 - Prevented by eating smaller meals
 - Intolerance to smoked and salty food
 - Fatigue
 - Problems keeping her weight up



Primary physician referred to gastroscopy

- Normal mucosa in EVD
- Duodenal bx: Normal
- Urease rapid test: positiv
 - A tripple cure was provided
 - However, no improvement

Primary physician referredto ultrasound of LPG (Dept of Radiol.)

- Normal lever og pancreas
- Galleblære:





Diagnostic Work-up

- New upper endoscopy with bx: Normal
- Plain abdominal X-ray
- Barium follow-through
- Colonic barium enema with double contrast
- A CT-scan of the abdomen
- Exercise ECG test
- 24 hrs pH-metry
- Stationary manometry
- Small bowel enema with intubation



Ultrasound Duplex Doppler

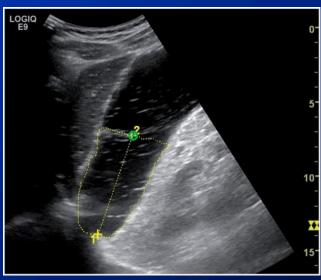
- 2,5 years after the first consultation she was again admitted to the Medical Ward because of problems in gaining weight and postprandial dyspepsia
- Duplex-Doppler examination of the mesenteric arteries: normal velocities in the coeliac trunk and the superior mesenteric artery and no signs of thrombo-occlusive disease that could indicate intestinal claudication.



The Ultrasound Meal Accommodation Test A Clinical Stress Test

- Test Meal
 - 500 ml in 4 min
- Ultrasound scanning
 - Distal and proximal stomach
 - 2D and 3D ultrasound
- Morphometry
- Evaluation of Symptoms
 - Before and after meal
- Psychological assessment







Transabdominal ultrasonography UMAT - 500 ml meat soup





Patient with dyspepsia



EUS image of the gastric wall



- •12 MHz transducer
- •Wall-thickness: 12 mm
- •5 layers of the wall could be identified
- •In some areas, submucosa was hypoechoic
- •Peri-gastric lymph-nodes were observed.



End of story....

- The biopsy: Adenocarcinoma
- Diagnosis: linitis plastica involving the proximal stomach
- Tx plan: Gastrectomy
- However, a pre-operative laparoscopy revealed peritoneal carcinomatosis
- Tx: Palliative care
- The patient died three months later.



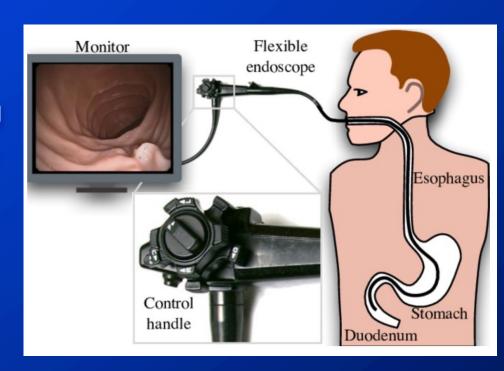
Learning points

- Impaired accommodation of the proximal stomach is most frequently seen in a functional disorder, but an organic disease should be kept in mind, in particular in patients above 45 years
- The Ultrasound Meal Accommodation Test (UMAT) is a cheap and non-invasive way to assess accommodation of the proximal stomach
- Use big biopsi-forceps in the stomach in cases where malignancy is suspected
- Endoscopy has limitations
- Ultrasound is more than "US LPG"



Upper endoscopy

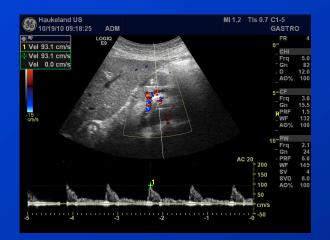
- Important limitations:
 - Invasive procedure
 - Resource demanding
 - Surface imaging only
 - Biopsy
 - Deep enough ?
 - Representative ?
 - Risk of sampling error

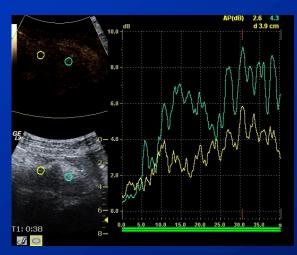




Ultrasound is more than an image

- A-mode
- M-Mode
- B-mode
- Doppler
 - Continous
 - Pulsed
 - Color
 - Power / Angio
 - Tissue Doppler
 - Strain Rate Imaging
- Functional ultrasound
- 3D and 4D ultrasound
- Elastography
- Harmonic imaging
- Contrast-enhanced ultrasound (CEUS)
- Guiding of interventions
- Ultrasound therapy sonoporation





A versatile Ultrasound Toolbox!



