Montería agosto 6,2021

Dispepsia: Milenariamente mal
Llamada gastritis crónica

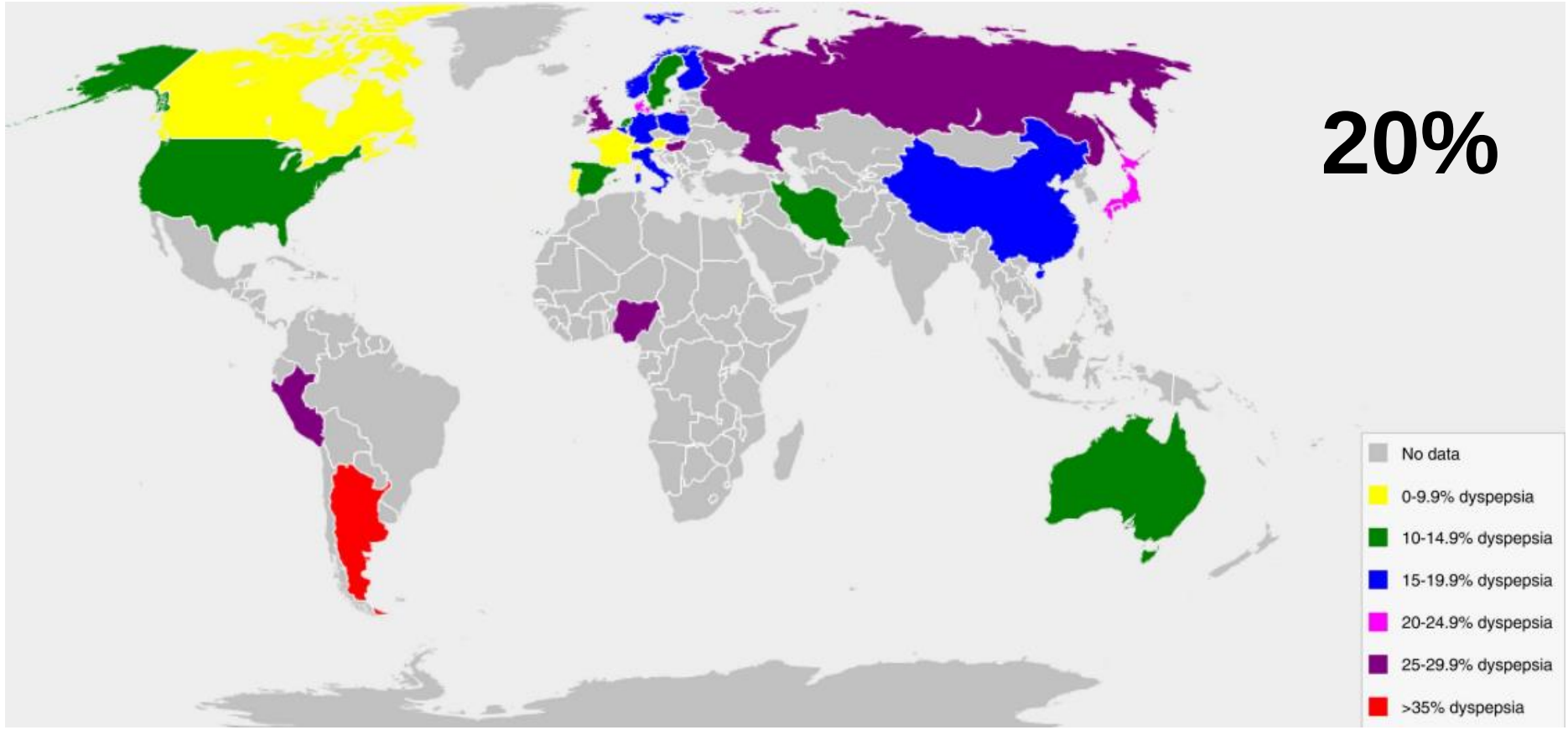
William Otero Regino MD, FAGA, FACP
Profesor Titular de Medicina
Unidad de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia

Dispepsia

Dolor en el epigastrio 1 mes de evolución
Con o sin llenura precoz, Náuseas,
vómito, malestar epigástrico o pirosis

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

Dispepsia No investigada
Dolor o malestar



20%

Ford AC, et al. Gut 2015;64:1049–1057

Dispepsia no Invstigada

Enfermedad seria

Costo/ Efectiva

Dispepsia no Investigada

Excelente historia clínica

Examen físico: NORMAL

Ocasionalmente dolor epigástrico

Laboratorios de rutina: Valor no validado

- **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

Dispepsia No investigada

Secundaria a patologías definidas

Esofagitis erosiva	13%
Úlcera péptica	8%
Cáncer gástrico,	<1%
Cáncer esofágico	0.3%
Helicobacter pylori	*5%*
Enfermedad de Crohn	
Giardias, Strongyloides	
AINES, Macrólidos	
Enfermedad celiaca	
Gastroparesia	
Hepatocarcinoma	
Cáncer páncreas	
Pancreatitis crónica	

Funcional 70-80%

Ford AC, Lancet. 2020;396:1689-1702
Black CJ, Ther Adv Gastroenterol 2019;11:1-7

Cancer gastrico y endoscopia

Endoscopia cuándo?

