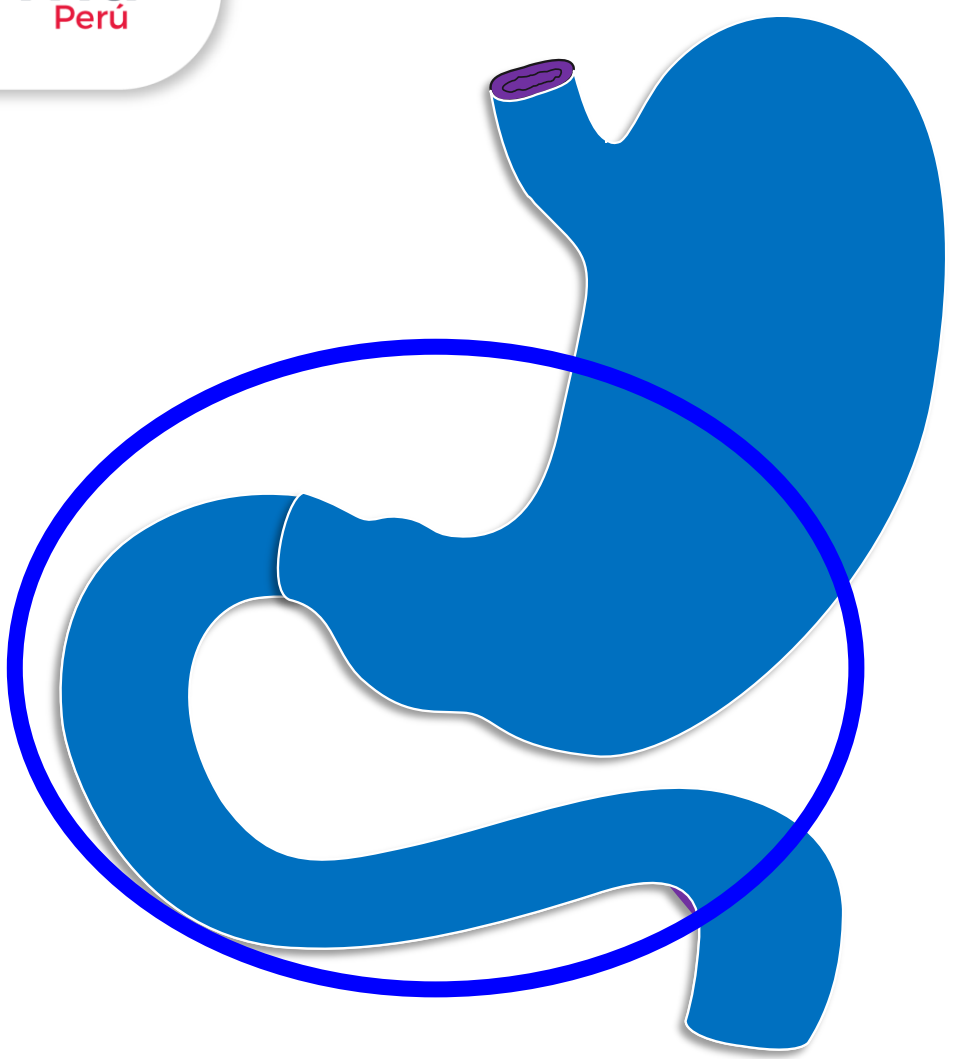
2° Tecnofarma Adium 2023 Summit

Tecnofarma Perú

Enfoque de la dispepsia y Manejo de dispepsia funcional

William Otero Regino MD, FAGA, FACP
Profesor Titular de Medicina
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



Conflicto de intereses
Conferencista, Bristol
Takeda, Abbott, Tecnoquimica
Tecnofarma, Menarini, Procaps

Esta actividad es asuspiciada por
Tecnofarma sin injerencia en su contenido

Alimentary Pharmacology & Therapeutics

Baron JH , et al. Aliment Pharmacol Ther 2006;24:821-9

Three centuries of stomach symptoms in Scotland

J. H. BARON*, F. WATSON† & A. SONNENBERG‡

1750

PubMed®

DYSPEPSIA

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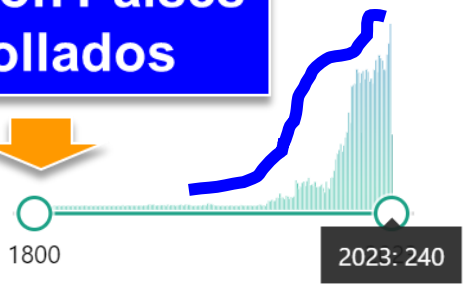
Enfermedades del estómago

Obsesión Países Desarrollados

15,431 results

Mayo 28, 2023

Page 1 of 1,544



TEXT AVAILABILITY

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ARTICLE ATTRIBUTE

1 Cite Share

Blueberries Improve Abdominal Symptoms, Well-Being and Functioning in Patients with Functional Gastrointestinal Disorders.

Wilder-Smith CH, Materna A, Olesen SS.

Nutrients. 2023 May 20;15(10):2396. doi: 10.3390/nu15102396.

PMID: 37242279 Free PMC article.

2 Cite Share

New Insights and Evidence on "Food Intolerances": Non-Celiac Gluten Sensitivity and Nickel Allergic Contact Mucositis.

Greco N, Pisano A, Mezzatesta L, Pettinelli M, Meacci A, Pignataro MG, Giordano C, Picarelli A.

Nutrients. 2023 May 17;15(10):2353. doi: 10.3390/nu15102353.

PMID: 37242236 Free PMC article.

One hundred and six consecutive patients suffering from meteorism, **dyspepsia**, and nausea following the ingestion of foods containing gluten or nickel were subjected to the GSRS questionnaire which was modified according to the "Salerno experts' criteria". ...

Dispepsia Funcional

United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on functional dyspepsia

Lucas Wauters[1] | Ram Dickman[2] | Vasile Drug[3] | Agata Mulak[4] | Jordi Serra[5] | Paul Enck[6] | Jan Tack[1] | ESNM FD Consensus Group: Anna Accarino[7] | Giovanni Barbara[8] | Serhat Bor[9] | Benoit Coffin[10] | Maura Corsetti[11] | Heiko De Schepper[12] | Dan Dumitrascu[13] | Adam Farmer[14] | Guillaume Gourcerol[15] | Goran Hauser[16] | Trygve Hausken[17] | George Karamanolis[18] | Daniel Keszthelyi[19] | Carolin Malagelada[7] | Tomislav Milosavljevic[20] | Jean Muris[21] | Colm O'Morain[22] | Athanassos Papathanasopoulos[23] | Daniel Pohl[24] | Diana Rumyantseva[25] | Giovanni Sarnelli[26] | Edoardo Savarino[27] | Jolien Schol[1] | Arkady Sheptulin[25] | Annemieke Smet[28] | Andreas Stengel[29,30,31,32] | Olga Storonova[25] | Martin Storr[30] | Hans Törnblom[33] | Tim Vanuytsel[1] | Monica Velosa[34] | Marek Waluga[35] | Natalia Zarate[36] | Frank Zerbib[37]

Un Eur Gastroenterol J. 2021;9:307-31

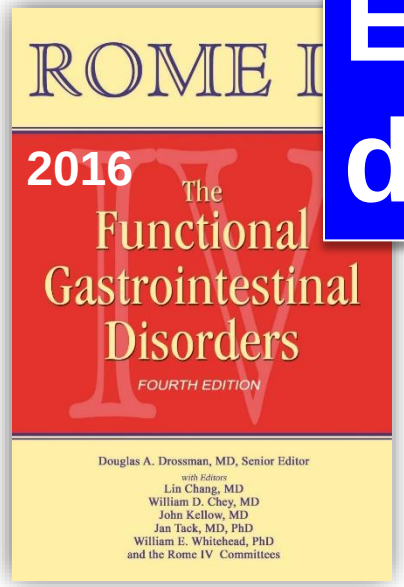
JNM J Neurogastroenterol Motil, Vol. 26 No. 1 January, 2020
pISSN: 2093-0879 eISSN: 2093-0887
https://doi.org/10.5056/jnm19209
Journal of Neurogastroenterology and Motility

Review

Clinical Practice Guidelines for Functional Dyspepsia in Korea

Jung Hwan Oh,[1] Joong Goo Kwon,[2*] Hye-Kyung Jung,[3*] Chung Hyun Tae,[3] Kyung Ho Song,[4] Seung Joo Kang,[5] Sung Eun Kim,[6] Kyoungwon Jung,[6] Joon Sung Kim,[1] Jong Kyu Park,[7] Ki Bae Bang,[8] Myong Ki Baeg,[9] Jeong Eun Shin,[8] Cheol Min Shin,[10] Ju Yup Lee,[11] and Hyun Chul Lim[12]; Functional Dyspepsia Research Group and Clinical Practice Guidelines Group Under the

Endoscopia y otros exámenes define que es funcional



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–1013

obert A. Enns, MD[4],

Colin W. Howden, MD, FACG[5] and Nimish Vakil, MD, FACG[6]

OPEN ACCESS

British Society of Gastroenterology guidelines on the management of functional dyspepsia

Christopher J Black [1,2] Peter A Paine,[3,4] Anurag Agrawal,[5] Imran Aziz [6,7] Maria P Eugenicos,[8] Lesley A Houghton [2] Pali Hungin,[9] Ross Overshott,[10] Dipesh H Vasant,[3,11] Sheryl Rudd,[12,13] Richard C Winning,[12,13] Maura Corsetti,[12,13] Alexander C Ford [1,2]

Black CJ, et al. Gut 2022;71:1697–1723

Dispepsia

Impacto

40% consulta a cuidado primario

15% referidos a cuidado secundario

20-30% Gastroenterología

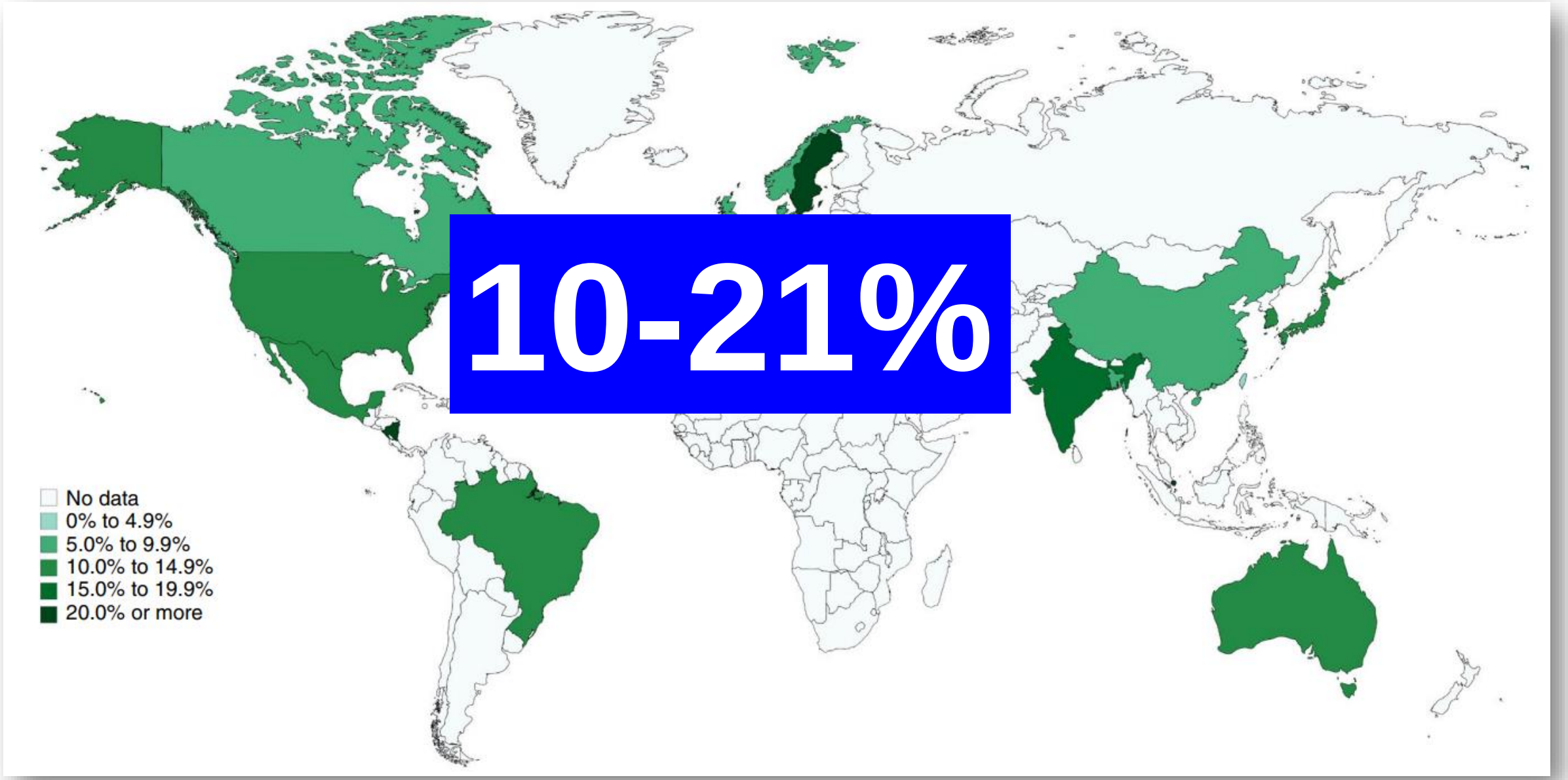
USA $>18 billones/año, >> costo social

< Productividad laboral

Disminuye calidad de vida

Moayyedi P, Am J Gastroenterol 2017; 112:988-1013
Barberio B, Aliment Pharmacol Ther. 2020;52:762-73
Eusebi LH,BMJ. 2019;367:l6483

Dispepsia



Barberio B, Aliment Pharmacol Ther. 2020;52:762-73

Systematic review and meta-analysis: global prevalence of uninvestigated dyspepsia according to the Rome criteria

Brigida Barberio[1] | Sanjiv Mahadeva[2] | Christopher J. Black[3,4] | Edoardo V. Savarino[1] | Alexander C. Ford[3,4]

Roma I
17%

Roma II
13%

Roma III
11.5%

Roma IV
6.9%

Barberio B, Aliment Pharmacol Ther. 2020;52:762-73

Dispepsia factores de riesgo

Sexo Femenino

Dispepsia

Fumar

AINES

Moayyedi P, Am J Gastroenterol 2017; 112:988-1013

No es un diagnóstico

Dispepsia

Conjunto de síntomas
Región gastroduodenal

Barberio B, Aliment Pharmacol Ther. 2020;52:762-73

Sintomas no diferencian Orgànica vs Funcional

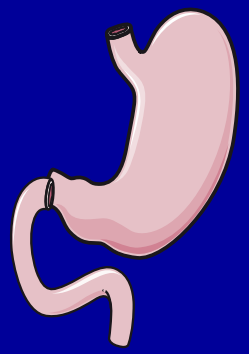
Stanghellini V, Gastroenterology 2016;150:1380-92
Talley NJ, Gastroenterol Hepatol 2007;5:1175-83

Dispepsia Funcional

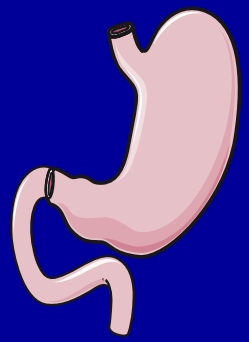
Sperber AD, et al. Gastroenterology 2021;160:99–114
Barberio B, Aliment Pharmacol Ther. 2020;52:762-73

