

# CASE STUDY: H. PYLORI



# INTRODUCTION

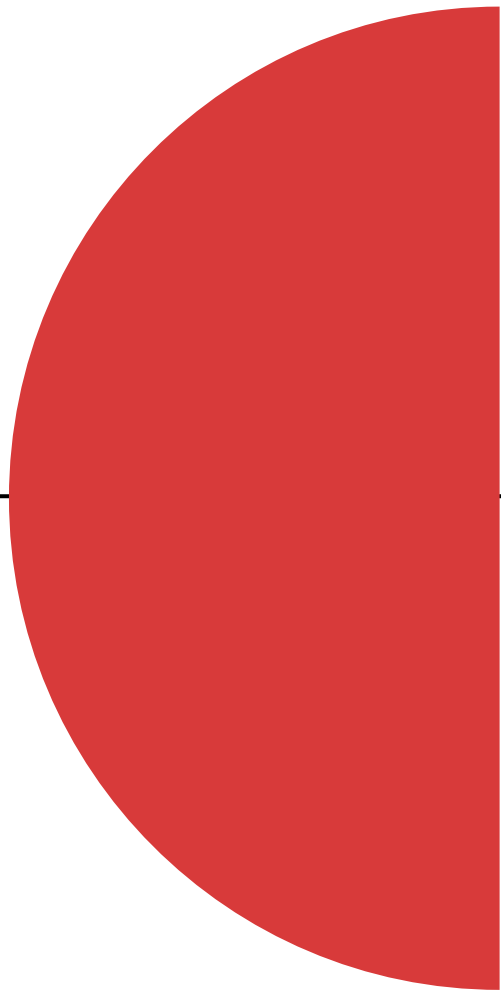
# CASE STUDY

50-year-old female patient from north Africa presents to the clinic the complaint of indigestion and gas most notable after eating; However, patient is complaining of gas and grumbling in her stomach when she does not eat. Past medical history is BMI greater than 25 and HTN. Previous visit annual labs were completed. Her CBC, CMP, TSH, and A1C were unremarkable.

# Question 1 #

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What is your diagnosis?



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THE ANSWER IS:

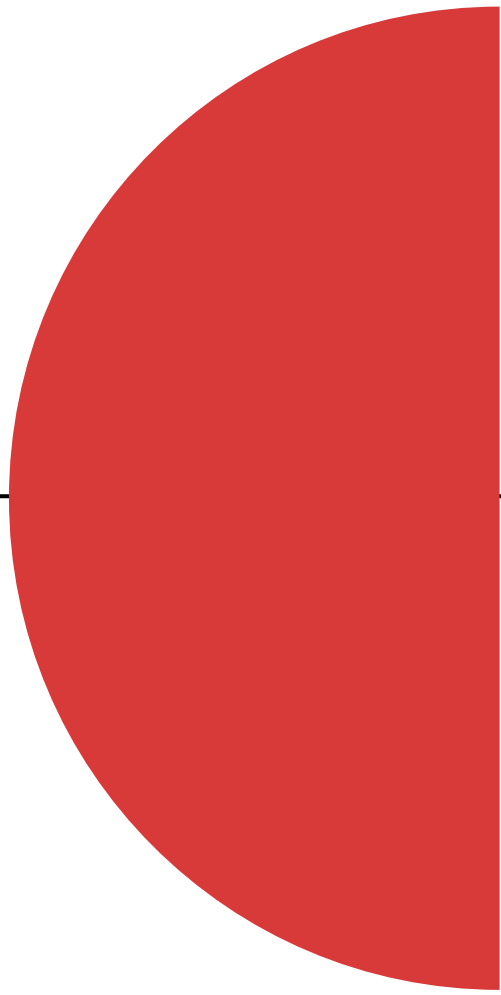
Potential diagnosis can range from GERD, dyspepsia, Barrett esophagitis, or peptic ulcer to name a few. Ruling-out the easiest Diagnosis based on symptoms and history should be your guide.



# Question 2 #

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What initial labs or procedures are you running to confirm your diagnosis?