Depende de la epidemiologia local del Cáncer gástrico

Dispepsia endoscopia digestiva alta

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

Moayyedi P, AJG 2017; 112:988–1013

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

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

Endoscopia digestiva alta Imprescindible

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

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

Dispepsia 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

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 Wal

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

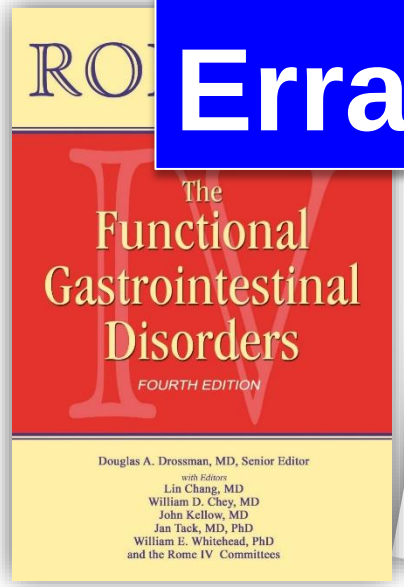
Review

Clinical Practice Guidelines for Functional

Un Eur

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

Dispepsia funcional, síntomas cardinales

Llenura precoz

Ardor

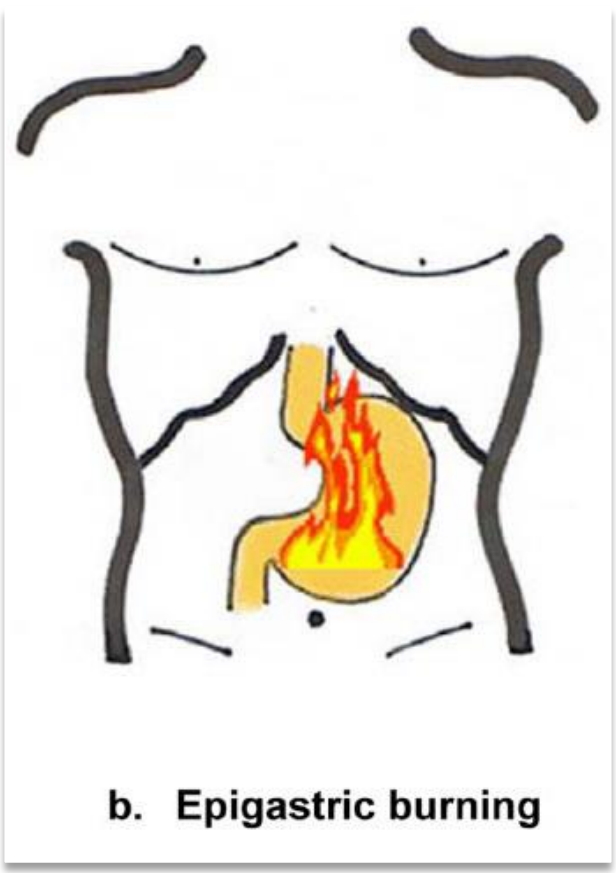
Dolor

Llenura posprandial

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

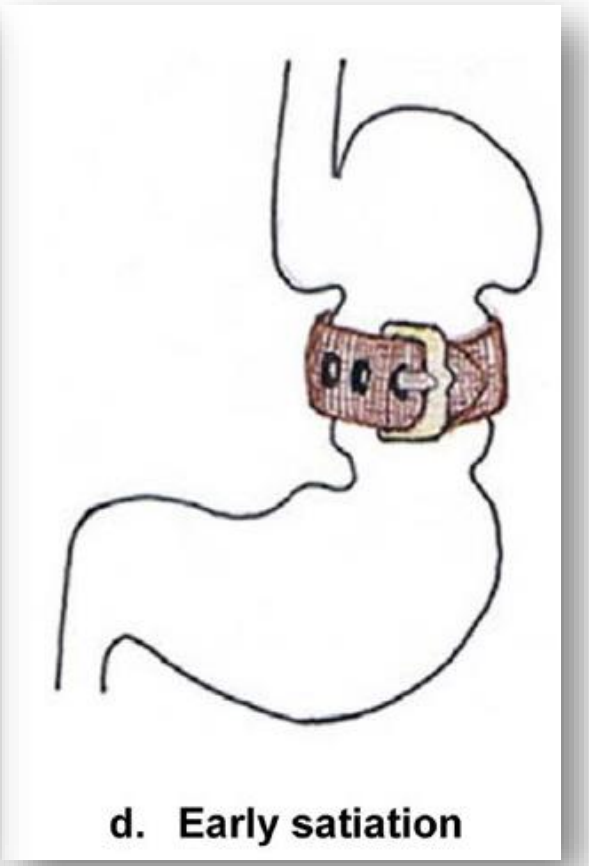
Síntomas cardinales de dispepsia funcional