Dispepsia funcional Roma IV

Síndrome de Dolor epigástrico



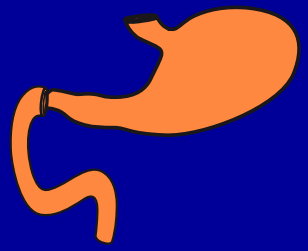
Dolor Epigástrico



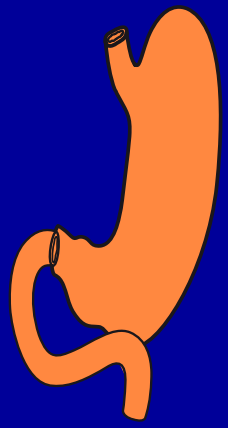
Ardor Epigástrico

1 día a la semana

Síndrome de Malestar pos-prandial



Llenura Precoz



Plenitud Posprandial

3 días a la semana

Stanghellini V, Gastroenterology 2016;150:1380-92

Dispepsia funcional Roma IV

Síndrome de
Dolor epigástrico

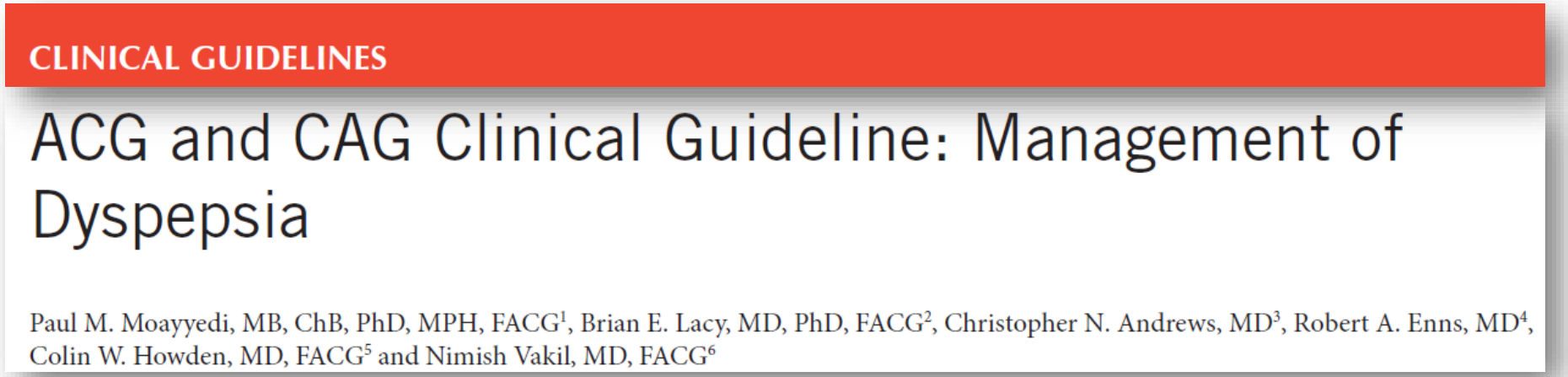
Síndrome de
Malestar pos-prandial

Superposición 21-35%

15%

67%

Sperber AD, et al. Gastroenterology 2021;160:99–114



Definición clínica

Dolor epigástrico 1 mes de evolución
Asociado o no a: llenura, náuseas, vómito, pirosis.
Puede ser inducido o agravado por alimentos
Puede ocurrir en ayunas

Am J Gastroenterol 2017; 112:988–1013.

Dispepsia

Dolor

Llenura Precoz

Llenura Posprandial

Talley NJ, *N Engl J Med*. 2015;373:1853-1863.
Stanghellini V, Gastroenterology 2026;150:1380-92

Dispepsia no Investigada

Excelente historia clínica

Examen físico: NORMAL

Ocasionalmente dolor epigástrico

Laboratorios de rutina

- **Dependen de cada paciente: edad, S. Alarma ?**
- **Solicitud selectiva**
- **Cuadro hemático, Química hepática**
- **Ecografía hepatobiliar**

En la mayoría de los casos no hay causa evidente

Signos y síntomas de alarma

Sangrado GI
Anemia inexplicada
Saciedad temprana
Pérdida de peso inexplicada (s
Disfagia progresiva, odinofagia
Vómito persistente
HF Ca gastrointestinal
Linfadenopatía
Masa abdominal, UP previa

Endoscopia Urgente

Talley N, Vakil N. Am J Gastroenterol 2005;100:2324-37
AGA. Gastroenterology 2005;129;1756-80
Eusebi LH, et al. BMJ. 2019;367:l6483

CME

ACG and CAG Clinical Guideline: Management of Dyspepsia

Paul M. Moayyedi, MB, ChB, PhD, MPH, FACG[1], Brian E. Lacy, MD, PhD, FACG[2], Christopher N. Andrews, MD[3], Robert A. Enns, MD[4], Colin W. Howden, MD, FACG[5] and Nimish Vakil, MD, FACG[6]

STATEMENT 2. WE DO NOT SUGGEST ENDOSCOPY TO INVESTIGATE ALARM FEATURES FOR DYSPEPSIA PATIENTS UNDER THE AGE OF 60 TO EXCLUDE UPPER GI NEOPLASIA

Conditional recommendation, moderate quality evidence

Manejo Dispepsia no investigada

No está universalmente definido

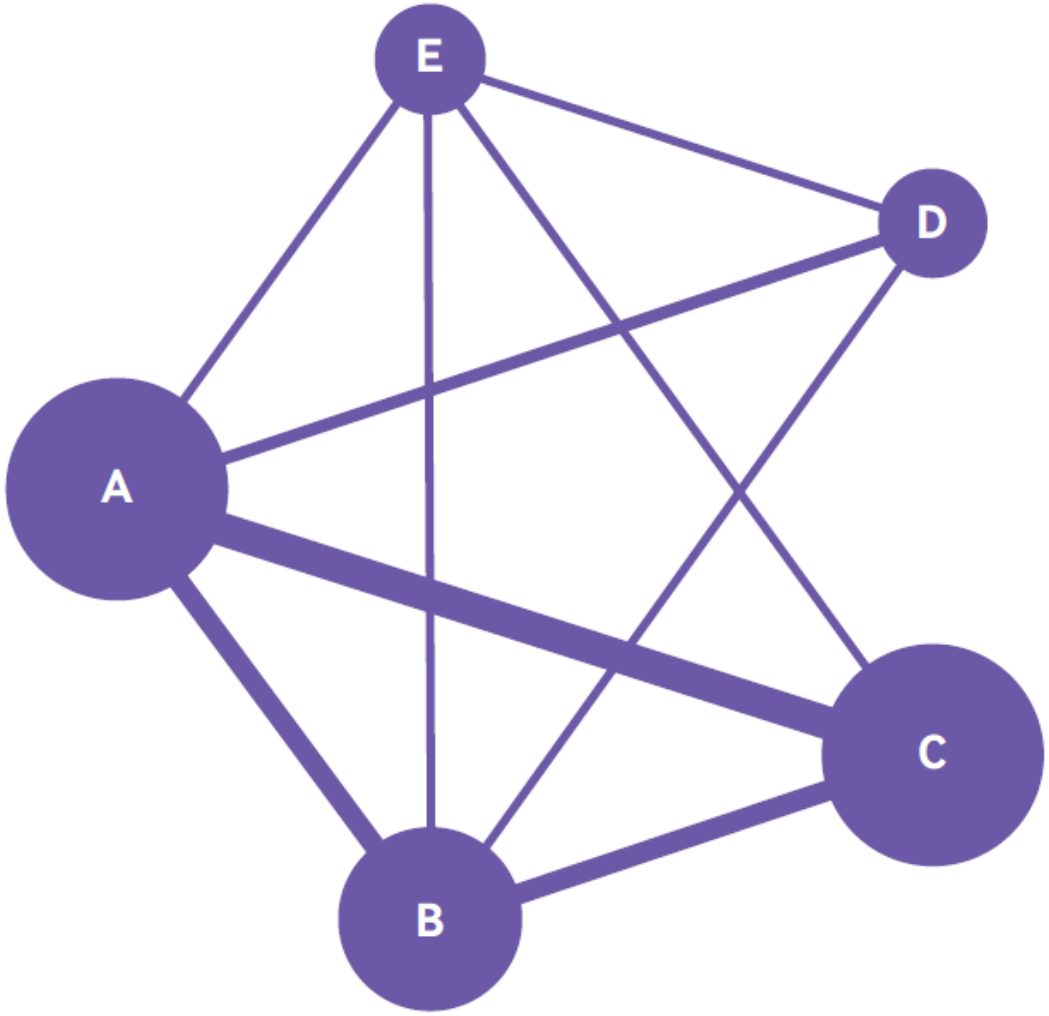
Chen SL, Aliment Pharmacol Ther 2015;41:239-52


Investigar *H.pylori*
(+): Endoscopia
"Test y Endoscopia"
Investigar *H.pylori*
(+): Endoscopia
"Test y Tratar"
Dispepsia no
Investigada
Sin síntomas
De alarma
IBP a todos
Manejo síntomas
Según Guías
Práctica médica usual
Endoscopia
A todos

Effectiveness of management strategies for uninvestigated dyspepsia: systematic review and network meta-analysis

Leonardo H Eusebi,[1] Christopher J Black,[2,3] Colin W Howden,[4] Alexander C Ford[2,3]

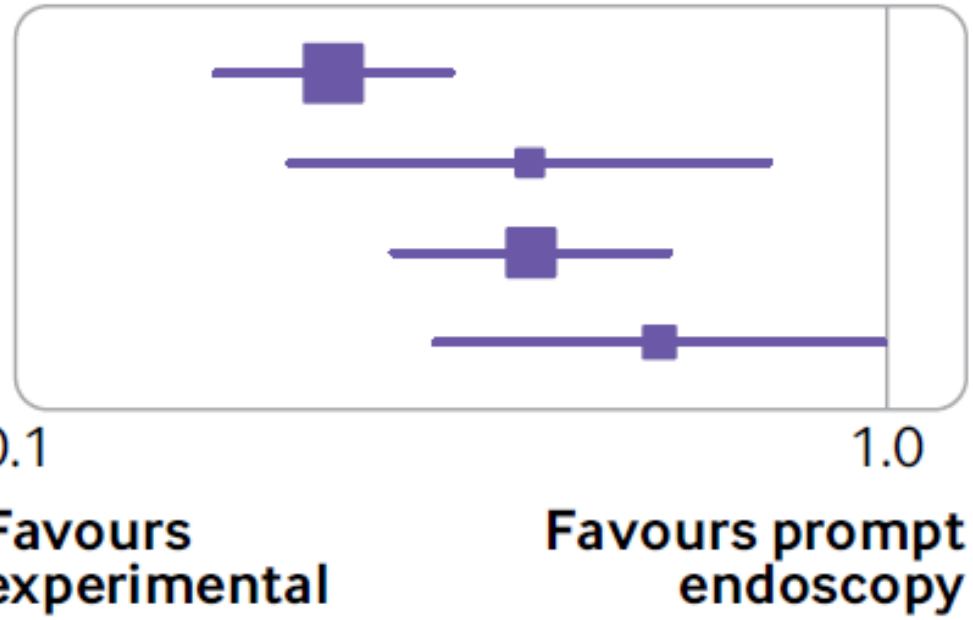
Eusebi LH, BMJ 2019;367:l6483



Intervention	Abbreviation	Number of trial arms	Number of participants
Prompt endoscopy	A	11	1942
Empirical acid suppression	B	7	1329
"Test and treat"	C	10	1938
Symptom based management	D	3	469
"Test and scope"	E	2	484

Probabilidad de hacer endoscopia final seguimiento (ITT)

Strategy	Relative risk (95% CI)	Relative risk (95% CI)	P score
"Test and treat"		0.23 (0.17 to 0.31)	0.98
Symptom based management		0.39 (0.20 to 0.74)	0.61
Empirical acid suppression		0.39 (0.27 to 0.56)	0.59
"Test and scope"		0.55 (0.30 to 0.99)	0.32



A pesar de pocos cànceres
Los pacientes prefieren endoscopia

Eusebi LH, BMJ 2019;367:l6483

Dispepsia no Investigada

Endoscopia cuándo?

Epidemiologia local del Cáncer gástrico

Costo Endoscopia

Chen SL, Aliment Pharmacol Ther 2015;41:239-52

Endoscopia inicial Vs Investigar H.pylori y tratar

Fendrick AM, Ann Intern Med 1995;123:260-8
Talley NJ, Aliment Pharmacol Ther 2002;16 (Suppl.4):95-104