GIUS – EFSUMB guidelines on Gastro-Intestinal Ultrasound

- Task Force Group of over 20 experts from Europe
- Started at UEG Week in October 2014
- 7 guideline/position paper publications:
 - 1. Methodology and examination technique (published EJU 2016)
 - 2. IBD (Published EJU 2018)
 - 3. Perineal and transrectal US (Published- UIO 2019)
 - 4. Acute appendicitis and diverticulitis (Published EJU 2019)
 - 5. Misch./ Coeliac / Upper GI (Published Med Ultrason -2019)
 - 6. Intestinal Emergencies (Published EJU 2020)
 - 7. Functional Disorders (Published UIO 2021)



Ultrasound Scanning of the Proximal Stomach





Be aware! Signs of severe pathology

Pseudo-Kidney Sign



Target Lesion



Lake Chamo, Ethiopia Taking a last breath before going down the upper GI trac Photo: OH Gilja

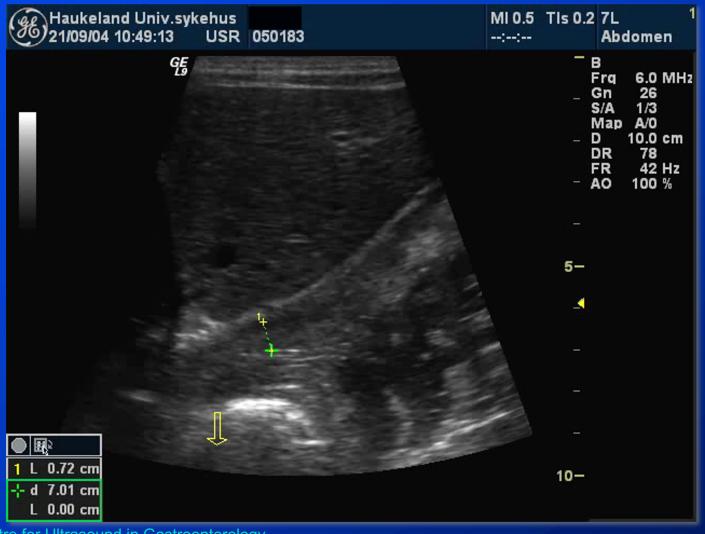


Ultrasound of the esophagus and upper stomach



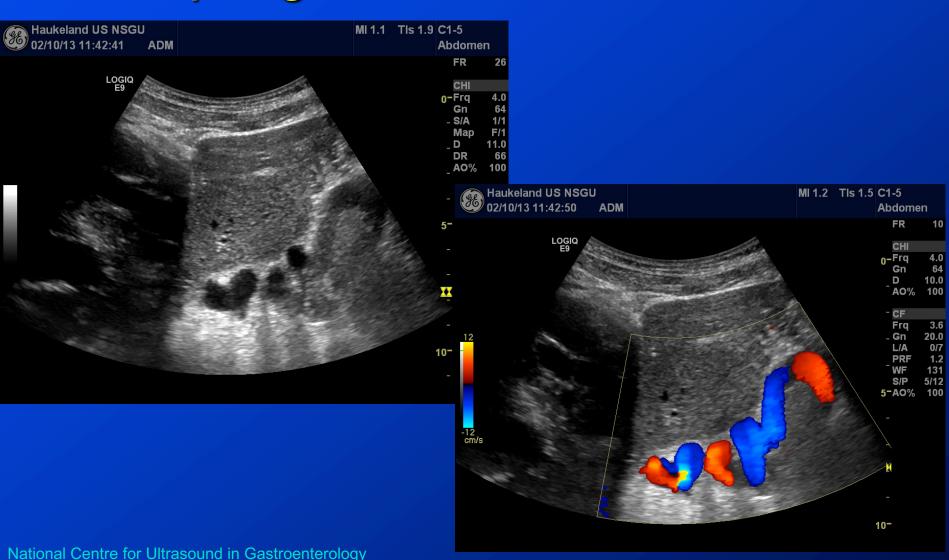


Stricture of the Esophagus in Crohn's disease



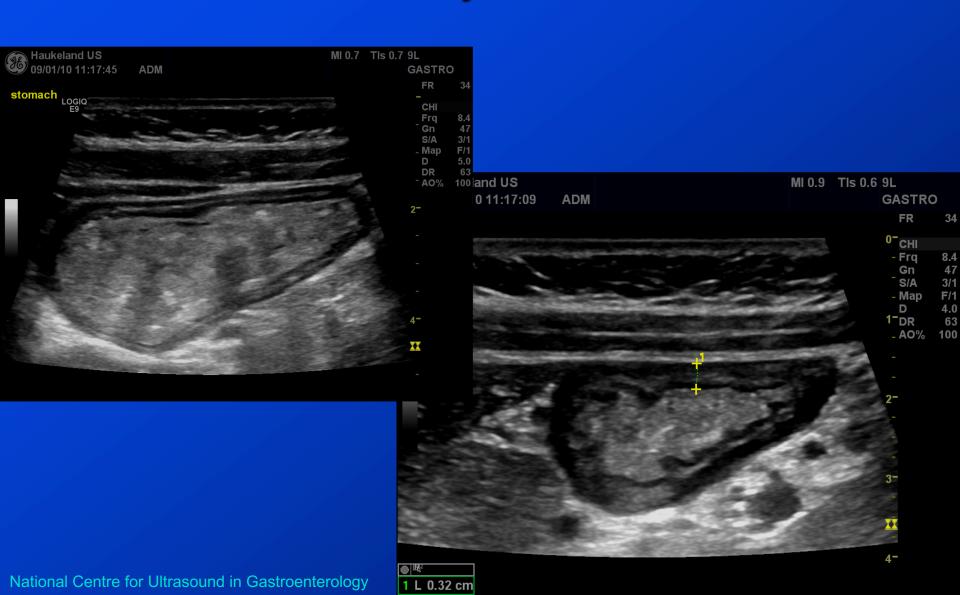


Esophageal and Gastric Varices





Gastric body and Antrum