a. Epigastric pain



b. Epigastric burning

c. Postprandial fullness

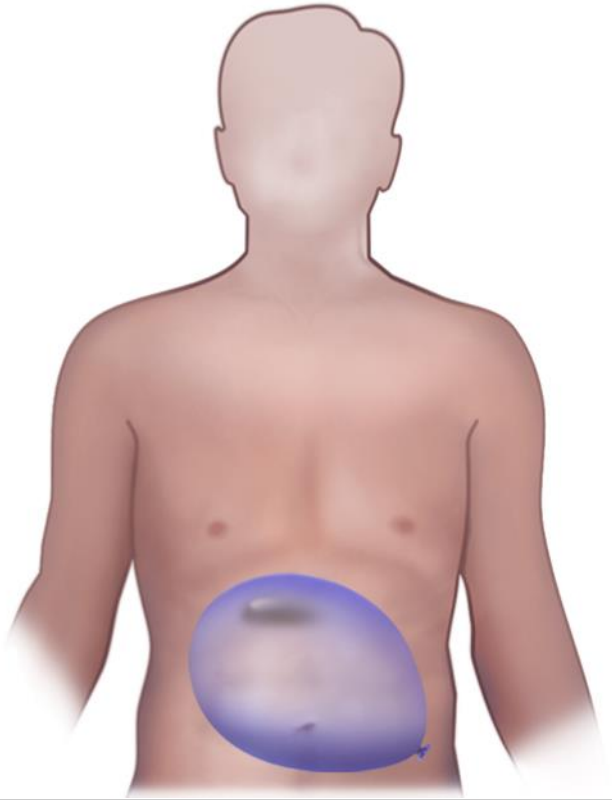


d. Early satiation

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

Dispepsia funcional 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

Dispepsia funcional

Llenura Precoz

Llenura Posprandial

Perdida de peso

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