Dispepsia endoscopia digestiva alta

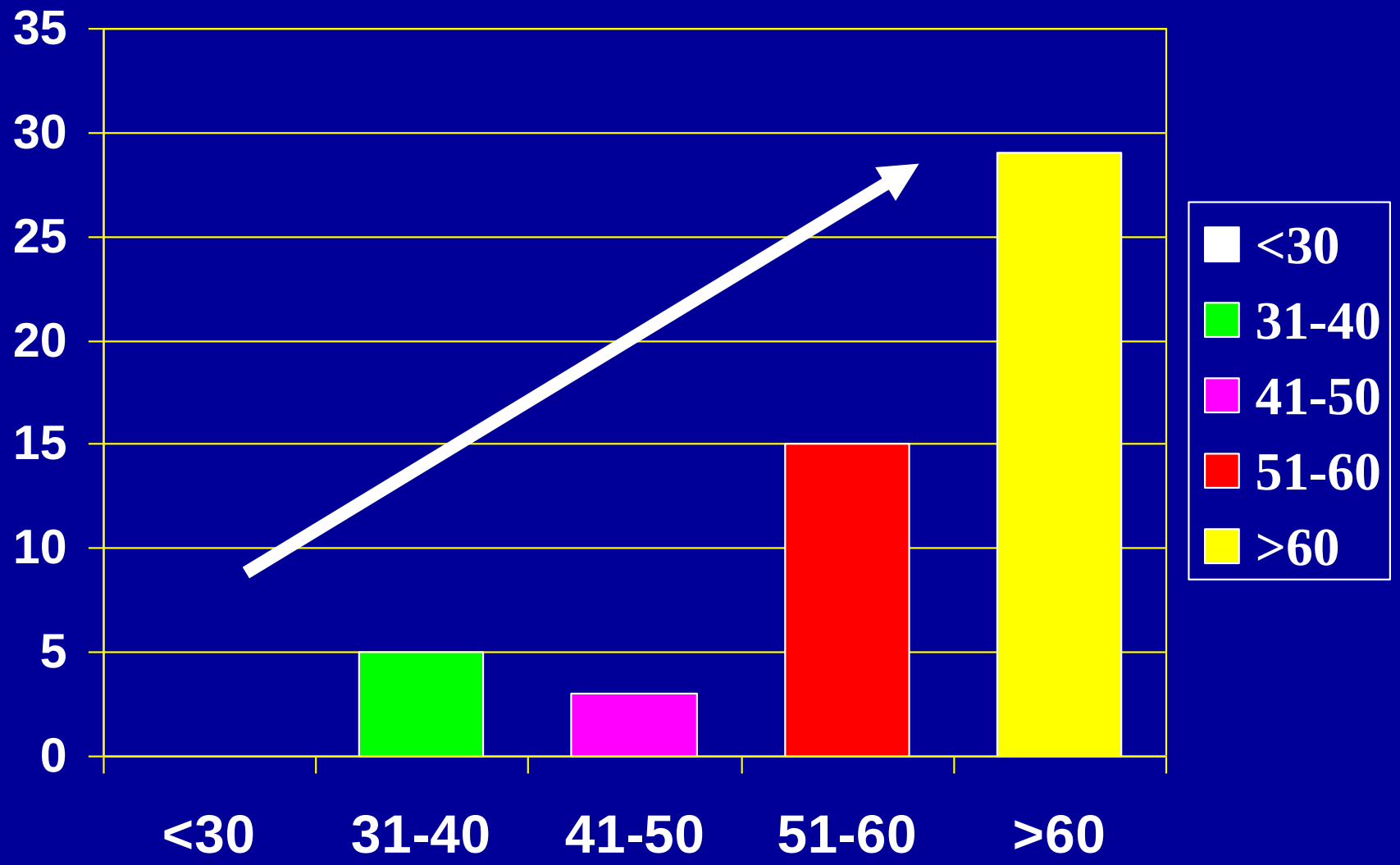
Moayyedi P, AJG 2017; 112:988–1013

Bosques FJ, Rev Gastroenterol Mex 2018;83:325-41

Pineda LF, Rev Col Gastroenterol 2015; 30(Suppl. 1):9-16

Chen SL, Aliment Pharmacol Ther 2015;41:239-52

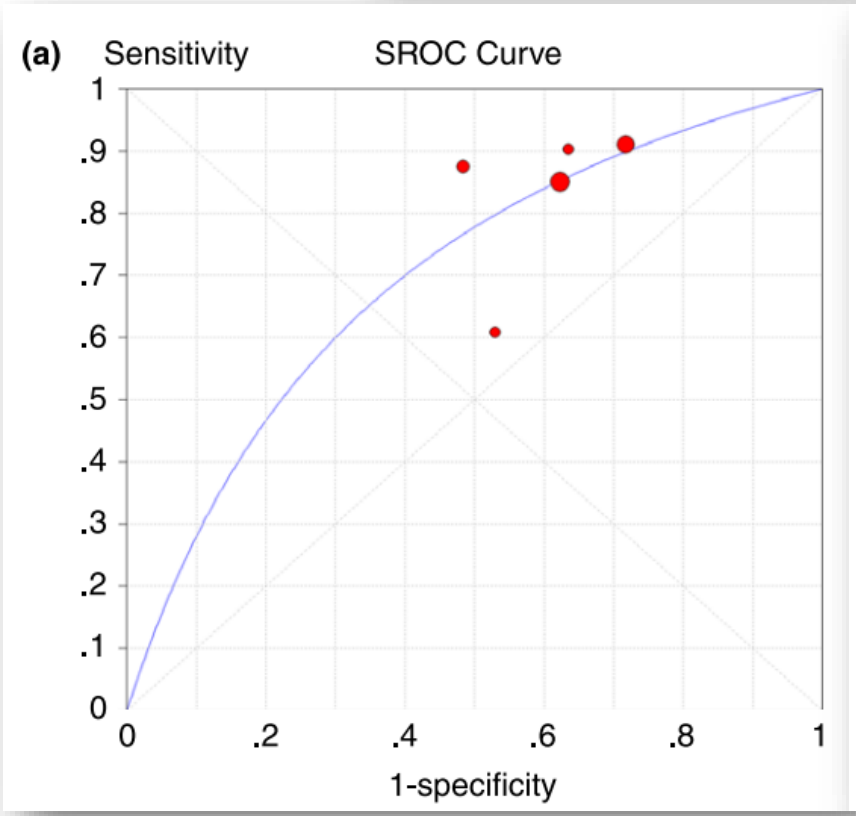
Cancer gastrico
N=50/542



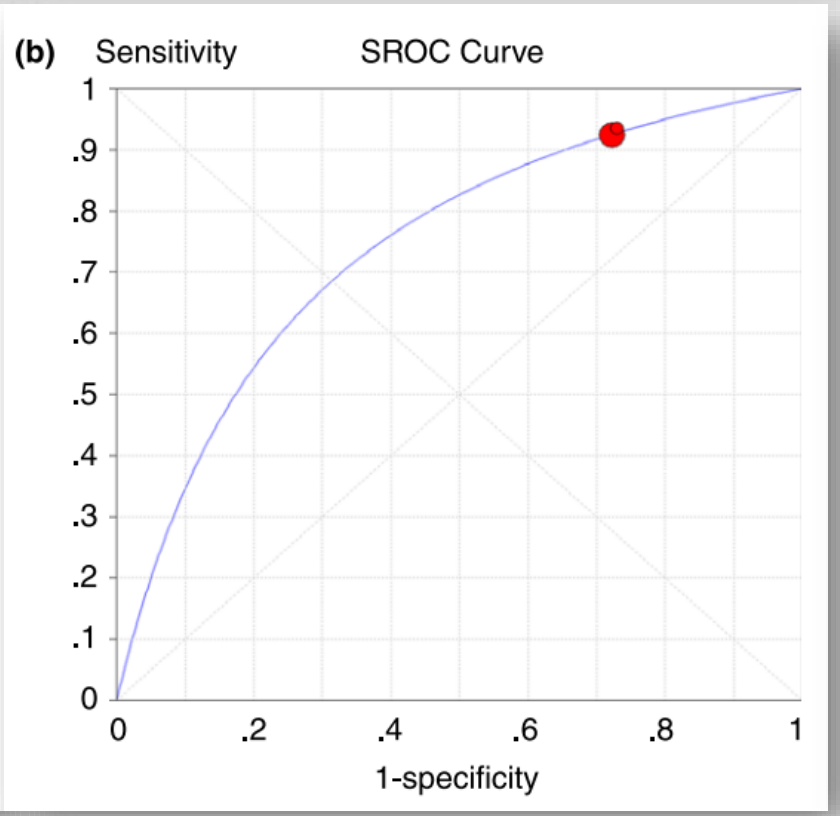
Pineda L, Otero W, Gómez M, Rev Col Gastroenterol 2004;19:13-25

Systematic review with meta-analysis: prompt endoscopy as the initial management strategy for uninvestigated dyspepsia in Asia

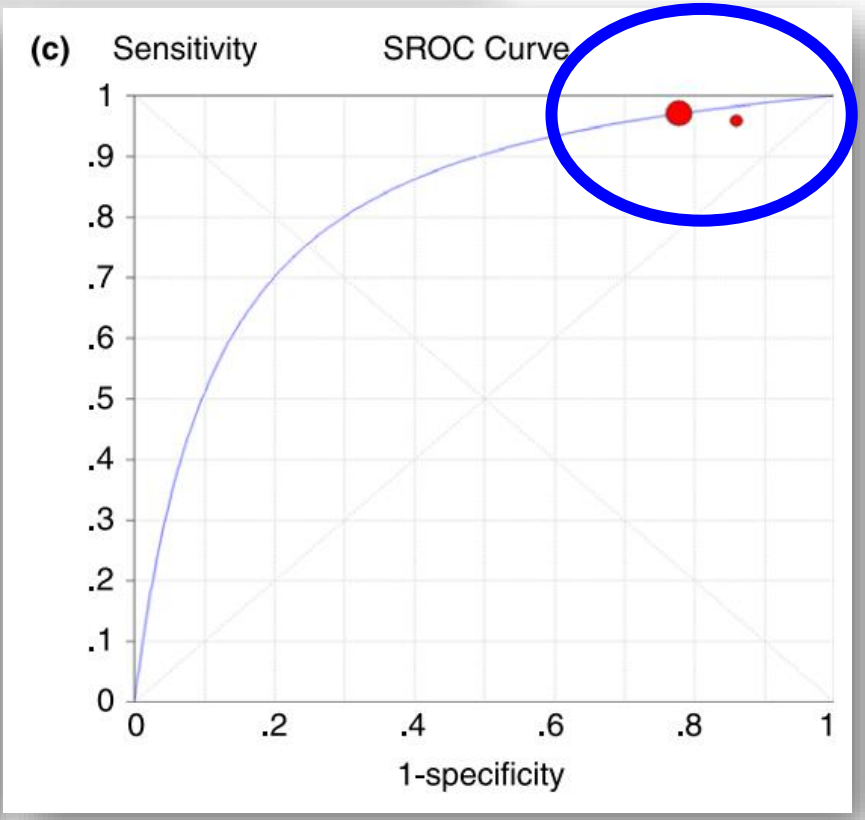
S. L. Chen*, K. A. Gwee†, J. S. Lee‡, H. Miwa§, H. Suzuki¶, P. Guo**, Y. T. Hao** & M. H. Chen*



>45 años



>40 años



>35 años

Chen SL, Aliment Pharmacol Ther 2015;41:239-52

Dispepsia No investigada

Secundaria a patologías definidas

Esofagitis erosiva	13%
Úlcera péptica	8%
Cáncer gástrico,	
Cáncer esofágico	
Helicobacter pylori	
Enfermedad de Crohn	
Giardia, Estrongiloides	
AINES, Macrólidos	
Enfermedad celiaca	
Gastroparesia	
Hepatocarcinoma	
Cáncer páncreas	
Pancreatitis crónica	
GE Eosinofílica	
Isquemia Mesentérica Crónica	

Funcional 70-80%

loscopia
os exámenes
rtinentes)

No está “Gastritis”

Ford AC, Lancet. 2020;396:1689-1702
Black CJ, Ther Adv Gastroenterol 2019;11:1-7
Moayyedi P, Am J Gastroenterol 2017; 112:988-1013

Dispepsia NO investigada

Ulceras pépticas	10%
Cáncer Esófagogástrico	<1%
Dispepsia funcional	70%

Ford AC, Clin Gastroenterol Hepatol 2010;8:830-7

Dispepsia No investigada Endoscopia digestiva alta Colombia n= 542

Ulceras pépticas	13%
Cáncer Gástrico	*9%*
Esofagitis erosiva	5%
D Funcional	73%

Pineda L, Otero W, Rev Col Gastroenterol 2004;19:13-25

Probabilidad permanecer asintomático final seguimiento (ITT)

"Test and treat"	1.01 (0.93 to 1.10)	1.02 (0.81 to 1.28)	0.91 (0.82 to 1.01)	NA
0.99 (0.92 to 1.07)	**Prompt endoscopy**	0.94 (0.75 to 1.19)	0.96 (0.86 to 1.08)	0.90 (0.78 to 1.05)
0.97 (0.83 to 1.13)	0.98 (0.84 to 1.14)	**"Test and scope"**	0.99 (0.79 to 1.25)	0.92 (0.76 to 1.11)
0.93 (0.86 to 1.01)	0.94 (0.87 to 1.03)	0.96 (0.82 to 1.12)	**Empirical acid suppression**	0.93 (0.75 to 1.16)
0.89 (0.78 to 1.02)	0.90 (0.80 to 1.02)	0.92 (0.79 to 1.07)	0.96 (0.83 to 1.09)	**Symptom based management**

Eusebi LH, BMJ 2019;367:l6483

Dispepsia Funcional

United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on functional dyspepsia

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Journal of Neurogastroenterology and Motility

Review

Clinical Practice Guidelines for Functional

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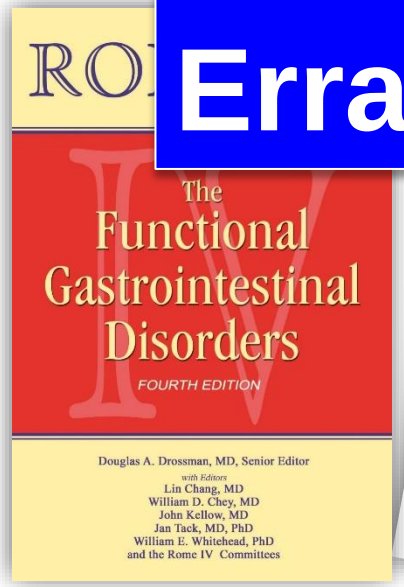
g Eun Shin,[10] er the

Endoscopia define que es funcional
Erradicar *H.pylori*, SIEMPRE que sea +



2016

CME

ACG and CAG Clinical Guideline: Management of Dyspepsia

Am J Gastroenterol 2017; 112:988–1013

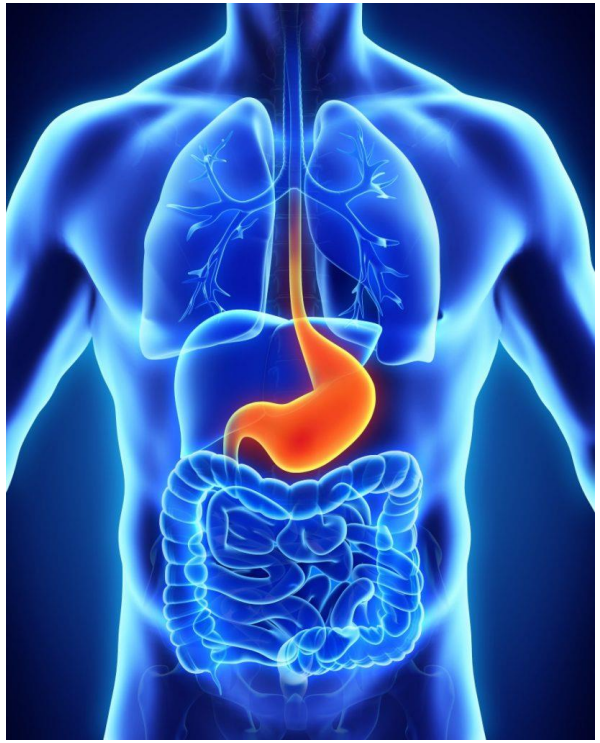
Paul M. Moayyedi, MB, ChB, PhD, MPH, FACG[1], Brian E. Lacy, MD, PhD, FACG[2], Christopher N. Andrews, MD[3], Robert A. Enns, MD[4], Colin W. Howden, MD, FACG[5] and Nimish Vakil, MD, FACG[6]