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THE ANSWER IS:

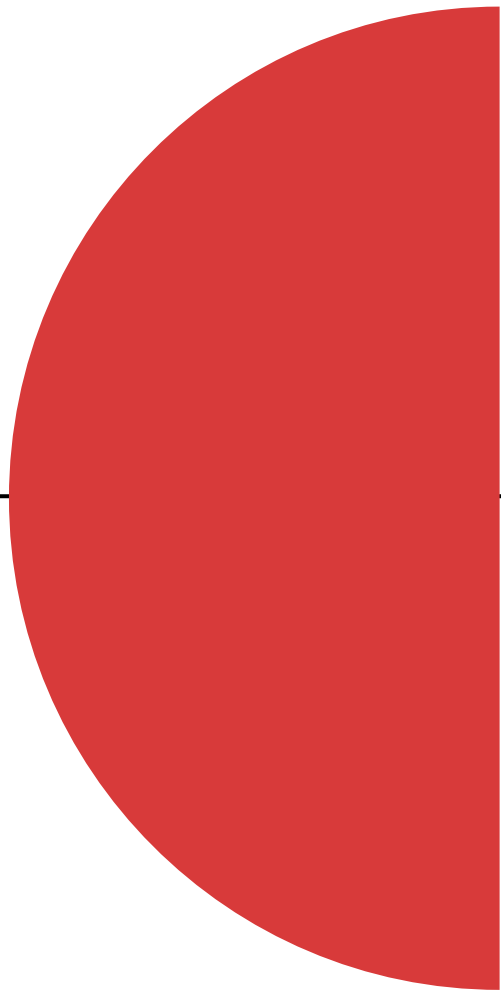
Urea breath test is most commonly used.



# Question 3 #

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What are your recommendations for the patient?





## THE ANSWER IS:

Lifestyle: Stop smoking, Weight loss, avoid alcohol, and avoid laying down after immediately eating

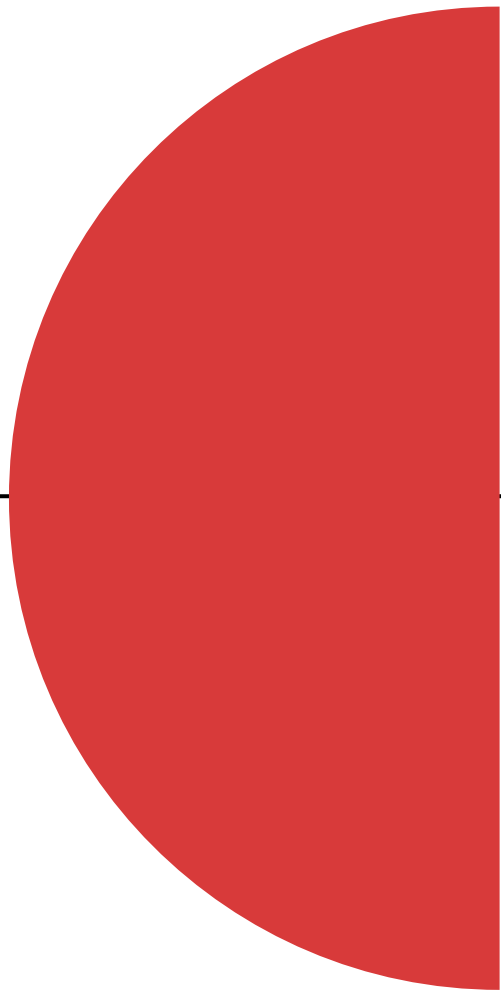
Diet changes: No studies show that diet changes help the course of H. Pylori. Symptoms of GERD can be reduced by avoiding caffeine, spicy foods, and alcohol.



# Question 4 #

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Which is the best way to test for H. pylori?



Which is the best way to test for H. Pylori?

A.

Serum

B.

Stool

C.

Urea breath test

D.

Saliva

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THE ANSWER IS:

**C. Urea breath test**

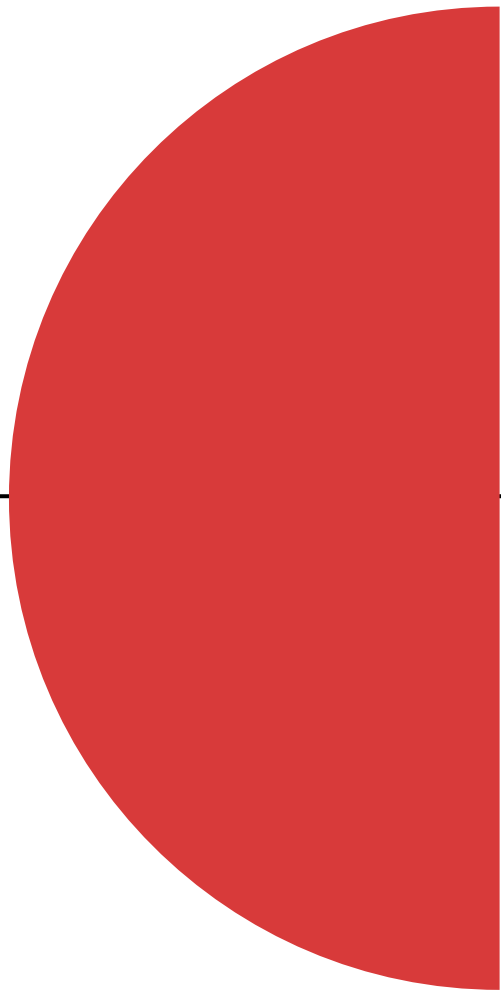
Therefore, utility of each of the invasive and non-invasive tests are almost equally important depending upon the given clinical situation Urea breath test is most commonly use in an outpatient setting.