DF. Fisiopatología

90% ***Gastroenteritis Aguda***

Helicobacter pylori 81%

93% ***Hipersensibilidad Visceral***

Vaciamiento Demorado 93%

93% ***Procesamiento central Alterado***

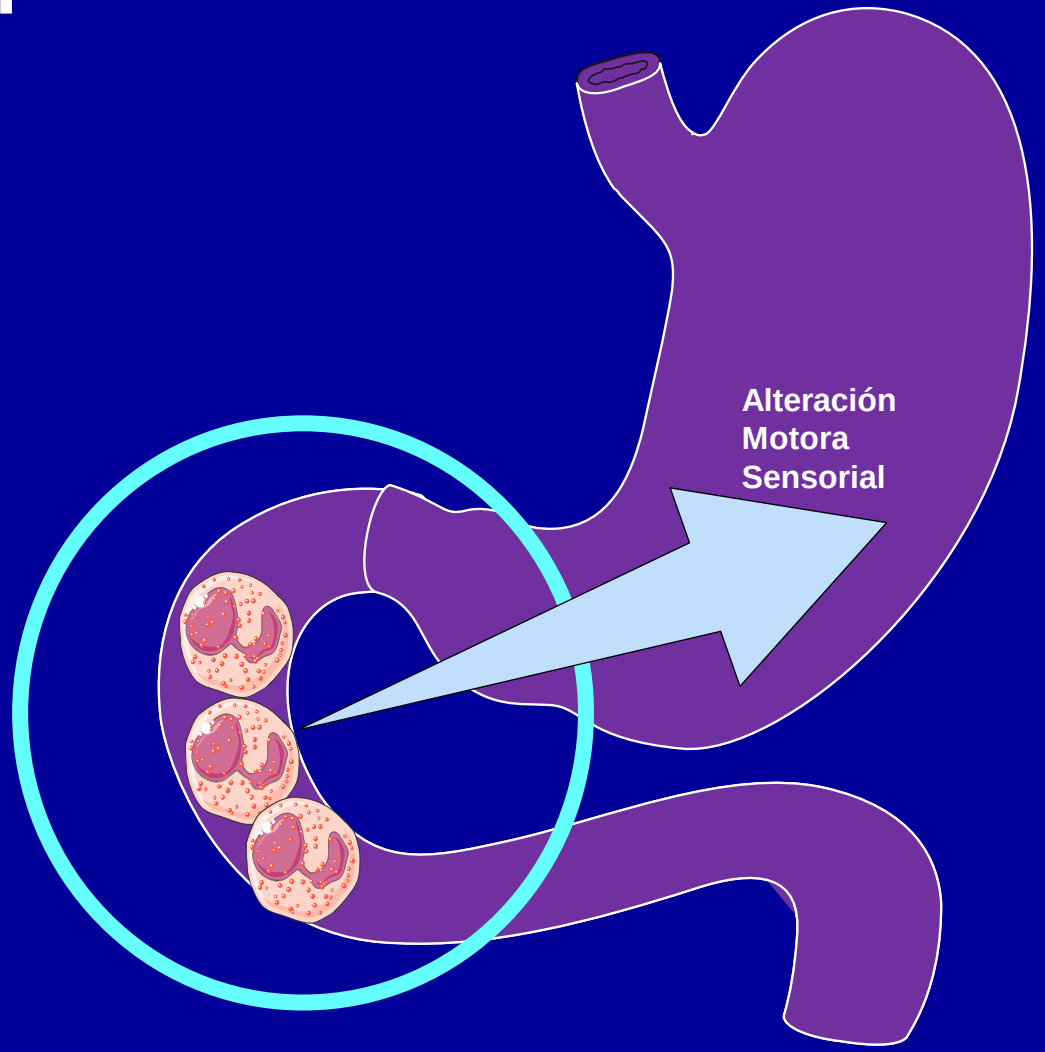
Alteración Acomodación 93%

83% ***Sexo Femenino***

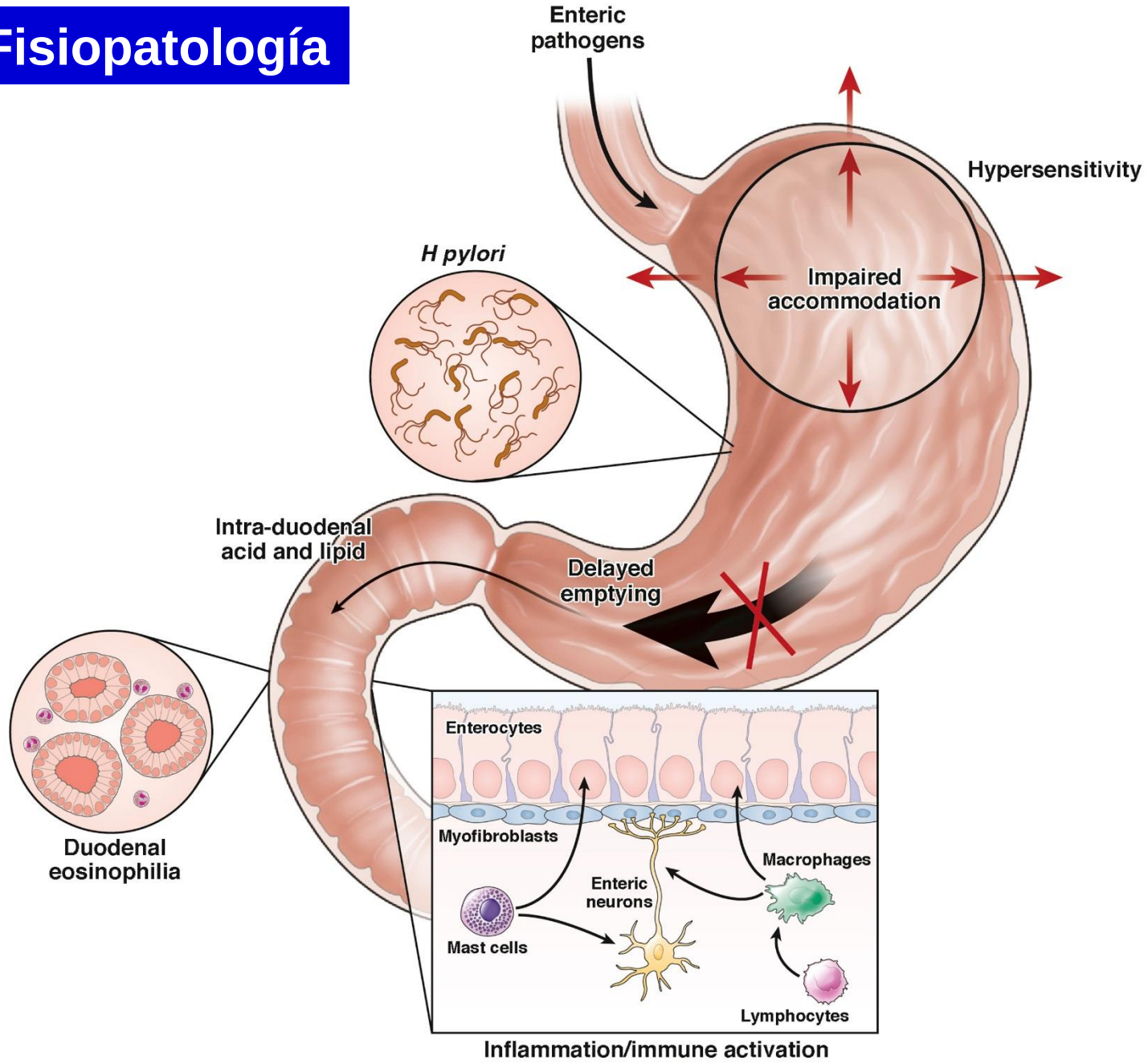
83% ***Ansiedad***

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