Talley NJ, Stanghellini V, Chan FKL, Hasler WL, Malagelada JR, Suzuki H, Tack J

DF. Fisiopatología

Gastroenteritis Aguda

Helicobacter pylori 5-7%



Hipersensibilidad Visceral

Vaciamiento Demorado

Procesamiento central Alterado

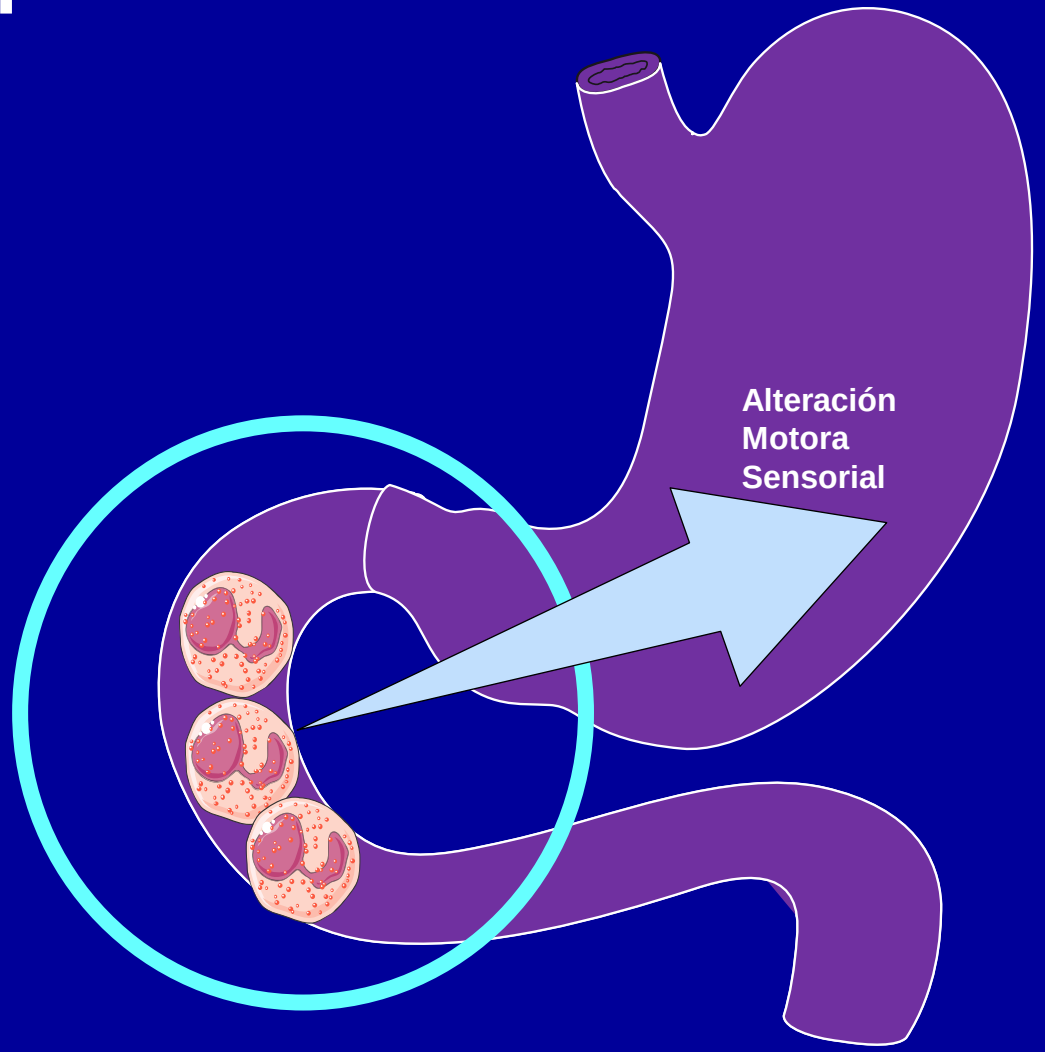
Alteración Acomodación

Sexo Femenino

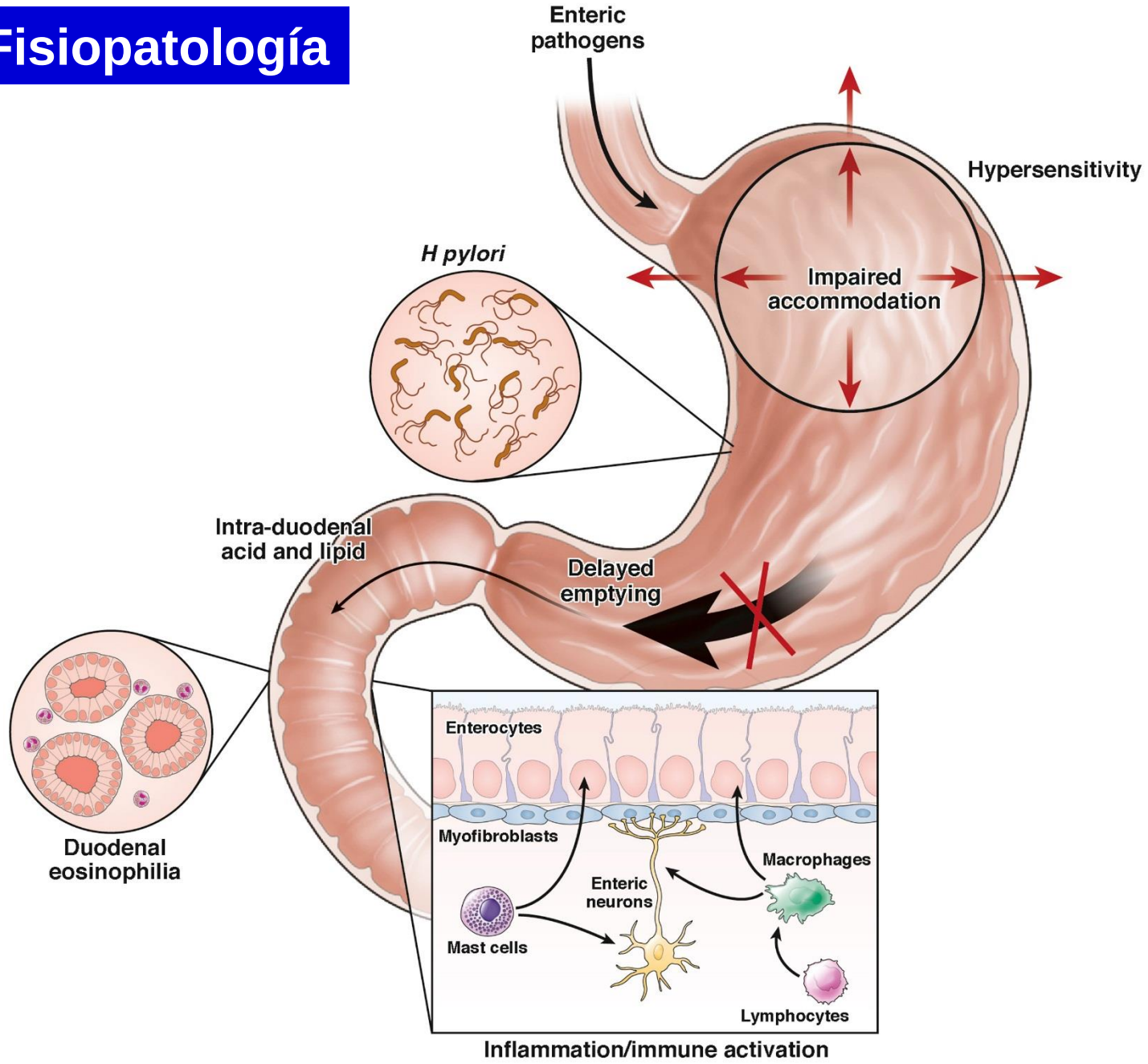
Ansiedad

Wauters L, United European Gastroenterol J 2021;9:307-331

Dispepsia Funcional



DF, Fisiopatología



Talley NJ, 2010

Koduru P, Clin Gastroenterol Hepatol **2018 ;16: 467-479**

ARTÍCULOS ORIGINALES

Eosinofilia duodenal en pacientes Colombianos con dispepsia funcional: un estudio de casos y controles

Duodenal eosinophilia in functional dyspepsia in a Colombian sample: a case-control study

Adán Lúquez Mindiola[1], William Otero Regino[2], Martín Gómez Zuleta[3]

[1] Internista, Fellow de Gastroenterología, Universidad Nacional de Colombia, Bogotá, Colombia.
[2] Profesor de Medicina, Coordinador de Gastroenterología, Universidad Nacional de Colombia, Hospital Universitario Nacional, Bogotá, Colombia.
[3] Profesor de Medicina, Unidad de Gastroenterología, Universidad Nacional de Colombia, Hospital Universitario Nacional, Bogotá, Colombia.

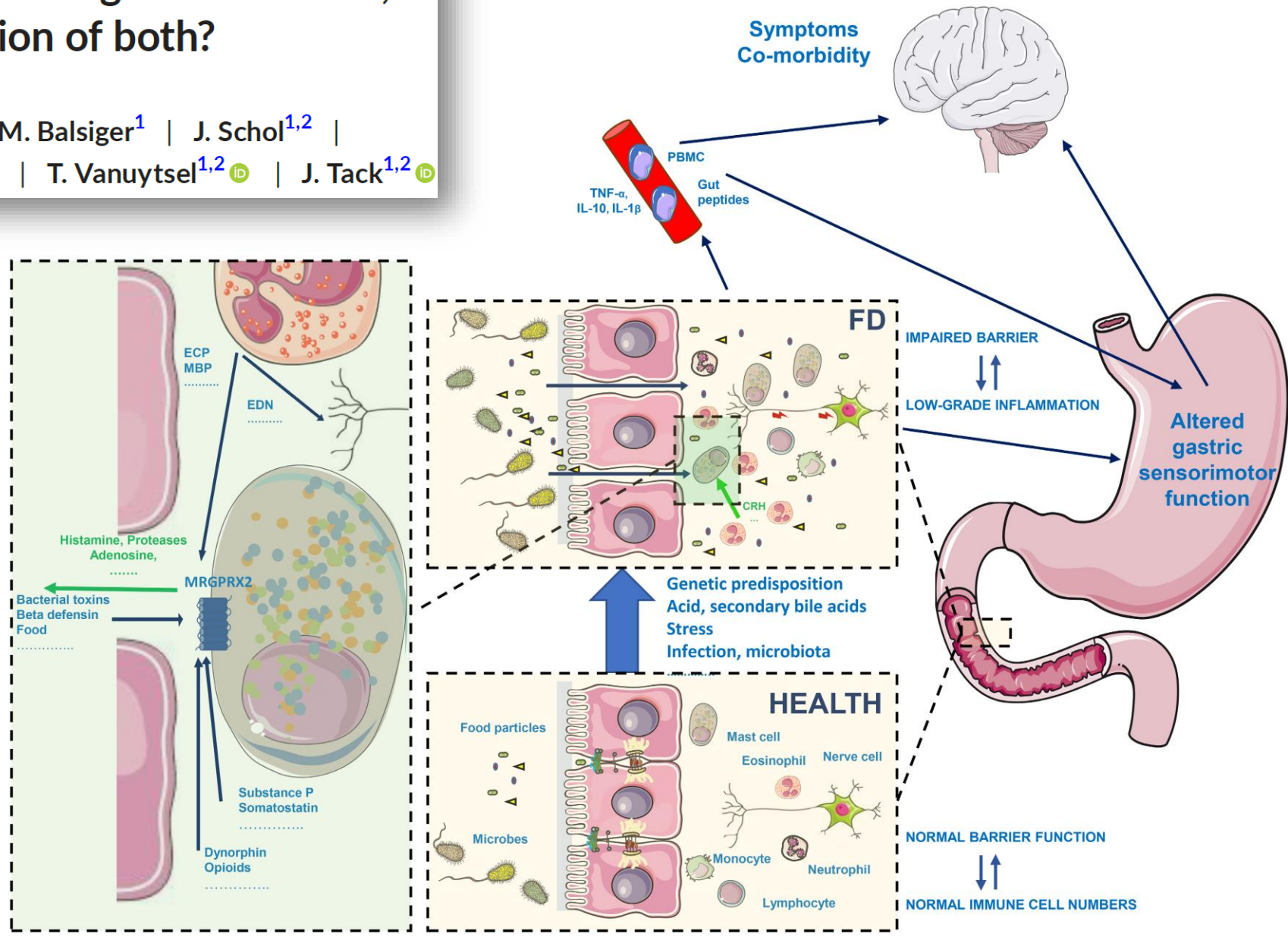
Correspondencia:waoteror@gmailcom

	OR (IC 95%)	*p*
Saciedad precoz	2,99 (1,29-6,91)	0,01
Llenura posprandial	1,24 (0,52-2,97)	0,63
Dolor o ardor epigástrico	1,66 (0,69-4,03)	0,26
Pirosis	0,48 (0,18-1,25)	0,13
Alergia e intolerancia a alimentos	1,41 (0,61-3,24)	0,42
Tabaquismo	0,32 (0,04-2,52)	0,28
H. pylori	0,55 (0,24-1,22)	0,14

Lúquez A, Otero W, Gómez M, Rev Gastroenterol Peru. 2019;39:21-6

Review article: Functional dyspepsia—a gastric disorder, a duodenal disorder or a combination of both?

B. W. L. C. M. Broeders[1,2] | F. Carbone[1,2] | L. M. Balsiger[1] | J. Schol[1,2] | K. Raymenants[1,2] | I. Huang[1] | A. Verheyden[1] | T. Vanuytsel[1,2] | J. Tack[1,2]

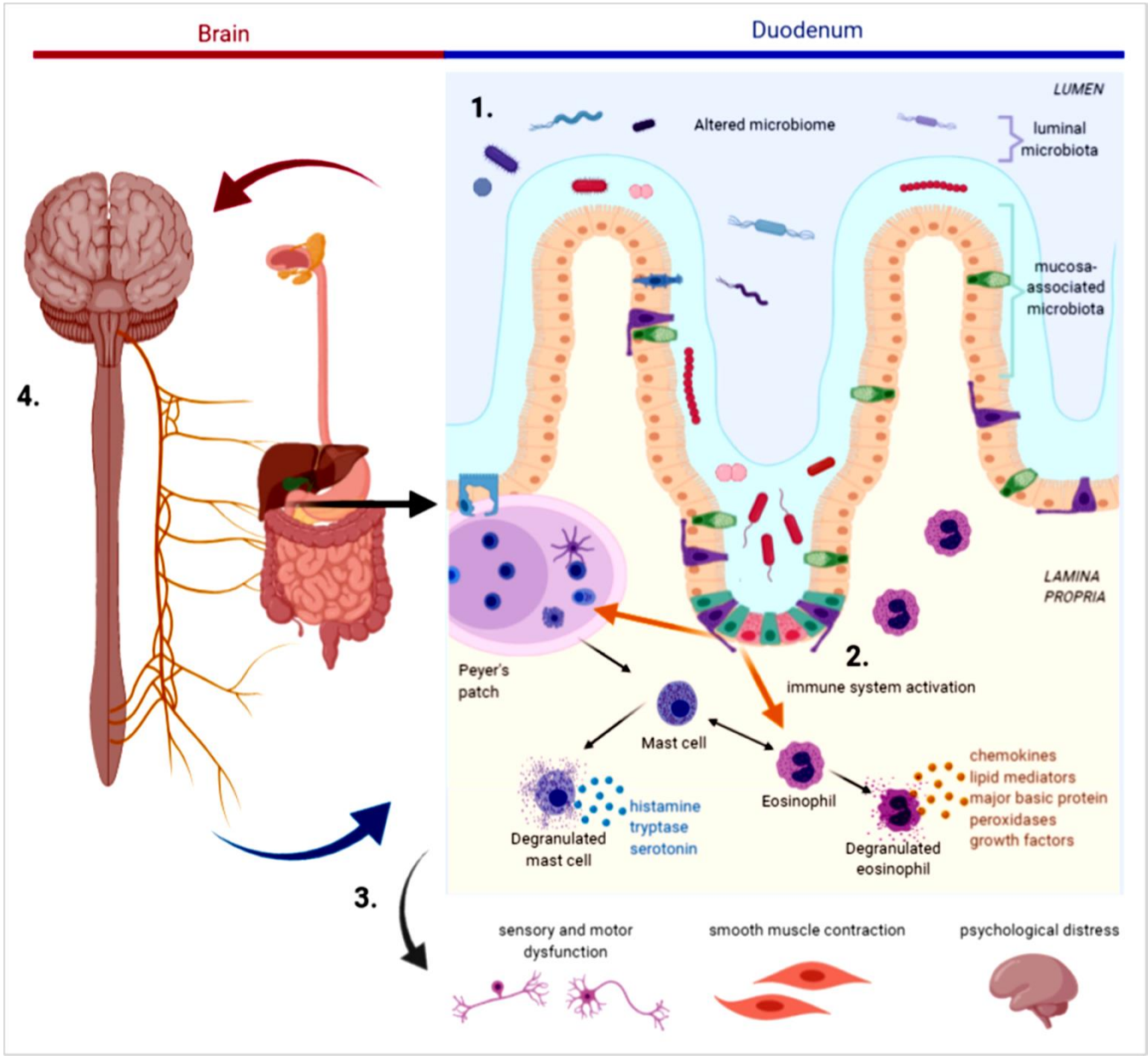


Broders BWLCM, et al. Aliment Pharmacol Ther. 2023;57:851–860.

REVIEW

Role of the duodenal microbiota in functional dyspepsia

Georgia Brown[1,2,3] | Emily C. Hoedt[2,3,4,5] | Simon Keely[2,3,4,5] | Ayesha Shah[2,3,6]
Marjorie M. Walker[1,2,3] | Gerald Holtmann[2,3,6,7] | Nicholas J. Talley[1,2,3,5]



Brown G, Neurogastroenterology & Motility. 2022;34:e14372.

