Treatment with PPIs for Patients with GERD Symptoms

9.

How long should you consider continuing treatment with PPIs for patients with gastroesophageal reflux disease (GERD) symptoms?

Question submitted by:
Dr. H. Ayad
Pinawa, Manitoba

Proton pump inhibitors are the mainstay of therapy for patients with Gastroesophageal reflux disease (GERD). A patient should also be encouraged to follow lifestyle modification, including elevation of the head of the patient's bed by "six inch" blocks and dietary avoidance of reflux-related food, to help alleviate symptoms. Lifestyle modification can help reduce the need for medications.

Given the tendency for GERD to relapse with the withdrawal of medications, maintenance acid suppressive therapy is often necessary. Even reducing the dose of the medication or attempting maintenance with a less potent agent has often resulted in a high relapse rate.[1-3] PPIs have been shown to be more effective than histmanine (H2) receptor antagonists in maintaining healing of erosive esophagitis. Lower doses of PPIs are less effective at preventing a relapse of symptoms.[4]

The need for maintenance medical therapy can be determined by how quickly the symptoms recur when patients are given a trial period off therapy. Recurrent symptoms in less than three months suggests the need for continuous therapy. If a remission lasts greater than three months, flares can be adequately managed by repeated courses of acute therapy as necessary. On-demand therapy with a H2 antagonist or proton pump inhibitor may be successful in some patients with mild to moderate heartburn without esophagitis.

References
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Answered by:
Dr. Jerry S. McGrath

Oral vs. Intravenous Antibiotics for Human Bites

10. Should all patients with clenched fist injury and cuts from human bites be treated with IV Abx or can an early presentation be treated with oral Abx?

Question submitted by:
Dr. Bernard Seguin
Ottawa, Ontario

This is a judgement of cost and risk versus benefit. There is a relatively high risk of infection from any human bite injury. The issue here is that infection of a tendon sheath or joint in the hand can seriously compromise hand function, and once infection is established, treatment is often difficult and unsatisfactory. Tenosynovitis often requires surgery for drainage, and tendons seldom regain full mobility after these events, hence the recommendation for early "prophylactic" treatment. The need for any treatment, whether intravenous or orally, really depends on an assessment of whether tendons or joints are likely to have been contaminated. The higher the risk, the more reasonable it is to treat, and the heavier the burden of contamination with mouth flora, the more it is possible to justify intravenous treatment. As a rule, I treat orally except for the most severe injuries.

Answered by:
Dr. Michael Libman

Treating *Helicobacter pylori*

11. How do you treat a child who tests positive for *H. pylori*?

Question submitted by:
Dr. Sabrina Ing
Oakville, Ontario

This is a very controversial issue that depends on the context under which testing is done. The value of testing for *H. pylori* is dependent on two key variables: the first being the clinical condition in question and the second being the methodology used for testing. With the exception of children who have first degree relatives with gastric cancer, testing for *H. pylori* should not be undertaken in asymptomatic children. When testing is undertaken, it should be appreciated that antibody tests for *H. pylori* – whether using blood or saliva – are not reliable in the usual clinical setting. Gastric biopsy undertaken during endoscopy has been shown to be beneficial and the 13C-urea breath test and Enzyme-Linked Immunosorbent Assay (ELISA) testing of stool has proven to be a reliable tool to monitor eradication.

If a child with symptoms has an appropriate positive test, then therapy can be undertaken. Usual first-line therapy should be with triple therapy, including a proton pump inhibitor with amoxicillin and clarithromycin or using an imidazole or bismuth salts with amoxicillin and an imidazole, the caveat with using clarithromycin is that it is not suitable for areas where *H. pylori* has a high resistance rate to clarithromycin. Therapy should be at least seven days in duration and may be as long as 14 days, and the patient should be evaluated for eradication using a suitable technique four to eight weeks following therapy. It should be noted that evidence-based guidelines for approaching *H. pylori* infection in children have recently been released by the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition and the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition.[1]

Reference

1. Koletzko S, Jones NL, Goodman, KJ *et al*: Evidence-based Guidelines From ESPGHAN and NASPGHAN for Helicobacter pylori Infection in Children. Journal of Pediatric Gastroenterology and Nutrition. 2011; 53(2):230–243.

Answered by:
Dr. Michael Rieder

Evaluating Adenomyosis

12.

During routine pelvic examination of a five-year post-menopausal patient, a slightly enlarged uterus was detected. Ultrasound was negative for fibroids, but positive for adenomyosis (AD). Should this be a concern?

Question submitted by:
Dr. Thi Thanh D. Pham
St Laurent, Québec

Adenomyosis is a proliferation of endometrial glands and stroma within the uterine myometrium. A conclusive diagnosis is made on pathology at the time of hysterectomy. It can be suggested on imaging, such as ultrasound and MRI, when thickened myometrium is seen. AD is not considered a problem unless the patient suffers symptoms, such as dysmenorrhea or abnormal, heavy bleeding. In that case, a hysterectomy can alleviate the symptoms and confirm diagnosis. Following menopause, with a decrease in hormonal stimulation, symptoms should abate. In a five year post-menopausal female with AD who is asymptomatic, there should not be concern of a significant problem. There is no evidence of an increased cancer risk with AD. Endometrial stromal sarcoma is rare, one to two per million, and would be the only remote consideration but is usually associated with bleeding. There is no increased risk of endometrial cancer in women with AD, although if cancer develops, there may be deeper myometrial invasion if the cancer extends into a pocket of AD.

Answered by:
Dr. Cathy Popadiuk

Zinc and Vitamin C

13. Do zinc and vitamin C improve wound healing in patients with good nutritional intake?

Question
submitted by:
Dr. Heather A. Sadrolic
Winnipeg, Manitoba

The role of zinc and vitamin C in collagen repair and wound healing is well known. While supplementation in cases where deficiency is suspected has been suggested, there is little evidence that well nourished patients with good intake benefit from supplementation.

Answered by:
Dr. Scott Murray