Dispepsia Funcional



DF, Fisiopatología



Talley NJ, 2010

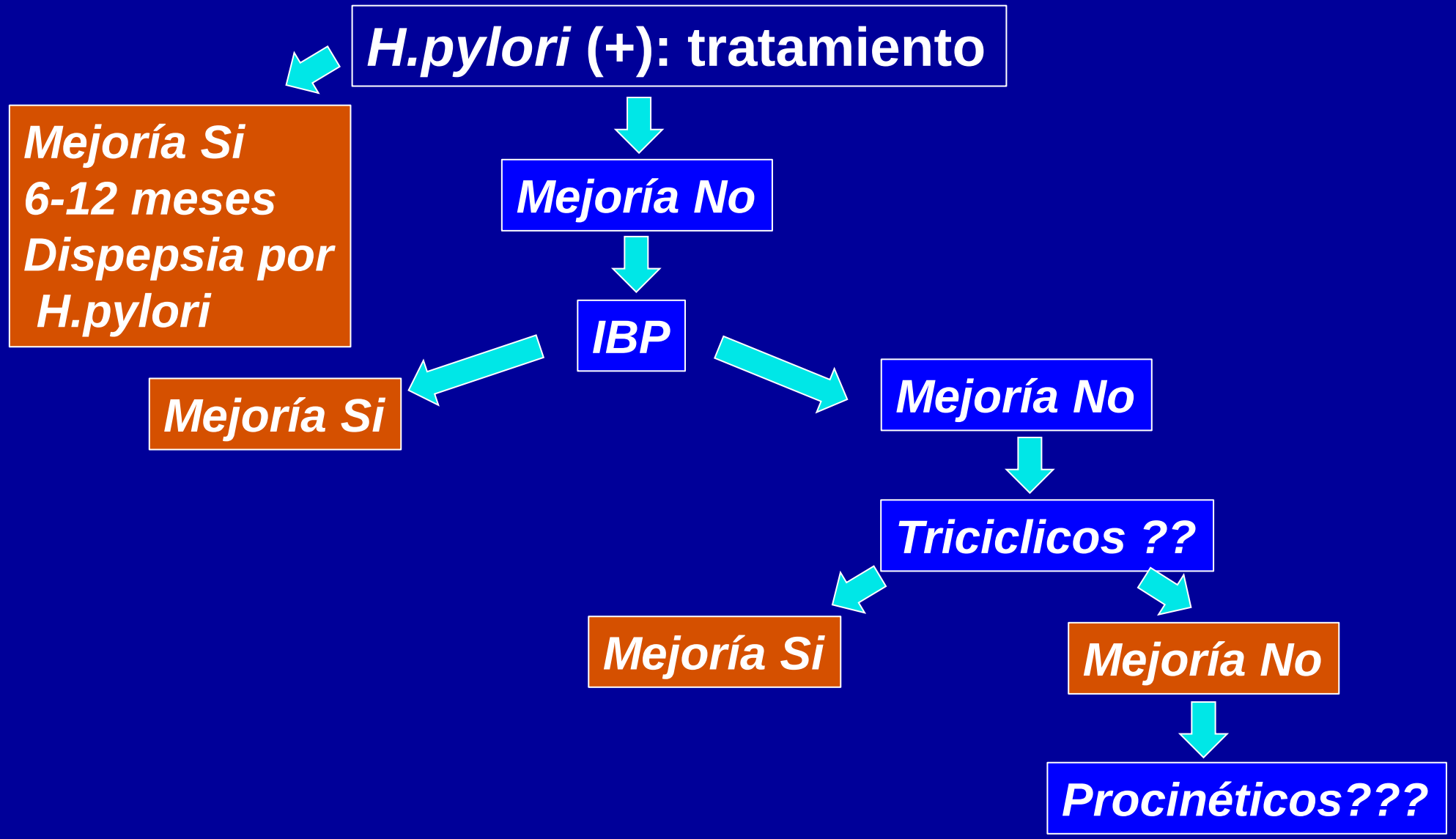
Koduru P, Clin Gastroenterol Hepatol **2018 ;16: 467-479**

Dispepsia funcional
Tratamiento

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



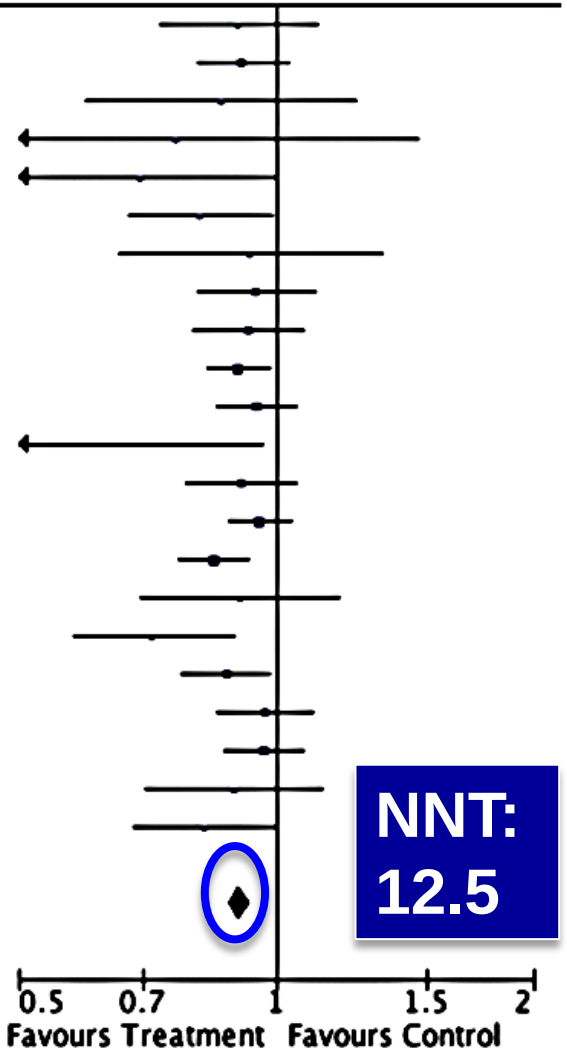
Moayyedi PM, Am J Gastroenterol 2017; 112:988–1013
Ford AC, APT 2021 Julio 30.