# Question 5 #

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**TRUE or FALSE:** The treatment for H. Pylori consist of antibiotic therapy only.



**TRUE or FALSE:** The treatment for H. Pylori consist of antibiotic therapy only.

B. TRUE

C. FALSE

THE ANSWER IS:

**B.FALSE**

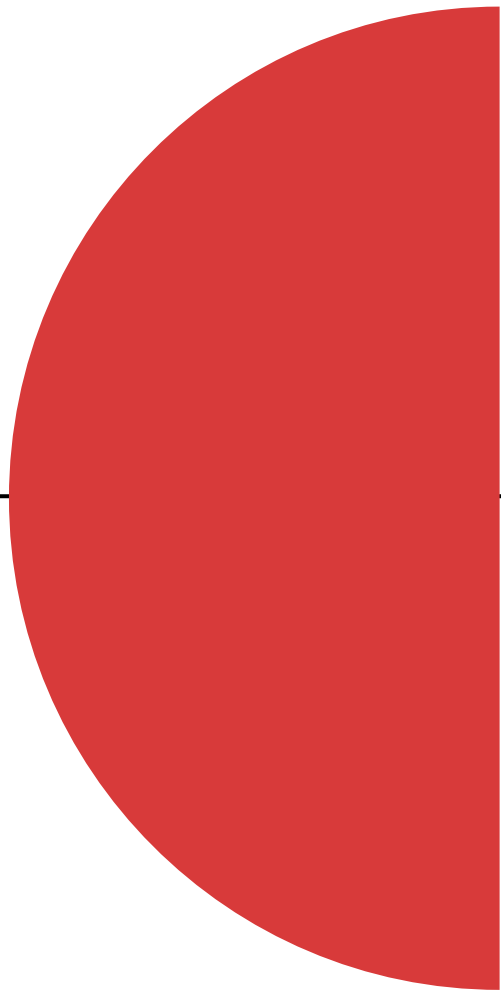
First-line eradication therapy: Standard triple therapy (ie, amoxicillin, clarithromycin, proton-pump inhibitor [PPI])



# Question 6 #

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What medication's can potentially aggravate functional dyspepsia?





What medication's can potentially aggravate functional dyspepsia?

A.

Beta blockers, acetaminophen

B.

Vitamin D, vitamin C, biotin

C.

CCB,NSAIDS, bisphosphonate

D.

Clindamycin, amoxicillin, bismuth.



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THE ANSWER IS:

C.

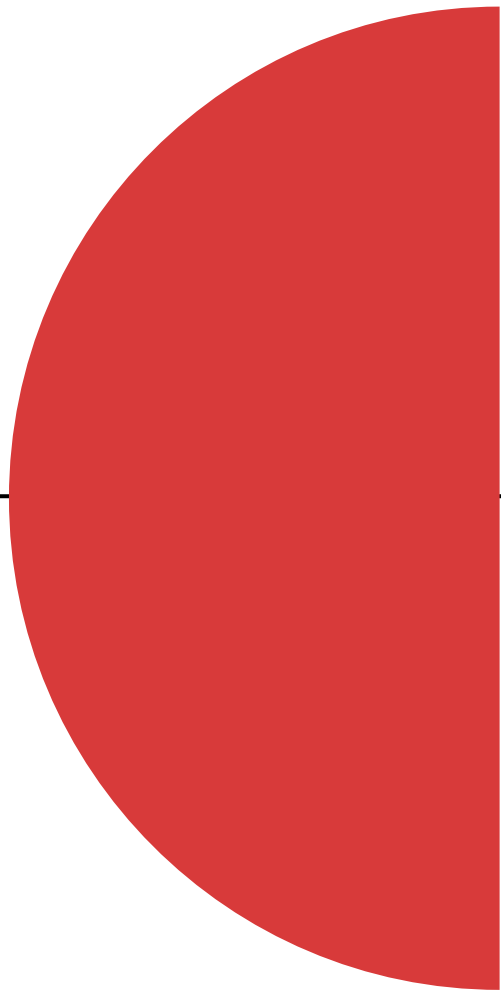
Consider discontinuing medications that increase GERD and dyspepsia symptoms such as calcium channel blockers, nitrates, theophylline, bisphosphonates, steroids, and NSAIDs.