Gastric Wall-layers



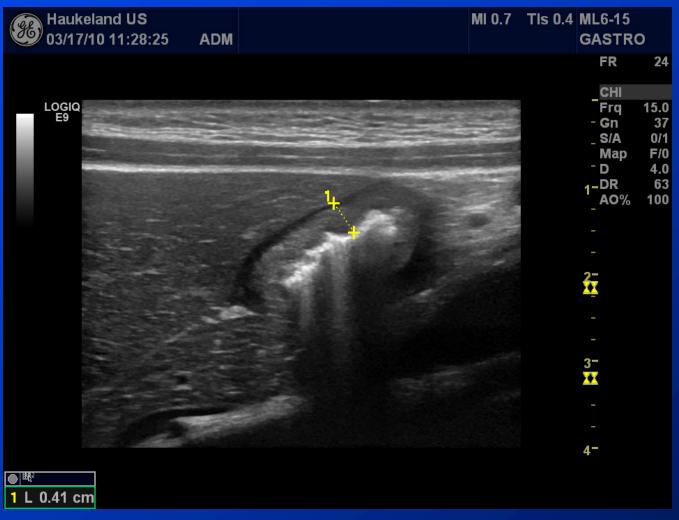


Gastric Ulcer



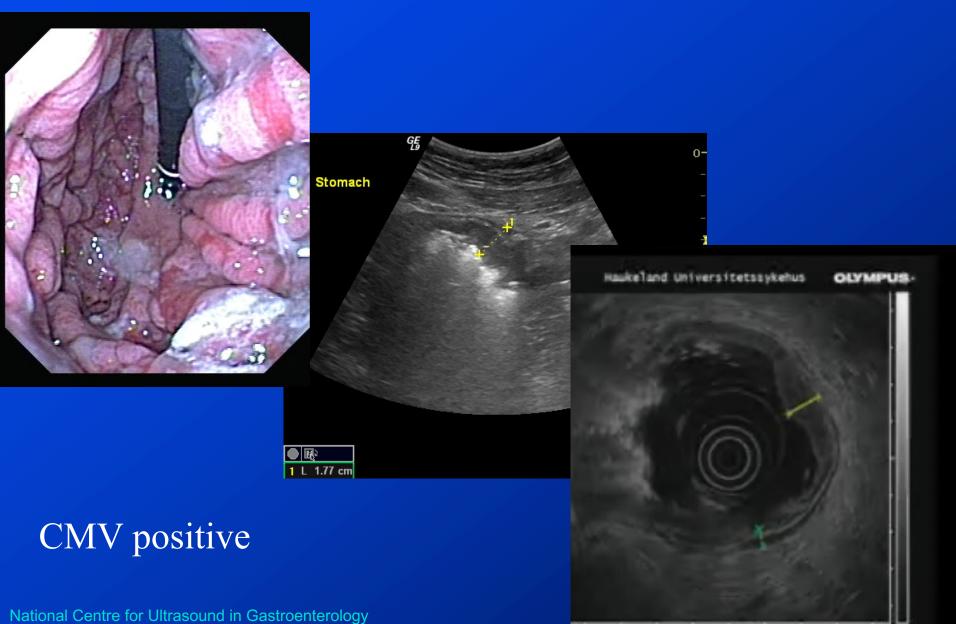


H.P. Gastritis





Menetriers Disease





Giant folds in NH-Lymphoma

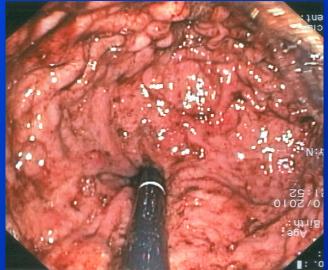


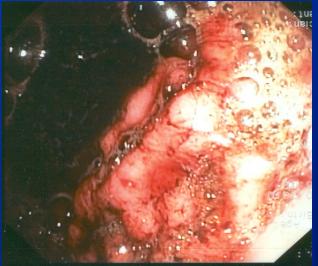


Portal hypertensive Gastropathy



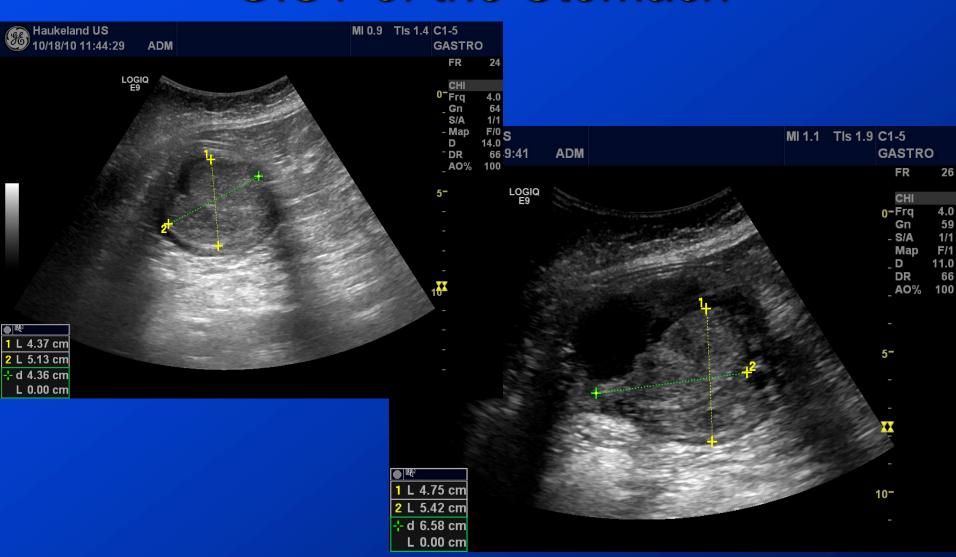






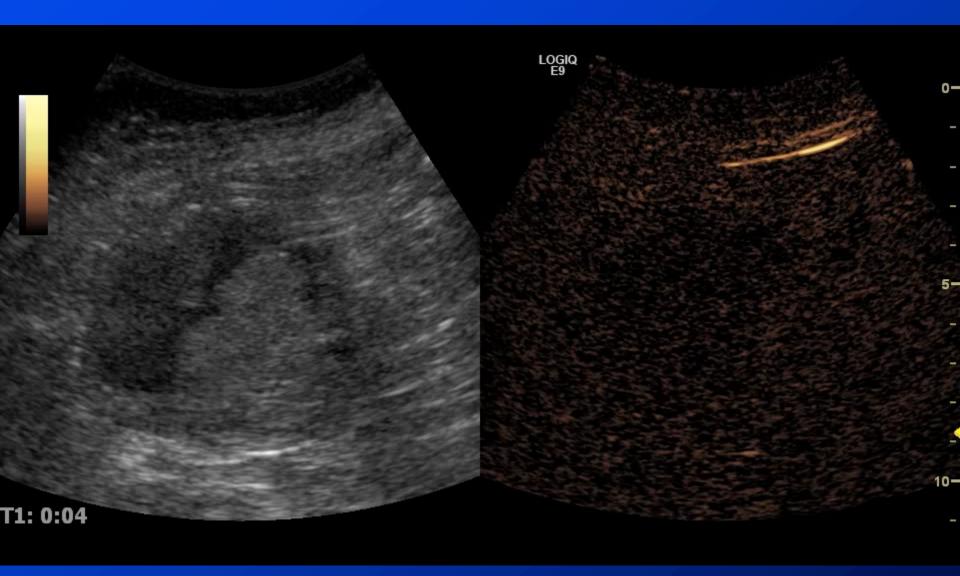


GIST of the Stomach



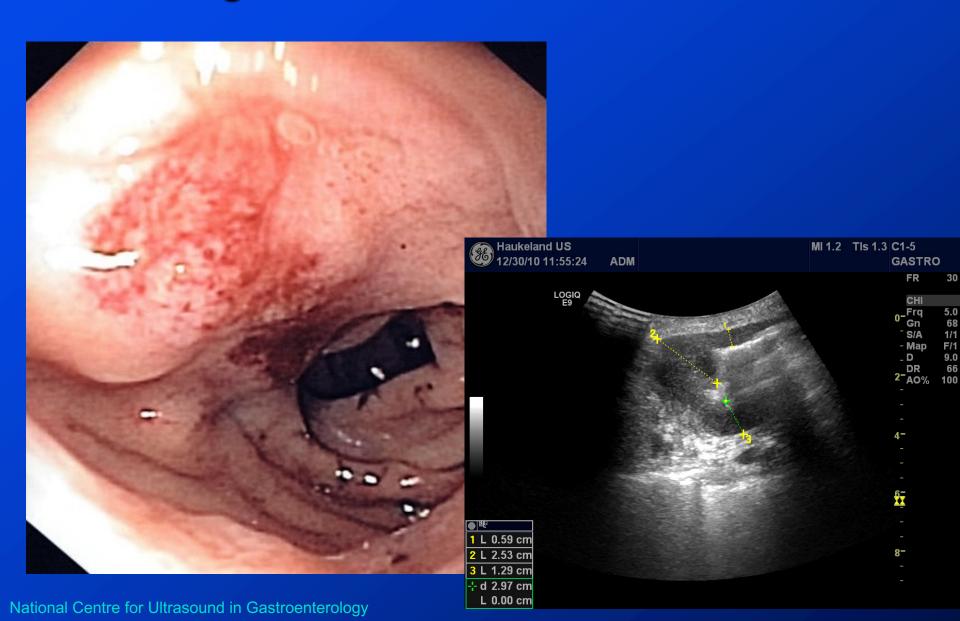


CEUS in GIST of the stomach



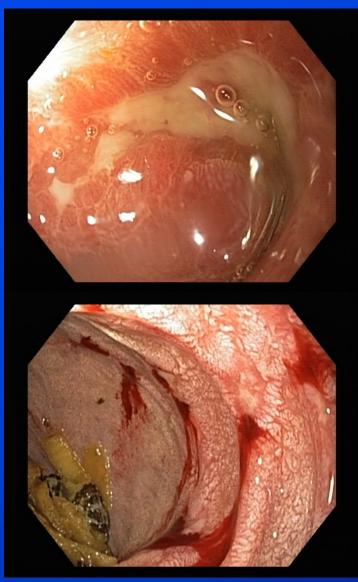