Dispepsia funcional, síntomas cardinales

Llenura precoz

Ardor

Dolor

Llenura posprandial

Wauters L, United Eur Gastroenterol J. 2021;9:307-31
Stanghellini V, Vastroenterology 2026;150:1380-92

Dispepsia funcional

Llenura Precoz

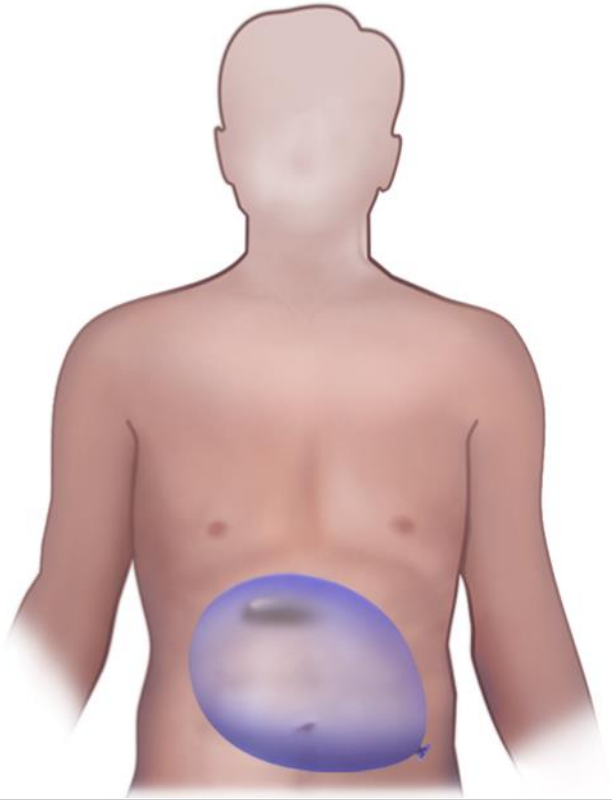
Llenura Posprandial

Perdida de peso

Wauters L, United Eur Gastroenterol J. 2021;9:307-31

Dispepsia funcional síntomas de apoyo

“Bloating”



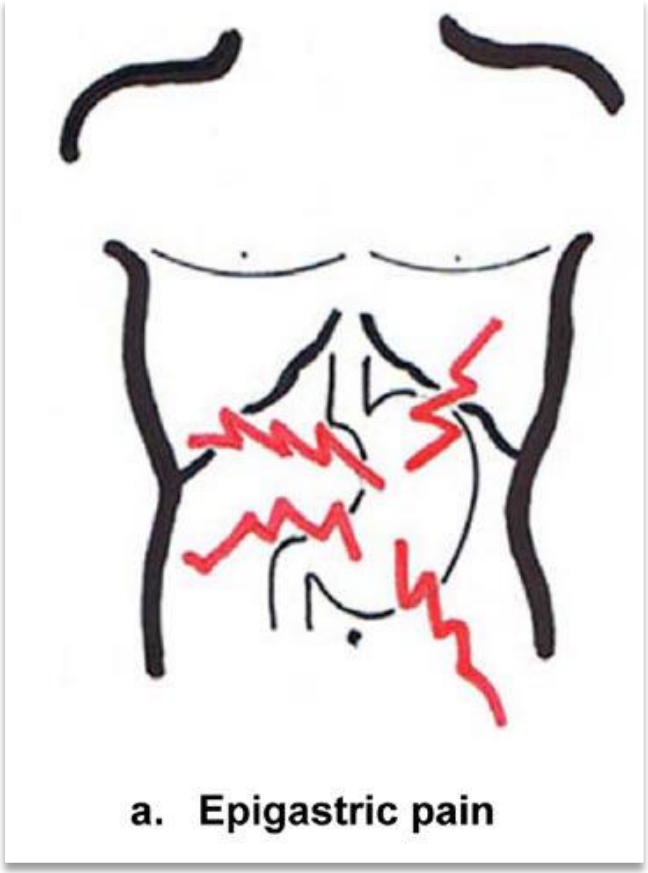
Náuseas
Eructos

No Pirosis
Regurgitación
ERGE

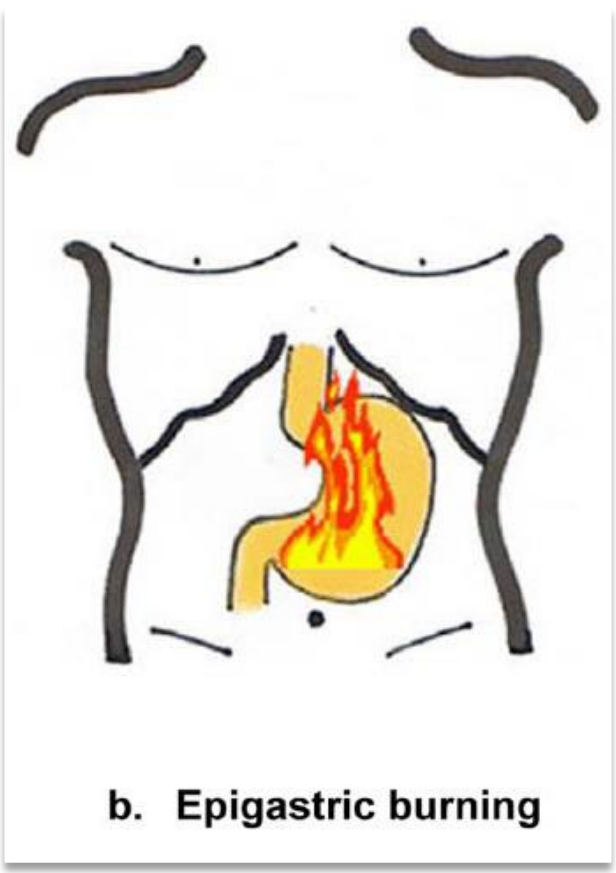
Sensación subjetiva de inflación
Abdominal y/o gas o flatulencia

Wauters L, United Eur Gastroenterol J. 2021;9:307-31

Síntomas cardinales de dispepsia funcional

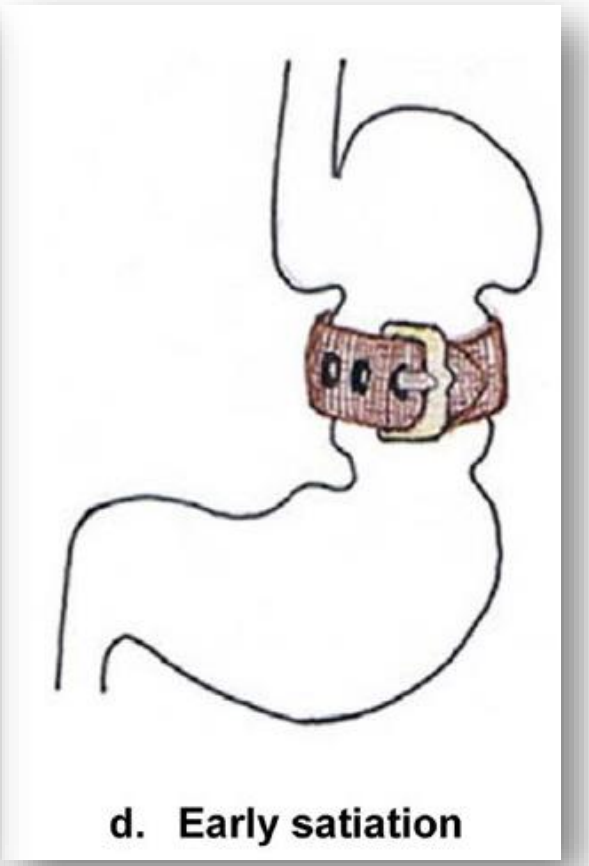


a. Epigastric pain



b. Epigastric burning

c. Postprandial fullness



d. Early satiation

Tack J, Aliment Pharmacol Ther 2014; 40: 523-30.

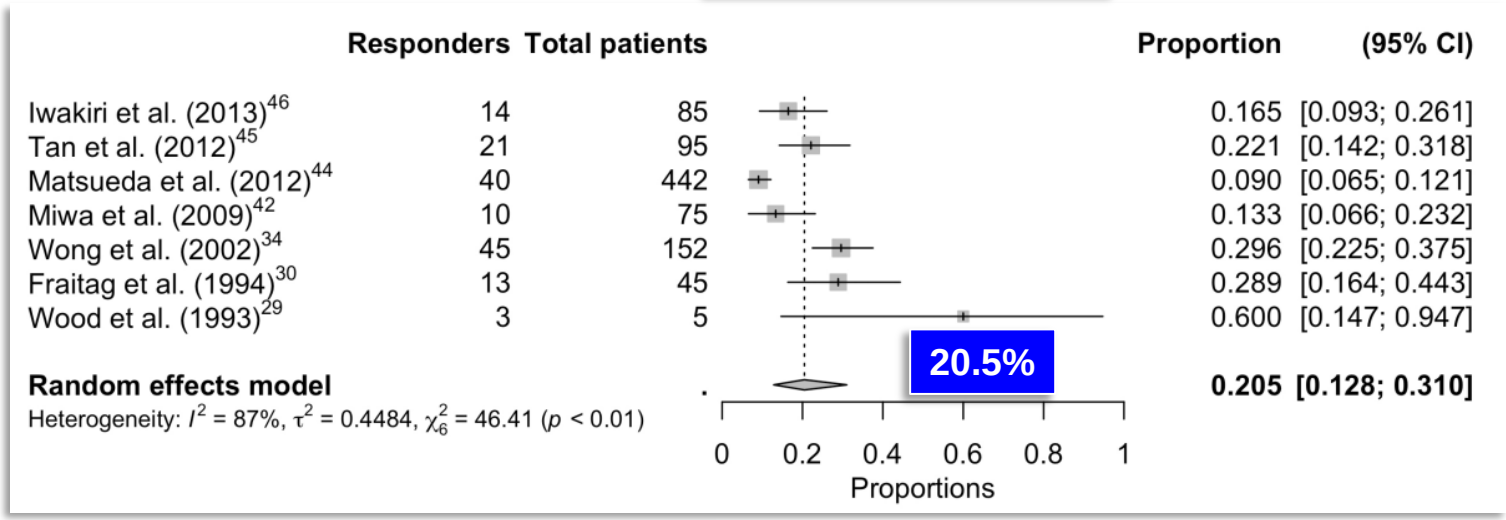
Dispepsia funcional
Tratamiento

Placebo response in pharmacological trials in patients with functional dyspepsia—A systematic review and meta-analysis

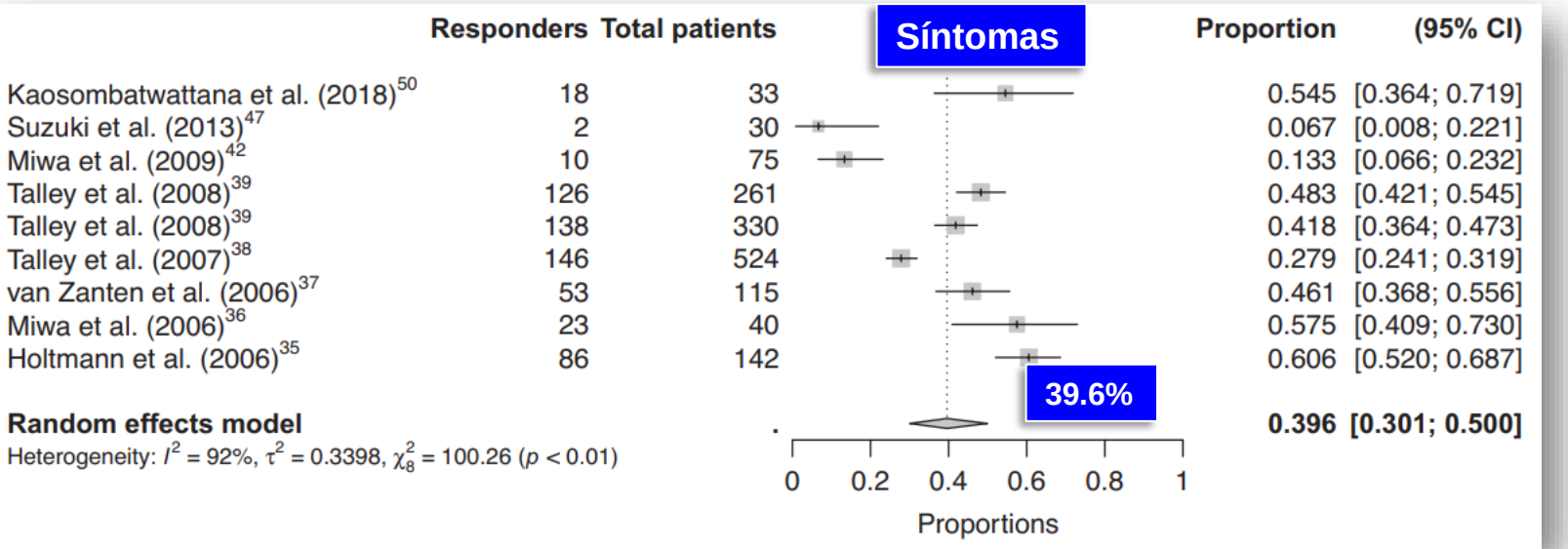
Bossman M, Neurogastroenterol Motil. 2023;35:e14474.

Michelle Bosman[1] | Fabiënne Smeets[1] | Sigrid Elsenbruch[2,3] | Jan Tack[4,5] | Magnus Simrén[6,7] | Nicholas Talley[8] | Bjorn Winkens[9] | Ad Masclee[1] | Daniel Keszthelyi[1]

Libre de síntomas

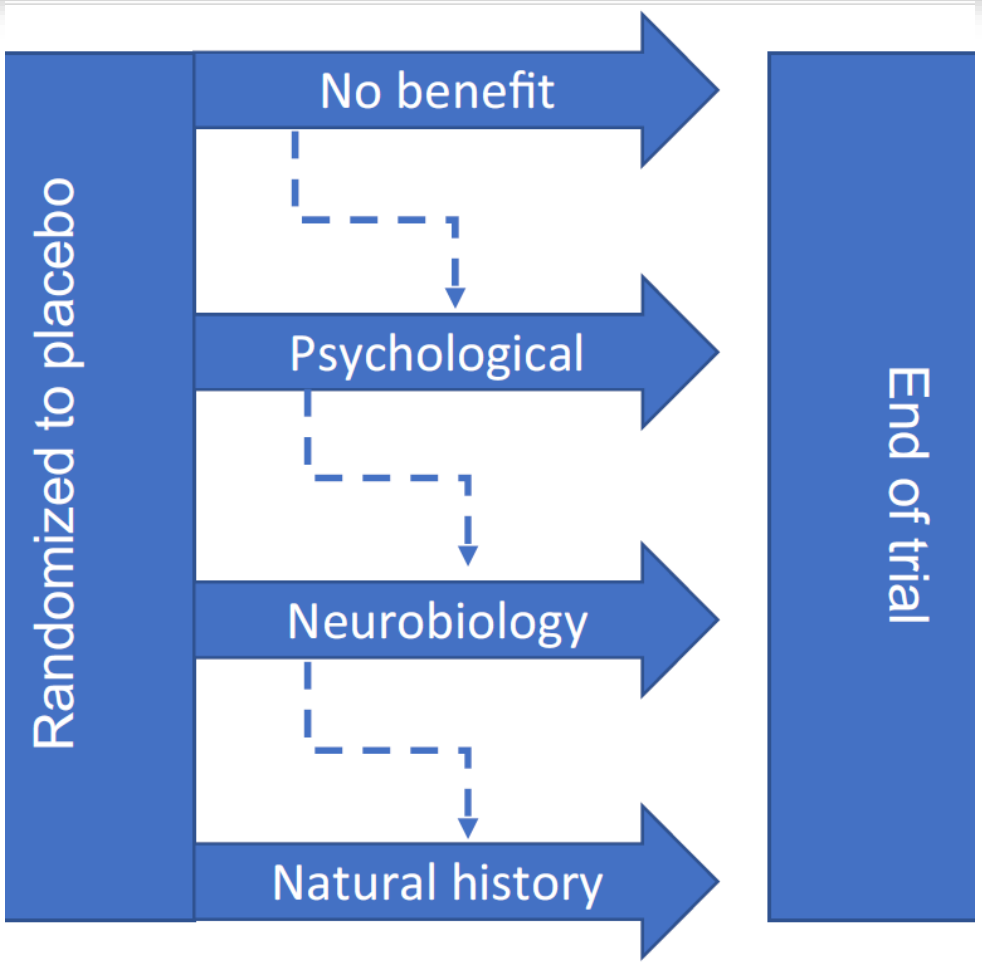


Síntomas



Placebo effects in functional dyspepsia: Causes and implications for clinical trials

Michael P. Jones[1] | Gerald Holtmann[2,3]