# Question 7 #

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When should patients be retested for H. Pylori?



When should patients be retested for H. Pylori?

A.

One month

B.

Two weeks

C.

Four weeks

D.

Six months

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THE ANSWER IS:

**B.**

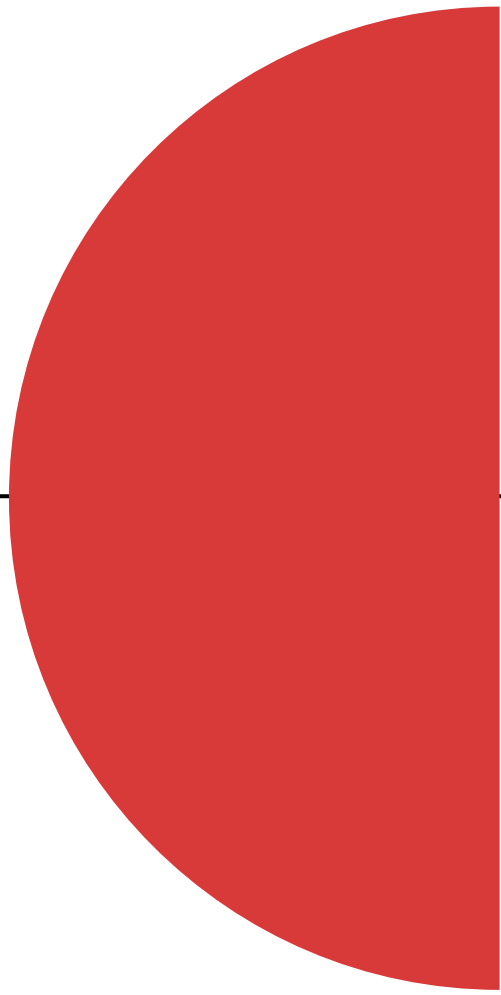
It is suggested that follow up "test of cure" should be done within two weeks after completion of therapy.



# Question 8 #

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Which treatment is used for patients that test negative for H. Pylori?



Which treatment is used for patients that test negative for H. Pylori?

A.

Proton pump inhibitor, TCA, or prokinetic

B.

Amoxicillin, Pepcid, or steroid

C.

Baking soda, Metamucil, or Mylanta

D.

Trazodone, Benadryl, or albuterol



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THE ANSWER IS:

**A.**

In addition, medication changes, diet/lifestyle change, and weight loss; Step wise options for patients that continue to have dyspepsia or GERD post negative H. Pylori results can be treated with Proton pump inhibitor, TCA, prokinetic, or psychotherapy.

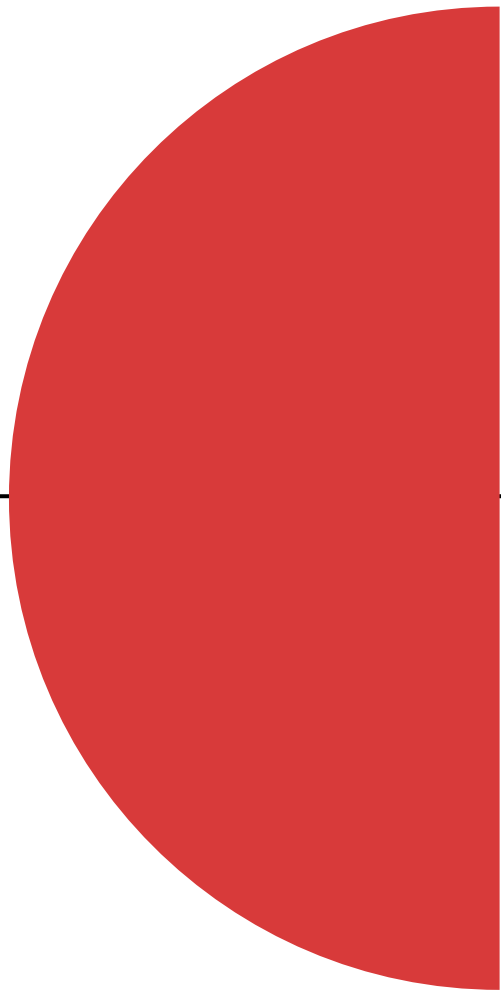




# Question 9 #

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What is the next step if patients are not relieved from proton inhibitor's or H. Pylori treatment?



What is the next step if patients are not relieved from proton inhibitor's or H. Pylori treatment?

A.

CT of the abdomen

B.

Endoscopy

C.

Colonoscopy

D.

Chest X-ray



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THE ANSWER IS:

**B.**

Refer patients to gastroenterology for further study such as an endoscopy or laparoscopic fundoplication.



QUESTIONS?