Malignant ulceration of the Antrum





Crohn in the Duodenum

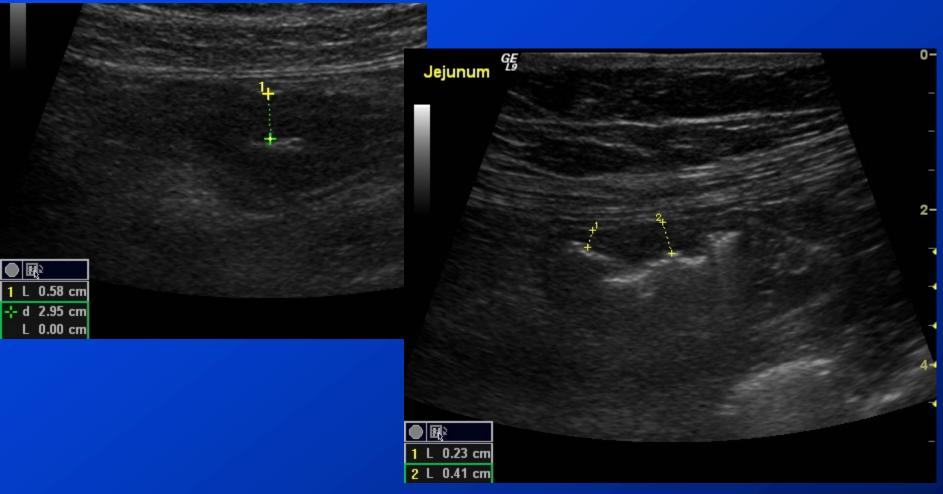


Haukeland US NSGU 15/01/14 12:10:30 MI 1.2 TIs 1.5 C1-5 Abdomen Haukeland US NSGU 15/01/14 12:11:39 1 L 1.01 cm 2 L 0.92 cm L 0.00 cm

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Crohn only of the Jejunum Ultrasound makes the difference



A 45 year old female with oedema, malabsorbtion and epigastric pain Normal upper and lower endoscopy and MRI of small intestine

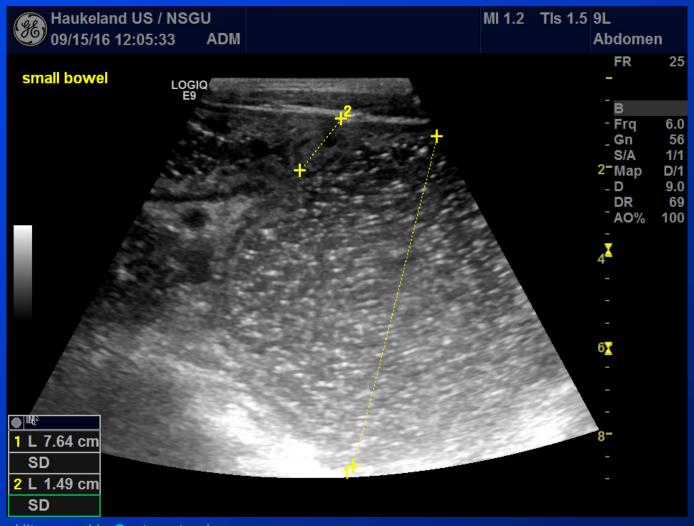


"Waschmaschinen-phenomen"