Erradicación *H.pylori* vs placebo

Study or Subgroup	Treatment Events	Total	Control Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Ang 2006	49	71	45	59	2.1%	0.90 [0.73, 1.12]
Blum (OCAY) 1998	119	164	130	164	6.2%	0.92 [0.81, 1.03]
Froehlich 2001	31	74	34	70	0.7%	0.86 [0.60, 1.24]
Gisbert 2004	13	34	8	16	0.2%	0.76 [0.40, 1.46]
Gonzalez Carro 2004	22	47	31	46	0.7%	0.69 [0.48, 1.00]
Gwee 2009	31	41	38	41	2.5%	0.82 [0.67, 0.99]
Hsu 2001	34	81	36	80	0.8%	0.93 [0.66, 1.33]
Koelz 2003	67	89	73	92	3.7%	0.95 [0.81, 1.11]
Koskenpato 2001	61	77	63	74	4.2%	0.93 [0.80, 1.08]
Lan 2011	86	98	94	97	13.9%	0.91 [0.83, 0.98]
Malfertheiner 2003	338	534	177	266	8.2%	0.95 [0.85, 1.06]
Martinek 2005	5	20	12	20	0.1%	0.42 [0.18, 0.96]
Mazzoleni 2006	39	46	40	43	4.3%	0.91 [0.79, 1.06]
Mazzoleni 2011	166	201	175	203	13.3%	0.96 [0.88, 1.04]
McColl 1998	121	154	143	154	10.7%	0.85 [0.77, 0.93]
Miwa 2000	33	48	28	37	1.3%	0.91 [0.70, 1.18]
Ruiz 2005	46	79	64	79	2.0%	0.72 [0.58, 0.89]
Sodhi 2013	164	259	188	260	6.6%	0.88 [0.78, 0.99]
Talley (ORCHID) 1999	101	133	111	142	5.6%	0.97 [0.85, 1.11]
Talley (USA) 1999	122	150	120	143	8.5%	0.97 [0.87, 1.08]
van Zanten 2003	45	75	55	82	1.6%	0.89 [0.70, 1.14]
Varannes 2001	74	129	86	124	2.6%	0.83 [0.68, 1.00]
Total (95% CI)		**2604**		**2292**	**100.0%**	**0.91 [0.88, 0.94]**
Total events	1767		1751			

Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 20.50$, df = 21 (P = 0.49); $I^2 = 0\%$

Test for overall effect: Z = 6.20 (P < 0.00001)