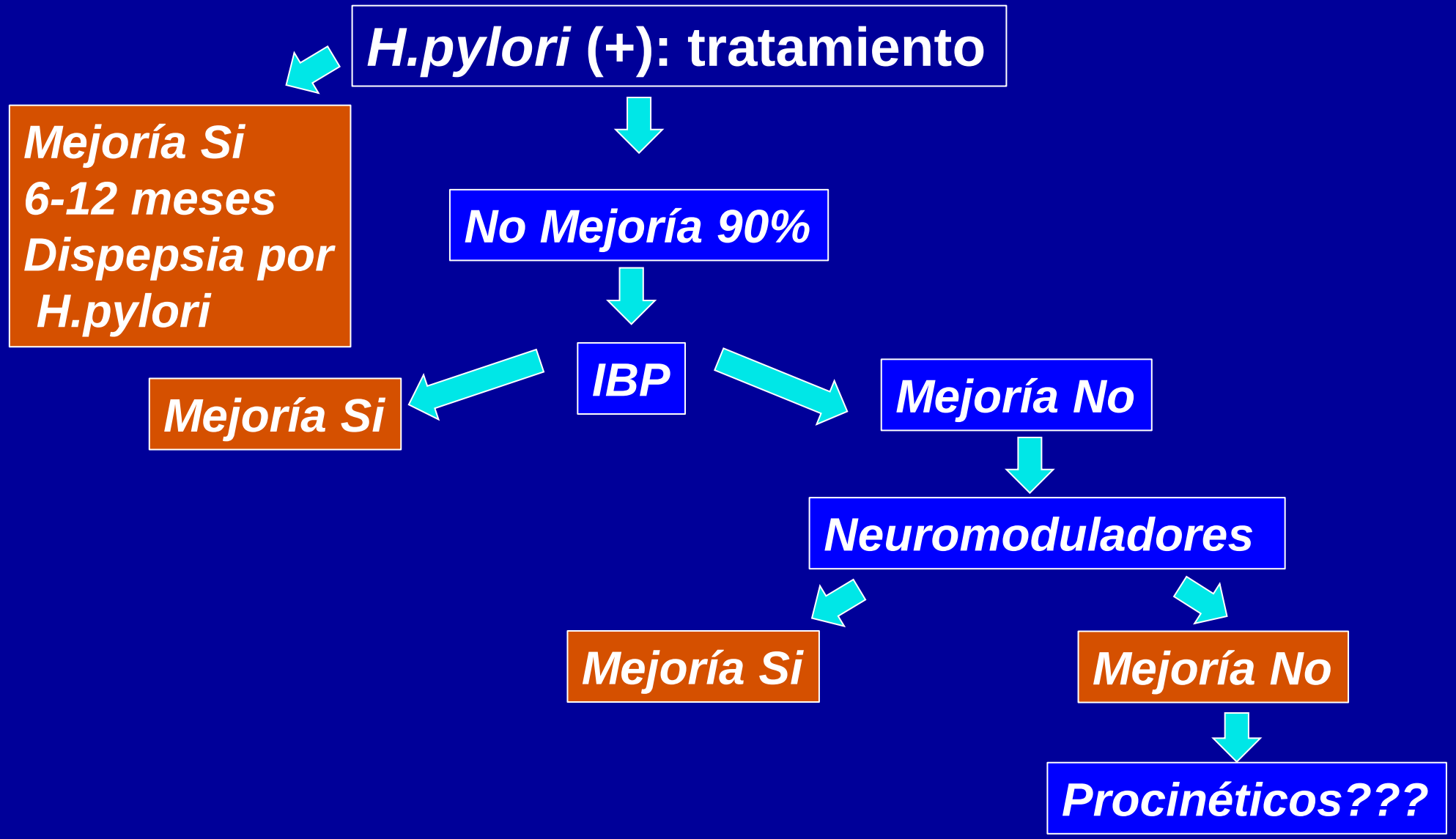


Jones MP, Neurogastroenterol Motil 2023;35:e14527.

Excelente relación Médico -Paciente

Su dolor no se debe a Cáncer, Tumores o Masas.
No hay nada grave. Puede estar relacionado con el estrés
"Su estómago y duodeno son muy sensibles, etc.
Le vamos a formuar este medicamento por UN MES

DF, Manejo



Moayyedi PM, Am J Gastroenterol 2017; 112:988–1013
Ford AC, APT 2021 Julio 30.

Erradicación de *H.pylori*

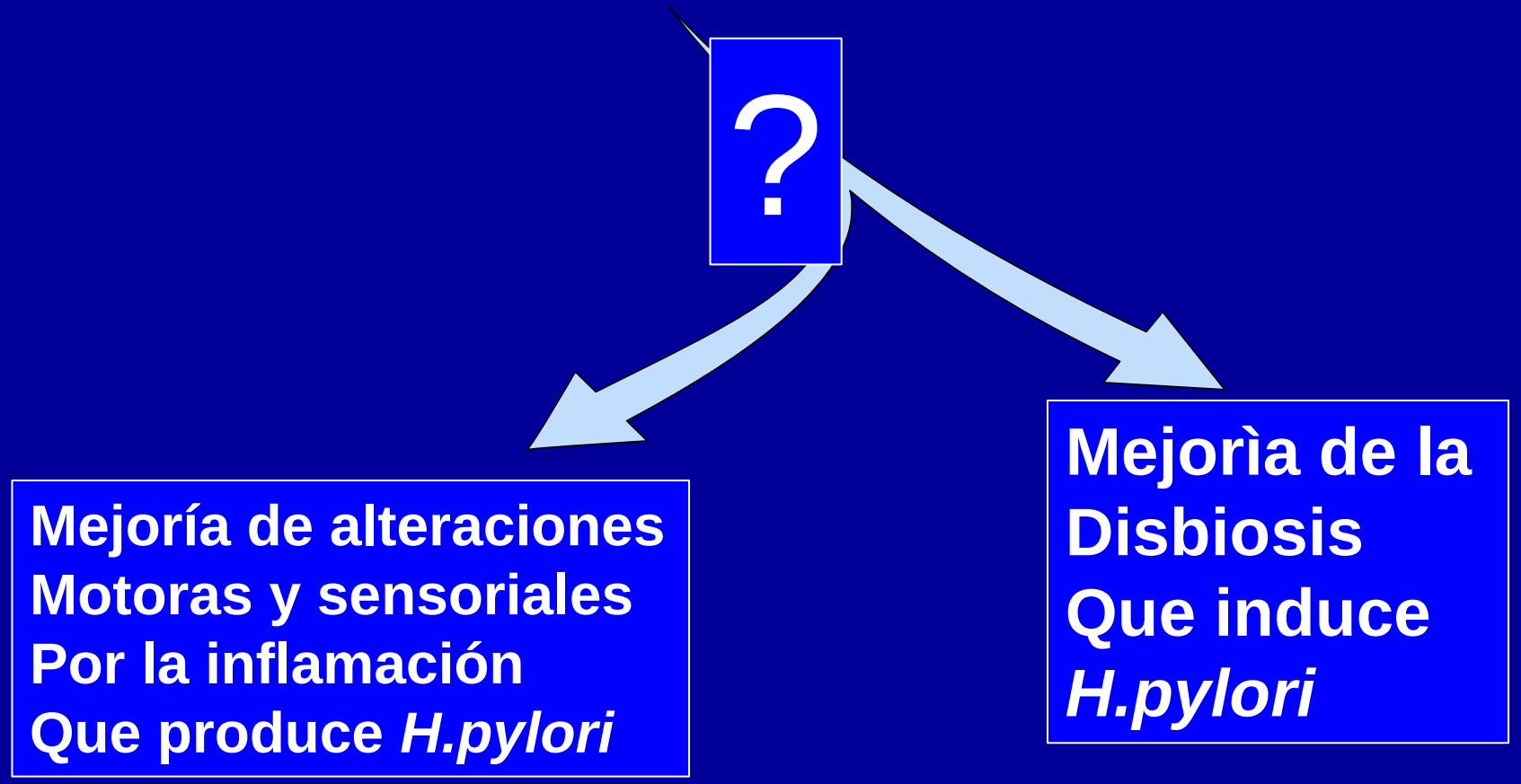
Persistencia de síntomas

NNT 10-14

90% **(IC95% 86-94%)**

Moayyedi P, Cochrane Database Syst Rev 2006; 2: CD002096.

Mejoría por erradicación H.pylori



Lúquez A, Otero W, Schmulson M, Rev Gastroenterol Peru. 2019;39:21-6

Original research

Efficacy of *Helicobacter pylori* eradication therapy for functional dyspepsia: updated systematic review and meta-analysis

Alexander C Ford ,[1,2] Evangelos Tsipotis,[3] Yuhong Yuan,[4] Grigorios I Leontiadis,[4] Paul Moayyedi[4]

Desenlace	ECC	Razón Riesgo	NNH/NNT (IC95%)	I^2 %
Curación síntomas	18 (4564)	0.91 (0.88-0.94)	NNT 14 (11-21)	7
Persistencia síntomas	22 (5193)	0.84 (0.78-0.91)	NNT 9 (7-17)	69
Efectos adversos	8 (1937)	2.19 (1.1-4.37)	NNH 3 (1-40)	92
Retirada efectos adversos	18 (3694)	2.60 (1.47-4.58)	NNH 7 (32-242)	0

Ford AC, et al. Gut 2022;71:1967-75

In *Helicobacter pylori*-positive functional dyspepsia, eradication therapy increased symptom cure and symptom improvement versus antisecretory therapy or prokinetics, with or without antibiotic placebo or placebo alone

Ford AC, Tsipotis E, Yuan Y, et al. Efficacy of *Helicobacter pylori* eradication therapy for functional dyspepsia: updated systematic review and meta-analysis. Gut. 2022;71:1967-1975. [PMID: 35022266] doi:10.1136/gutjnl-2021-326583

Design: Update of a 2006 systematic review and meta-analysis. Latest search date: October 2021.

Inclusion Criteria: RCTs of *H pylori*–positive adults with FD; comparison of eradication therapy (containing amoxicillin, clarithromycin, nitroimidazole, or tetracycline; or triple proton-pump inhibitor therapy with 2 of previously named antibiotics) with antisecretory therapy or prokinetics, with or without placebo antibiotics or placebo alone; and ≥3 months of follow-up.

Primary Outcomes: No symptom cure and persistence of symptoms by patient report or clinician assessment.

Results: 29 RCTs (n = 6781). 10 RCTs (n = 2896) were published since the previous review. 6 RCTs had low risk of bias.

Funding: No external funding.

Table. Meta-analysis of *H pylori* Eradication Therapy Versus Control in *H pylori*–Positive Patients With Functional Dyspepsia

Outcome	RCTs (Patients), *n (n)*	Risk Ratio (95% CI)	NNT/NNH (95% CI)	I^2, %
No symptom cure	18 (4564)	0.91 (0.88–0.94)	NNT 14 (11–21)	7
Persistence of symptoms	22 (5193)	0.84 (0.78–0.91)	NNT 9 (7–17)	69
Adverse events	8 (1937)	2.19 (1.10–4.37)	NNH 3 (1–40)	92
Withdrawal due to adverse events	18 (3694)	2.60 (1.47–4.58)	NNH 71 (32–242)	0

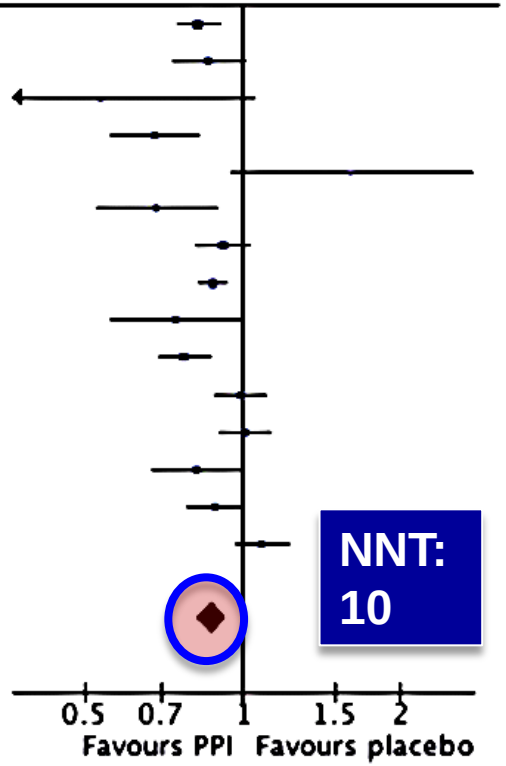
Ohaly RA, Ann Intern Med. 2023;176:701-717

DF: IBP versus placebo

Study or Subgroup	PPI Events	PPI Total	Placebo Events	Placebo Total	Weight	Risk Ratio M-H, Random, 95% CI
Blum 2000	272	395	170	203	9.4%	0.82 [0.75, 0.90]
Bolling-Sternevald 2002	71	100	80	97	7.1%	0.86 [0.74, 1.01]
Farup 1999	6	14	8	10	0.9%	0.54 [0.27, 1.06]
Fletcher 2011	45	70	33	35	5.9%	0.68 [0.56, 0.83]
Gerson 2005	16	21	9	19	1.4%	1.61 [0.95, 2.74]
Hengels 1998	50	131	77	138	4.2%	0.68 [0.53, 0.89]
Iwakiri 2013	194	253	71	85	8.5%	0.92 [0.82, 1.03]
Peura 2004	474	613	271	308	10.4%	0.88 [0.83, 0.93]
Suzuki 2013 (ELF)	16	23	28	30	3.8%	0.75 [0.56, 0.99]
Talley 1998 (BOND)	242	423	162	219	8.6%	0.77 [0.69, 0.87]
Talley 1998 (OPERA)	277	403	141	203	8.6%	0.99 [0.88, 1.11]
Talley 2007	653	853	84	111	8.7%	1.01 [0.90, 1.13]
Van Rensburg 2008	93	207	116	212	5.9%	0.82 [0.68, 1.00]
Van Zanten 2006	84	109	100	115	8.2%	0.89 [0.78, 1.00]
Wong 2002	231	301	107	152	8.3%	1.09 [0.97, 1.23]
Total (95% CI)		**3916**		**1937**	**100.0%**	**0.87 [0.82, 0.94]**
Total events	2724		1457			

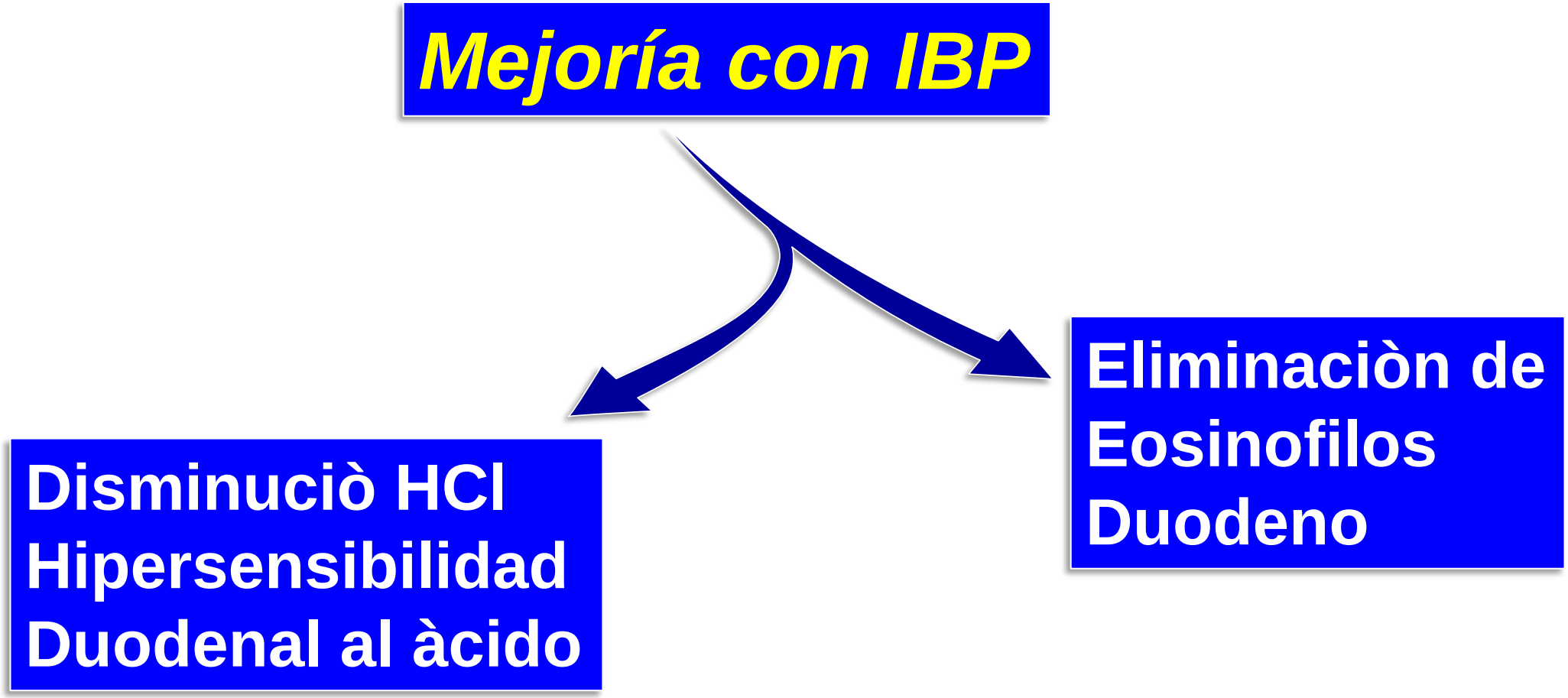
Heterogeneity: $Tau^2 = 0.01$; $Chi^2 = 48.93$, df = 14 ($P < 0.00001$); $I^2 = 71\%$

Test for overall effect: Z = 3.87 (P = 0.0001)



El IBP no es permamente!