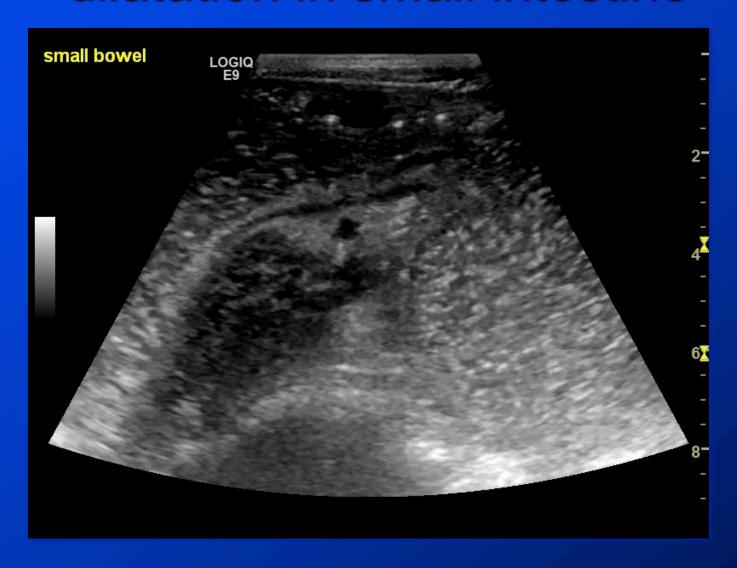


Male, 17 years with abdominal pain and diarrhea

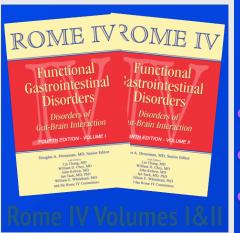


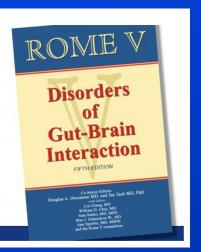


Stenosis with prestenotic dilatation in small intestine









Rome Classification 8 major groups

- A. Functional Esophageal Disorders
- B. Functional Gastroduodenal Disorders
- C. Functional Bowel Disorders
- D. Functional Abdominal Pain Syndrome
- E. Functional Gallbladder and Sphincter of Oddi Disorders
- F. Functional Anorectal Disorders
- G. Childhood Functional GI Disorders: Infant/Toddler
- H. Childhood Functional GI Disorders: Child/Adolescent



The Role of Ultrasound in FGID

- Rule out organic diseases
- Detect disturbances in motility
- Disclose pathophysiological abnormalities
- Guide further work-up
- Provide hints for therapy



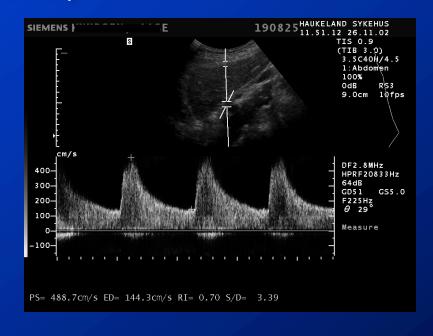




Organic Diseases mimicking FD «If in Doubt – Sound it out!»

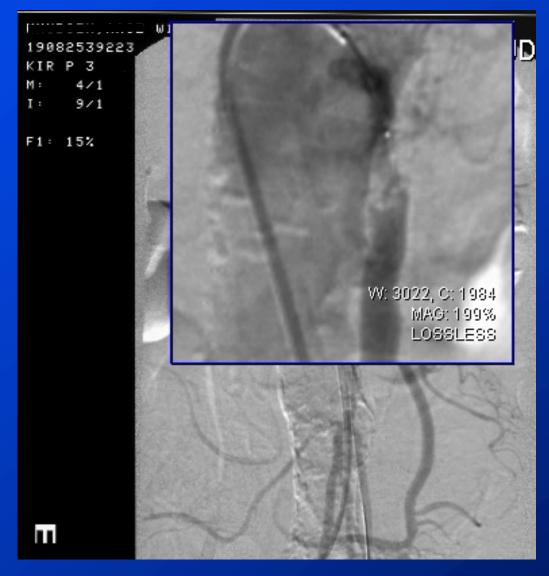
- Gastritis (H.P.)
- Linitis Plastica (adenocarcinoma)
- Ulcerations (large)
- Mb. Crohn
- Biliary Tract Stones
- Chronic Pancreatitis
- Mesenterial Ischemia

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Treatment of stenosis in the coeliac trunc: Angiographic balloon dilatation





Ultrasound can be used to study different aspects of gastric motility

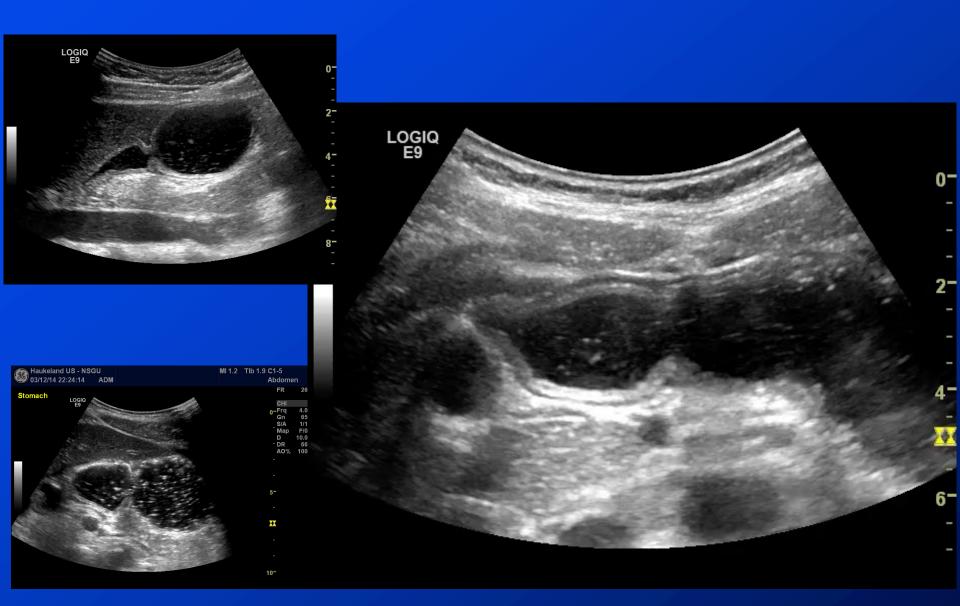
- Visualize contractions
- Study gastric emptying
- Measure transpyloric flow
- Evaluate meal accommodation
- Assess intragastric distribution of meals
- Estimate strain in the gastric wall







Gastric contractility





Solid vs. Liquid Gastric Content



Gastric retention?