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

Erradicación de *H.pylori*

↓

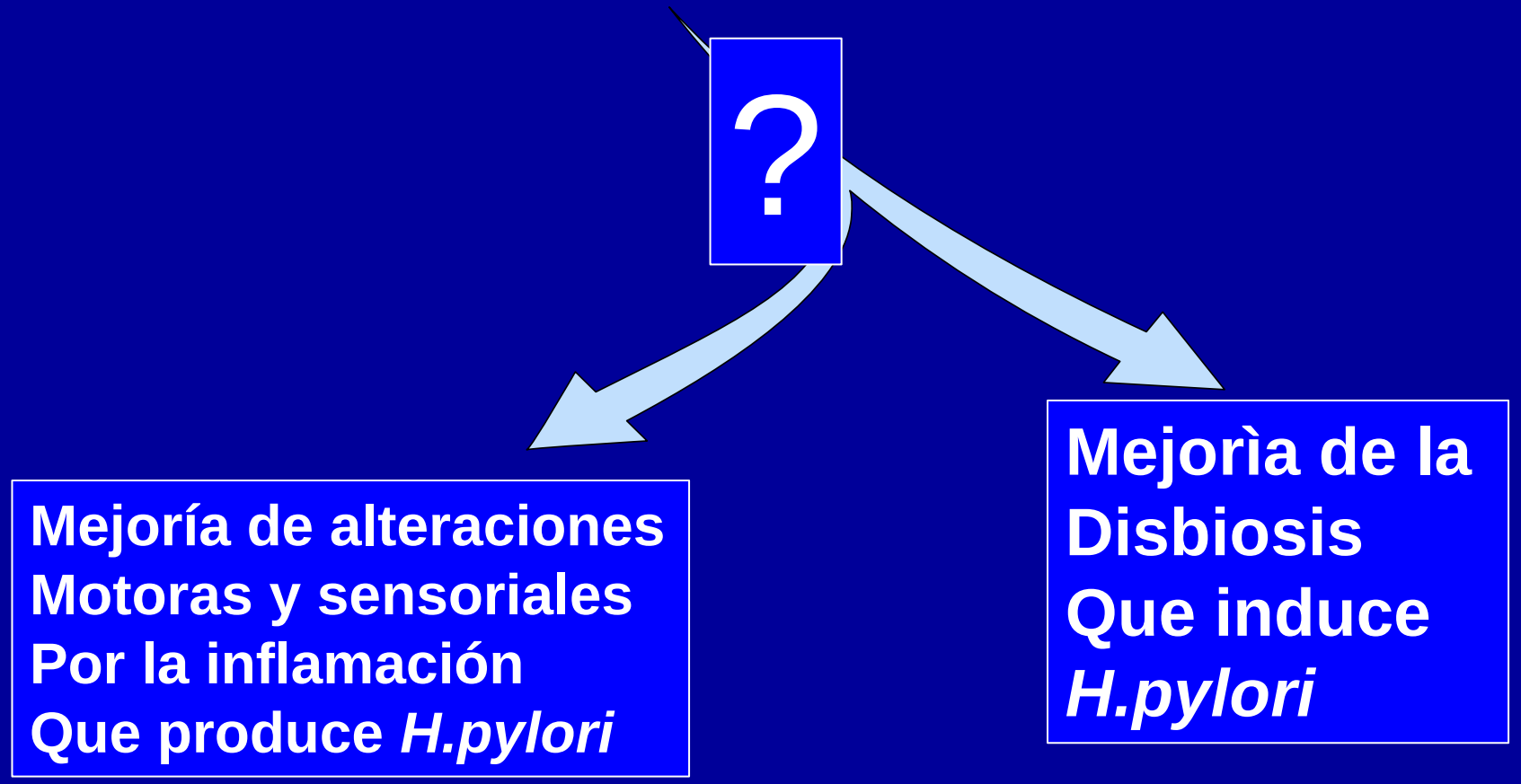
Persistencia de síntomas

↓

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

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

Mejoría por erradicación H.pylori



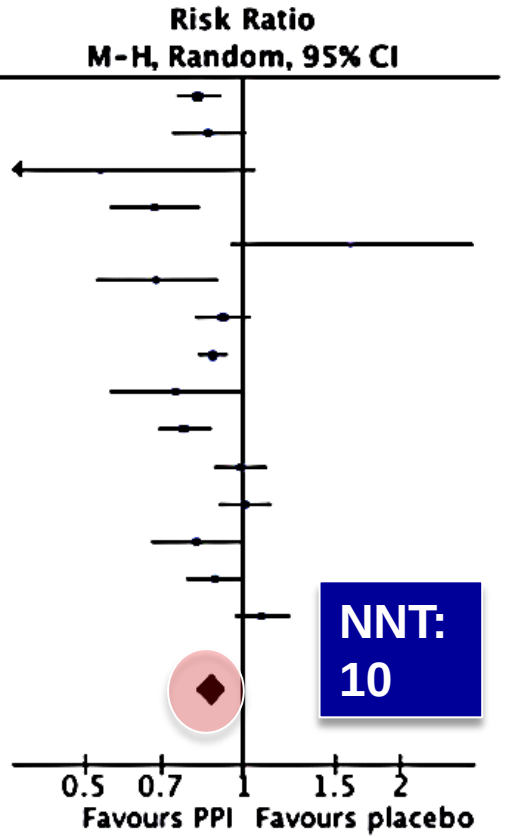
Lúquez A, Otero W, Schmulson M, Rev Gastroenterol Peru. 2019;39:21-6

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 ($P < 0.00001$); $I^2 = 71\%$