ACG and CAG Clinical Guideline: Management of Dyspepsia
Moayyedi PM. A J Gastroenterol 2017;112:988-1013



Lúquez A, Otero W, Schmulson M, Rev Gastroenterol Peru. 2019;39:21-6

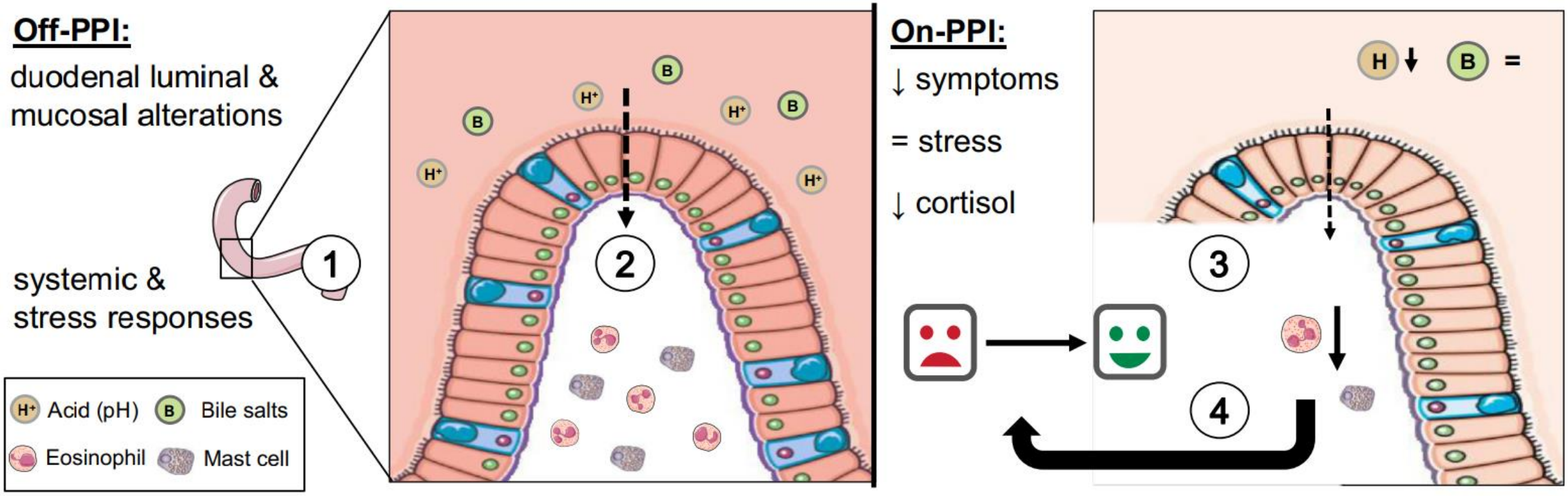
Proton Pump Inhibitors Reduce Duodenal Eosinophilia, Mast Cells, and Permeability in Patients With Functional Dyspepsia

Lucas Wauters,[1,2] Matthias Ceulemans,[2] Dennis Frings,[2] Maarten Lambaerts,[2] Alison Accarie,[2] Joran Toth,[2] Raf Mols,[3] Patrick Augustijns,[3] Gert De Hertogh,[4] Lukas Van Oudenhove,[2] Jan Tack,[1,2] and Tim Vanuytsel[1,2]

[1]Department of Gastroenterology and Hepatology, University Hospitals Leuven, Leuven, Belgium; [2]Translational Research in Gastrointestinal Disorders, Department of Chronic Diseases, Metabolism and Ageing, Katholieke Universiteit Leuven, Leuven, Belgium; [3]Drug Delivery and Disposition, Katholieke Universiteit Leuven, Leuven, Belgium; and [4]Department of Pathology, University Hospitals Leuven, Leuven, Belgium

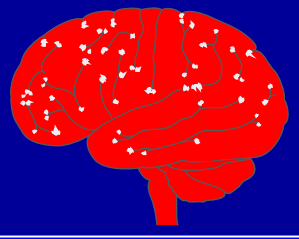
Wauters L, Gastroenterology 2021;160:1521-31

IBP y Dispepsia Funcional



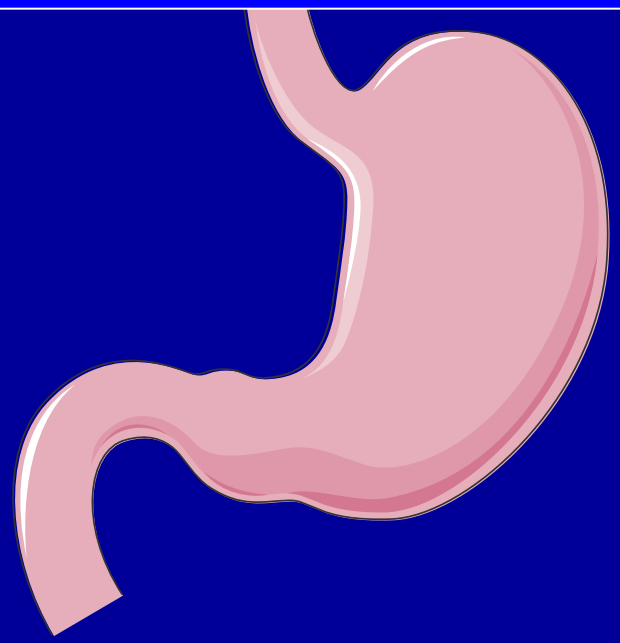
Wauters L, Gastroenterology 2021;160:1521-31

Mejoría por antidepresivos triciclicos



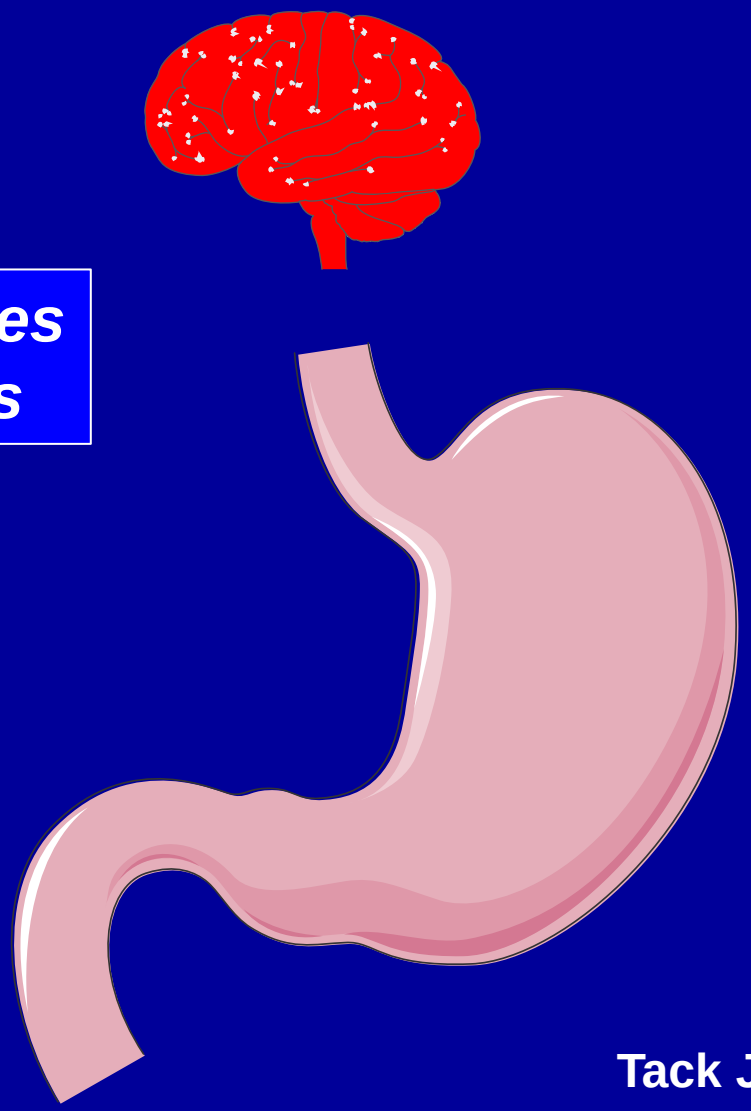
?

Neuromodulación de la Hipersensibilidad visceral



Lúquez A, Otero W, Gómez M, Rev Gastroenterol Peru. 2019;39:21-6

Mejoría por antidepresivos tetracíclicos



Mirtazipina 34 ptes
15 mg 8 semanas

Anti depresivo
Anti H1, a2 adrenérgico
Anti 5HT2C, 5 HT3

Llenura precoz
Tolerancia alimentos
Perdida de peso
Ansiedad
Calidad de vida

Tack J, Clin Gastroenterol Hepatol. 2016;14:385-92

Neuromodulating agents in functional dyspepsia: a comprehensive review

L. Bosman[1], L. Wauters[2], T. Vanuytsel[2]

Bosman L, et al. Acta Gastroenterol. Belg., 2023;86: 49-57).

Dispepsia funcional
Tratamiento

Llenura precoz
Llenura posprandial
Dolor/Ardor epigástrico

98%

Endoscopia 80%
Erradicación *H.pylori* 95%

Ecografia abdominal 27%
Vaciamiento gástrico 34%
Monitoreo pH 37%

Procinéticos 54%

Hipnoterapia 23%

IBP 83%

Pérdida peso
Mirtazipina 68%

Dieta 73%

Apoyo
Nutricional 90%

Llenura precoz
Agonista 5HT1 68%

Antidepresivos
Triciclicos 78%

Wauters L, United Eur Gastroenterol J 2021;9:307-331

Reflexiones

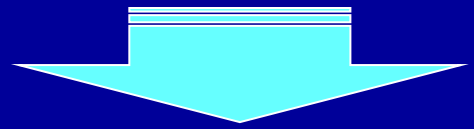
Dispepsia no Investigada
Dispepsia funcional

No son

Enfermedad
Ácido péptica

Gastritis

Gastritis crónica
Con o sin atrofia



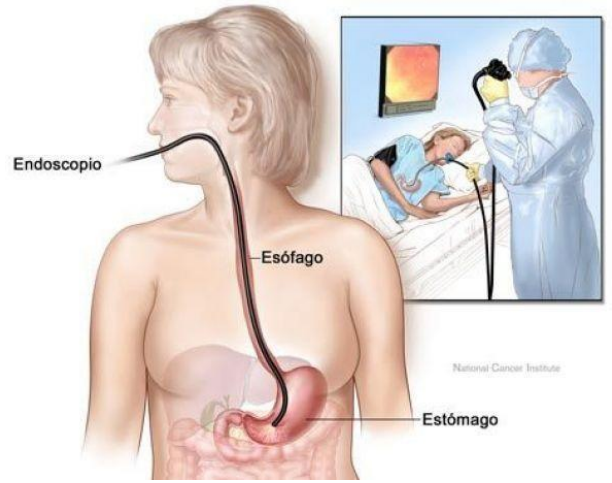
No da síntomas !

Sugano K, et al. Gut 2015;64:1353-67 (Kioto)
Stanghellini V, et al. Gastroenterology 2016;150:1380-92 (Roma IV)
Jönsson KA, et al. Scand J Gastroenterol 1989;24:385-95

Importancia de la gastritis crònica

Determinar su severidad

Establecer si tiene riesgo de càncer



“Tamización oportunista”