Gastroparesis?



Ultrasound can be used to study different aspects of gastric motility

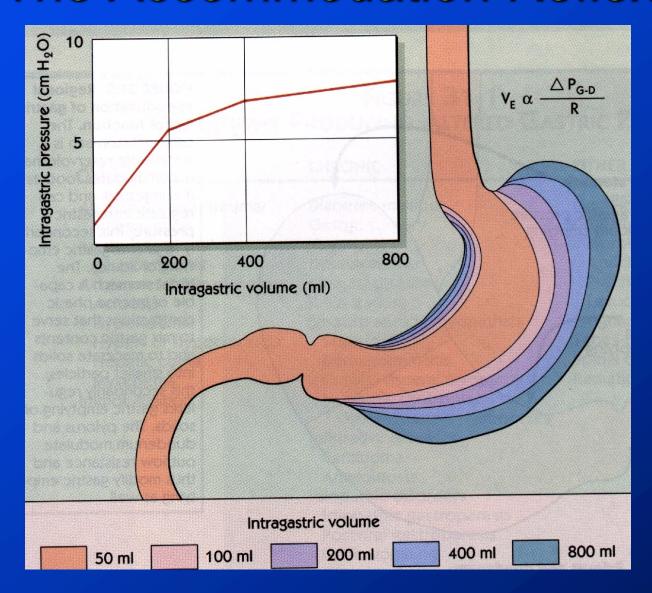
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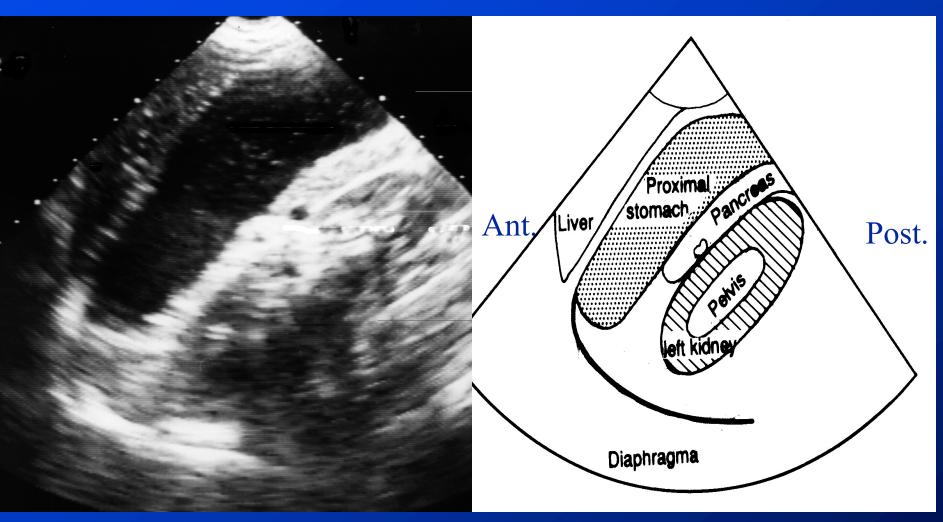