Otero W, Gastritis Crònica, Libro de Medicina Interna ACMI 2023

Dispepsia no Investigada
Endoscopia

Helicopbacter pylori
Severidad atrofia/Metaplsia

Endoscopia de rutina

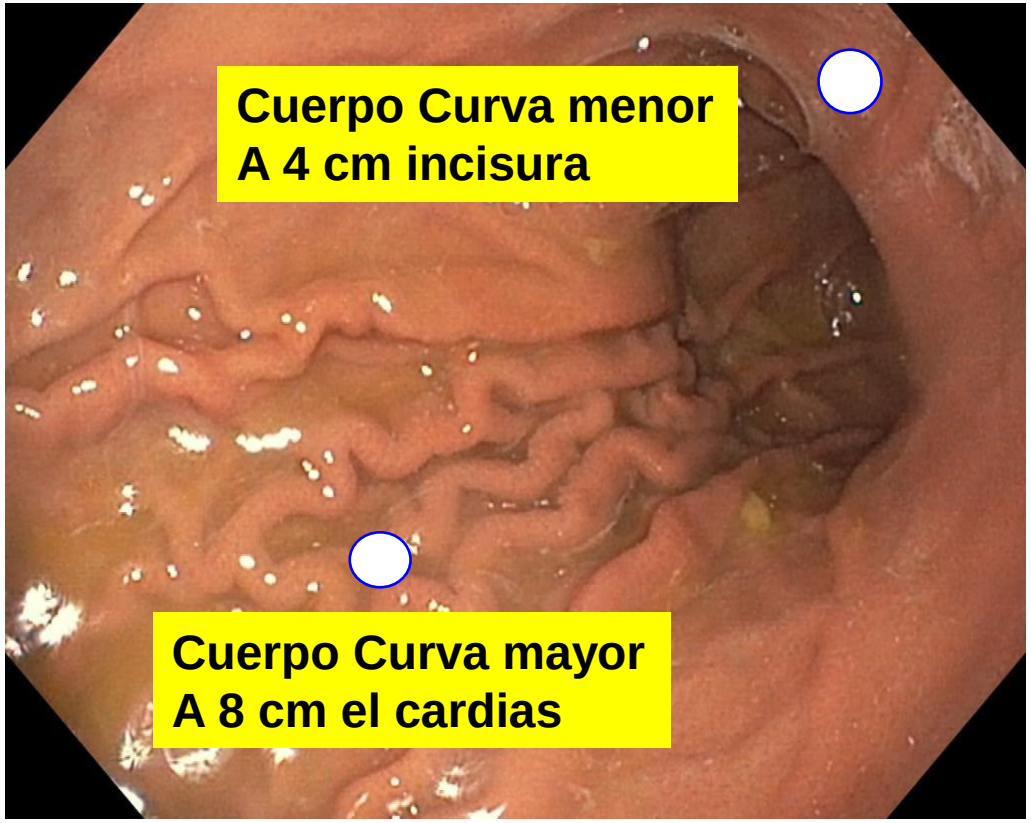
Biopsias Múltiples

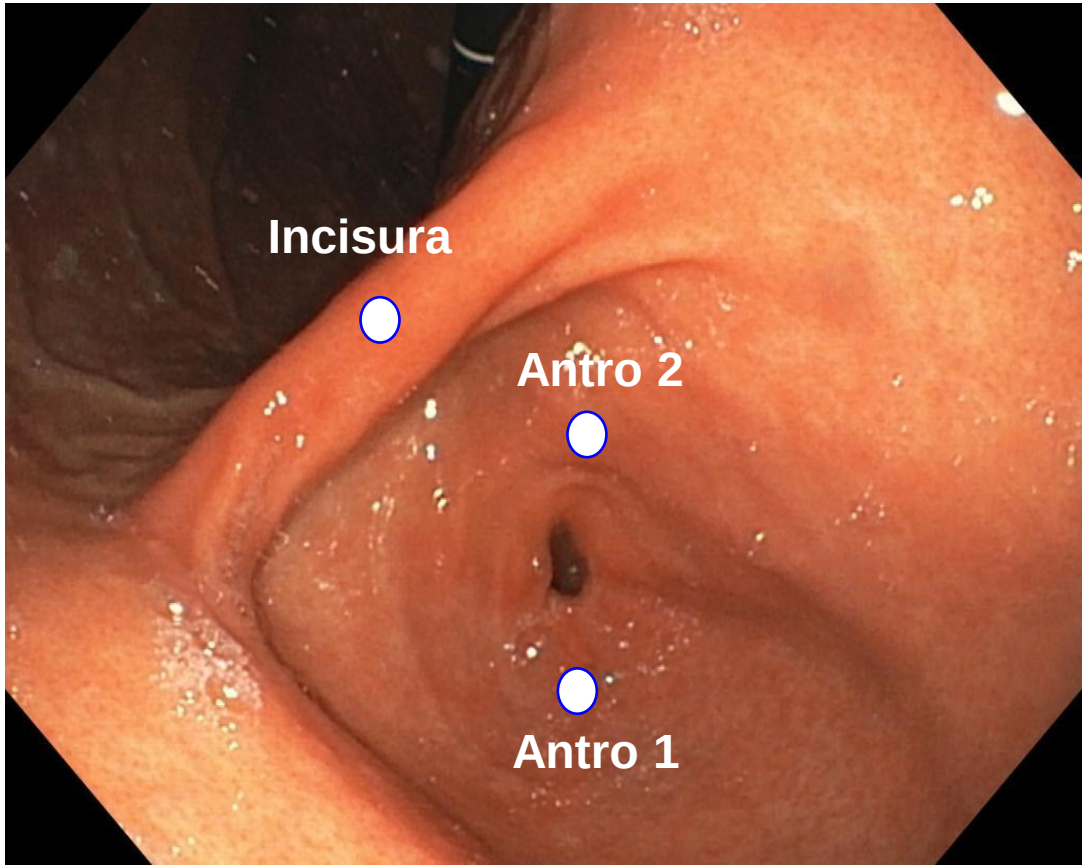
OLGA

OLGIM

Sugano K, Consenso Kyoto Gut. 2015;64:1353-67
Mafertheiner P, Maastricht V. Gut 2017;66:6-30.
Pimentel-Nunes P, Endoscopy 2019;51:365-88

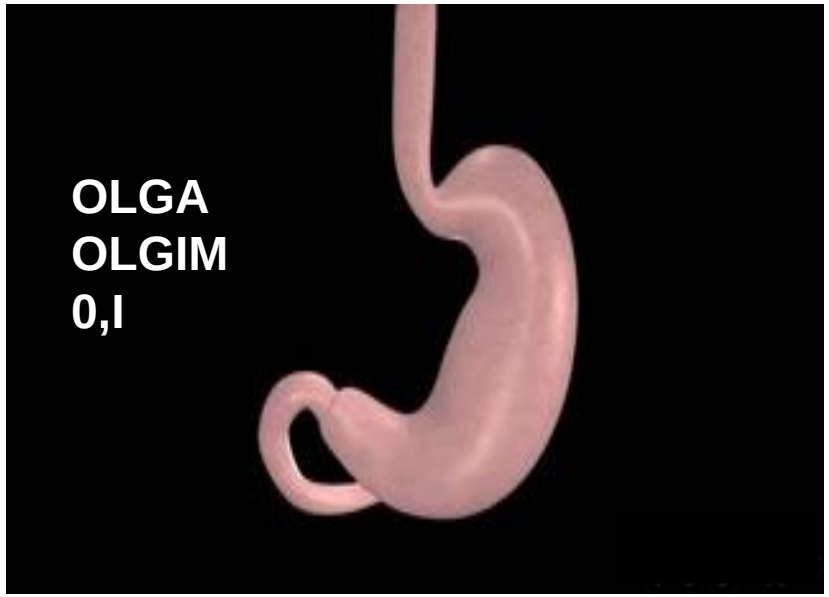
Sídney

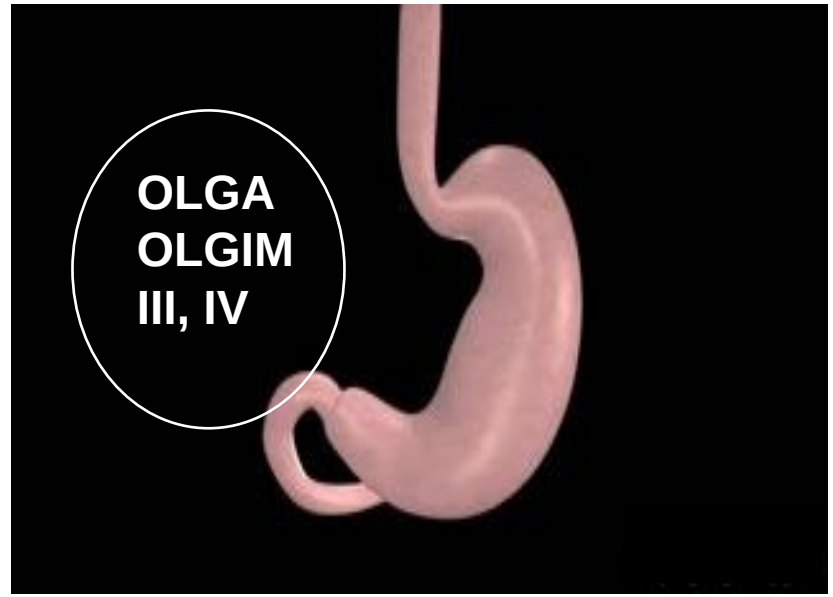




William Otero

Estratificación de la atrofia o MI Identificar el “Estómago premaligno”





Sugano K, Gut 2015;64:1353-67
Take S, J Gastroenterol 2020;55:281-8
Malfertheiner P, Maastricht VI. Gut 2022 Online agosto 15

Endoscopia Digestiva Alta
Además de identificar lesiones

Se debe estratificar el riesgo de Cáncer Gástrico

Kuito 2015
Maastricht 2017

Guía de práctica clínica para el diagnóstico y tratamiento de la dispepsia en adultos

Clinical Practice Guideline for the diagnosis and treatment of Dyspepsia in adults

Luis Fernando Pineda, MD,[1] Martha C. Rosas, MD,[2] Marcela Torres Amaya, QF,[3] Álvaro Rodríguez, MD,[4] Adán Luque, MD,[5] Fabián Agudelo, MD,[6] Óscar Angarita, MD,[7] Roberto Rodríguez, MD,[8] Marcelo Hurtado, MD,[9] Rodrigo Pardo, MD,[10] William Otero R., MD,[11] Luis Sabbagh, MD.[12]

Pineda LF, Rev Col Gastroenterol 2015;30 (Supl 1):9-16

FARINGE: Se explora cuidadosamente faringe e hipofaringe sin evidencia de cuerpo extraño.

ESOFAGO: Calibre normal, mucosa sana hasta tercio distal. Unión esófago-gástrica: Línea Z a 38 cms de las arcadas dentarias con hiato al mismo nivel.

ESTOMAGO: Explorado hasta píloro incluyendo retrovisión para pequeña curva y fondo gástrico con unión gastroesofágica tipo I de la clasificación de Hill. Paredes elásticas, lago gástrico mucoso claro. La mucosa de fondo y cuerpo es normal. La mucosa de antro muestra signos de inflamación de aspecto erosivo, hacia curvatura menor se observó úlcera de aprox. 5mm de diámetro cubierta por fibrina. Se toman bx.

PILORO: Central y permeable.

DUODENO: Explorado hasta segunda porción normal.

DIAGNÓSTICO ENDOSCÓPICO:
1-. GASTROPATIA ANTRAL EROSIVA
2-. ULCERA ANTRAL FORREST III
3-. NO SE OBSERVÓ CUERPO EXTRAÑO

BIOPSIA: FcoNo1: úlcera antral.

Se recomienda manejo sintomático con Strepsils cada 8 horas por 3 días e ingesta de abundantes líquidos fríos. En caso de persistir con dolor intenso, vómito, fiebre o sangrado, por favor acudir por urgencias de su EPS.

DESCRIPCIÓN MACROSCÓPICA:

Rotulado "ulcera antral" Se reciben 3 fragmentos de tejido irregular que miden el mayor de 0.5x0.3 cm y el menor de 0.3x0.2 cm. Se procesa todo.

DESCRIPCIÓN MICROSCÓPICA:

Los cortes muestran mucosa gástrica antral con moderado infiltrado crónico de linfocitos, sin actividad, con metaplasia intestinal incompleta en el 50%, no hay presencia de bacilos tipo Helicobacter Pylori, sin displasia,

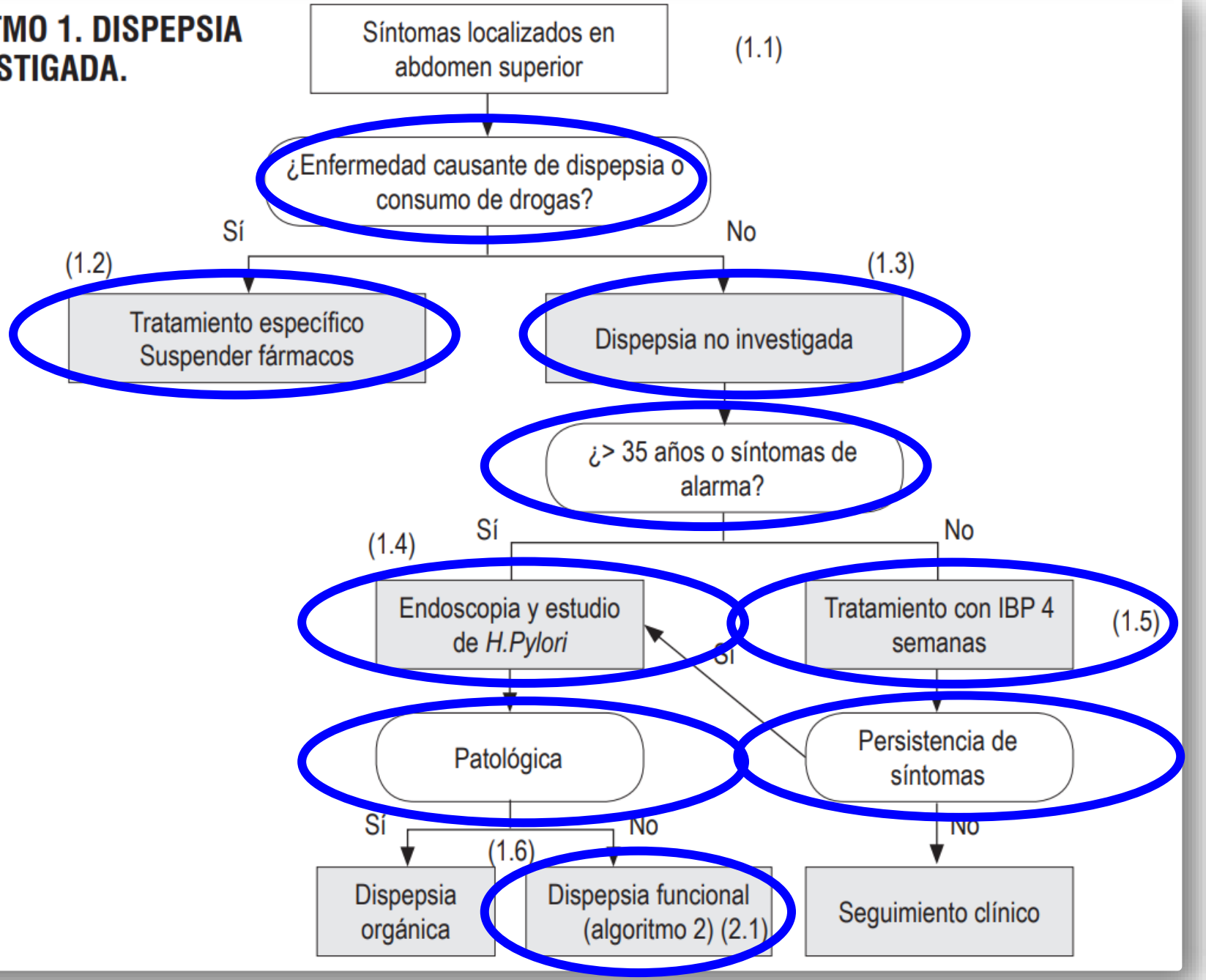
DIAGNOSTICO:

ULCERA ANTRAL, BIOPSIA
- GASTRITIS CRÓNICA ANTRAL ATRÓFICA MODERADA SIN ACTIVIDAD, CON METAPLASIA INTESTINAL INCOMPLETA EN EL 50% SIN DISPLASIA
- HELICOBACTER PYLORY NO EVIDENTE.
- SCORE 3
- OLGA 3
- CAMBIOS EPITELIALES REPARATIVOS ASOCIADOS A ULCERA.

OLGA ?
5 biopsias

H.pylori ?

ALGORITMO 1. DISPEPSIA NO INVESTIGADA.

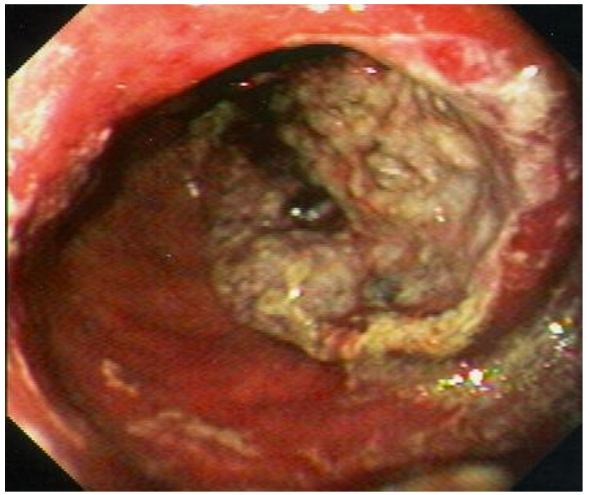


Pineda LF, Rev Col Gastroenterol 2015;30 (Supl 1):9-16

Mensajes para la casa

Enfoque de DNI depende de cada paìs
Colombia Endoscopia ≥ 35 años
Jòvenes que sin respuesta terapia empirica Endoscopia
Sintomas de alarma a cualquier edad Endoscopia
En Endoscopia investigar H.pylori y estòmago premaligno
OLGA/OLGIM Vigilancia personalizada
Dispepsia funcional erradicar Hp, IBP, triciclicos

$US



Menos cáncer gástrico

2° Tecnofarma Adium 2023 Summit

Muchas gracias!

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Muchas gracias!

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