The Accommodation Reflex





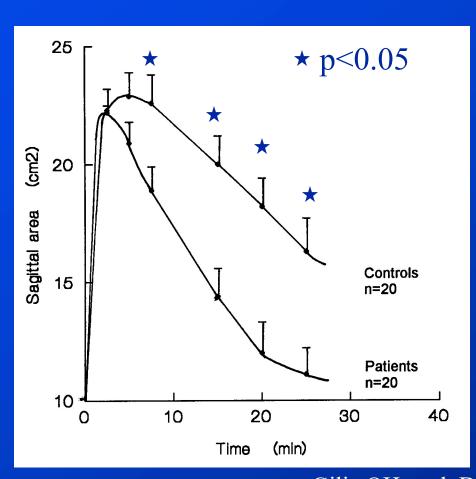
Sagittal section

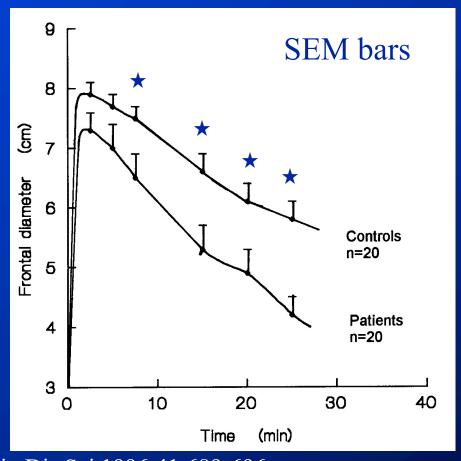


Gilja et al., J Ultrasound Med 1995;14(2):81-89



Size of the proximal stomach in functional dyspepsia



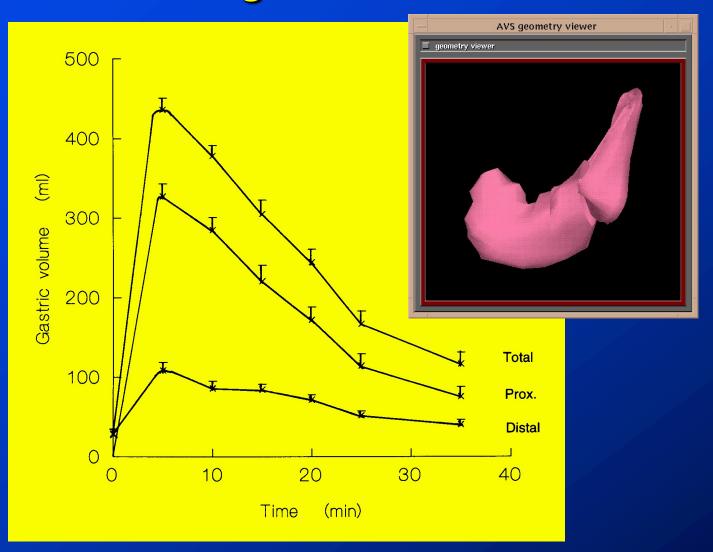


Gilja OH et al, Dig Dis Sci 1996;41:689-696



3D-US and Intragastric Distribution

- 16 healthy subjects
- T-50=22.1 min SD=3.8 min



SEM bars are denoted



UMAT in 509 patients

SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY, 2016 http://dx.doi.org/10.3109/00365521.2016.1153138



ORIGINAL ARTICLE

The ultrasound meal accommodation test in 509 patients with functional gastrointestinal disorders

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ABSTRACT

Aim The Ultrasound Meal Accommodation Test (UMAT) is a clinical test used to assess gastric accommodation, gastric emptying, and visceral sensitivity. It has been used as a clinical tool at Haukeland University Hospital, Bergen for more than 20 years. **Material and methods** Five-hundred and nine patients were retrospectively evaluated, 71% females, and 51% were referred from other hospitals or specialists. The aim was to explore the usefulness of UMAT in patients with suspected functional GI disorders (FGID). **Results** One hundred and sixty patients were diagnosed with functional dyspepsia (FD), and 154 patients were diagnosed with irritable bowel syndrome (IBS). The overlap between IBS and FD was 41%. In 36% of FD patients, ultrasound assessment showed impaired gastric accommodation. Of 262 patients filling out all required fields for the FD diagnosis (ROMA II and III), 198 (74%) met the criteria for FD, but only 91 (34%) were later diagnosed with FD by an experienced clinician. **Conclusions** By combining ultrasonography, the symptom response to a standardized meal, and psychological assessment, the UMAT is useful in diagnosis and management of patients with FGID.

ARTICLE HISTORY

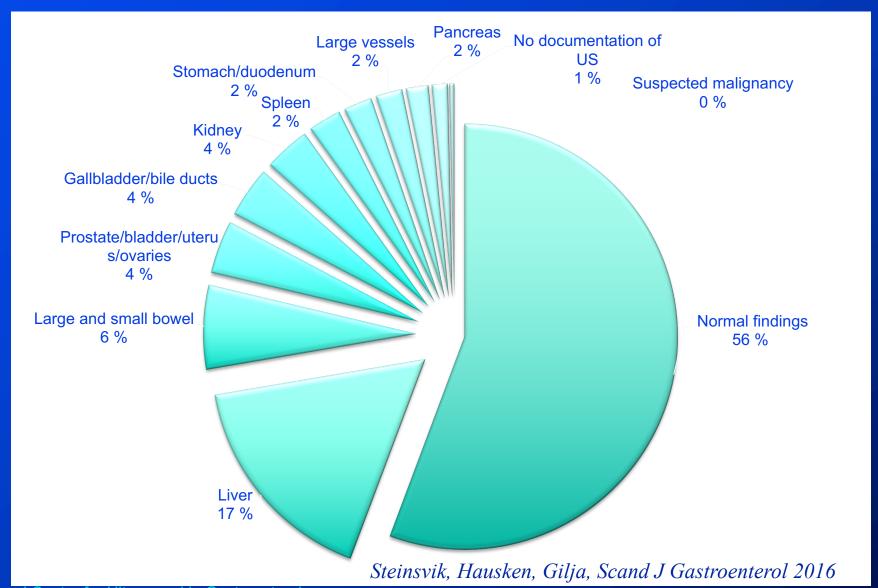
Received 15 September 2015 Revised 2 February 2016 Accepted 6 February 2016 Published online 2 March 2016

KEYWORDS

FGID; functional dyspepsia; gastric accommodation; gastric emptying; irritable bowel syndrome; ultrasound; visceral sensitivity



Ultrasound Findings at UMAT





Conclusions

- Ultrasound can contribute in the management of patients with dyspepsia
- Ultrasound can diagnose and rule out many diseases of the upper GI tract
- In FGID, ultrasound can be used to:
 - Visualize contractions
 - Study gastric emptying
 - Measure transpyloric flow
 - Evaluate meal accommodation
 - Assess intragastric distribution of meals
 - Estimate strain in the gastric wall
- Meal provocation testing (UMAT) is valuable in a clinical setting



Et bilde sier mer enn 1000 ord



Induksjon av dyspepsi