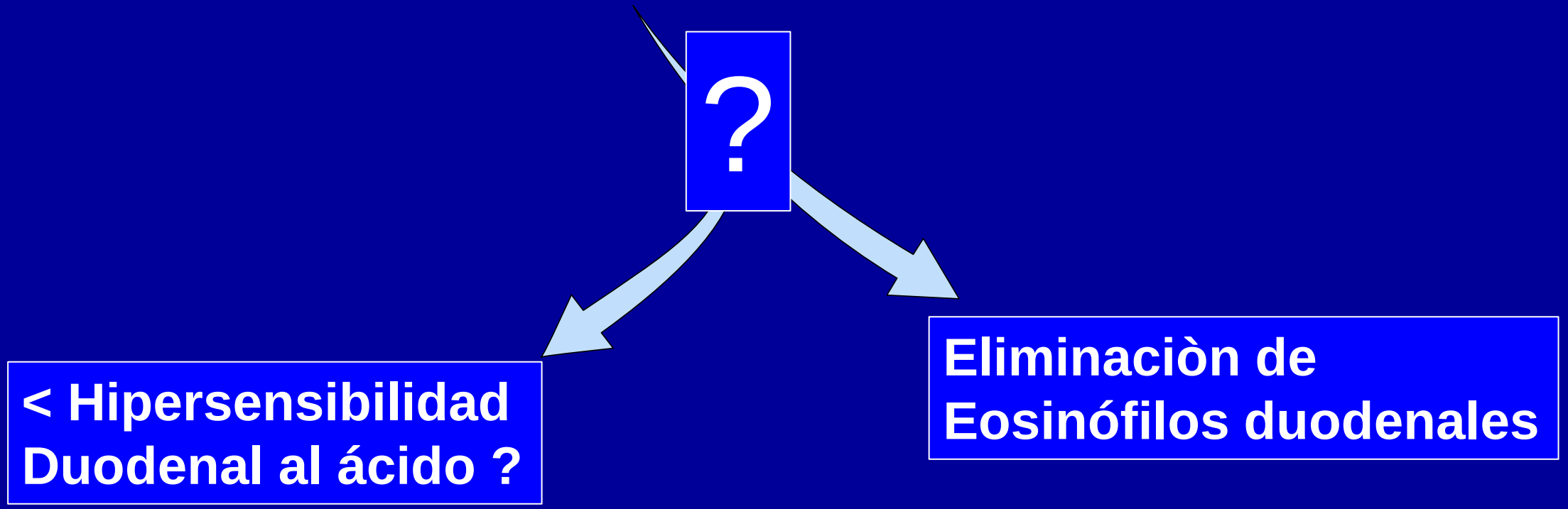
Test for overall effect: Z = 3.87 (P = 0.0001)



El IBP no es permamente!

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

Mejoría con IBP



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

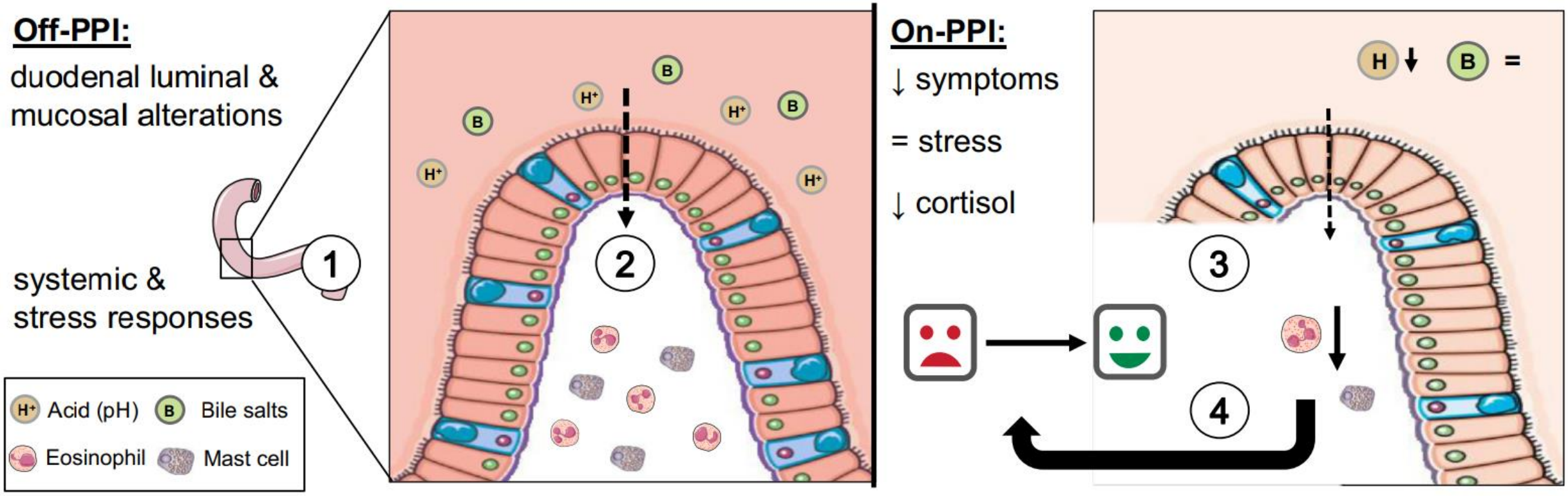
Proton Pump Inhibitors Reduce Duodenal Eosinophilia, Mast Cells, and Permeability in Patients With Functional Dyspepsia

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

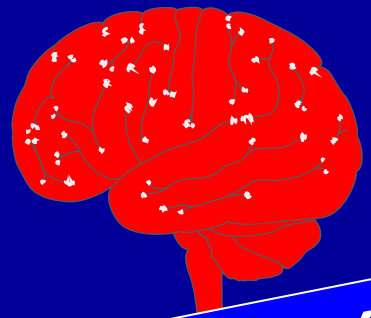
IBP y Dispepsia Funcional



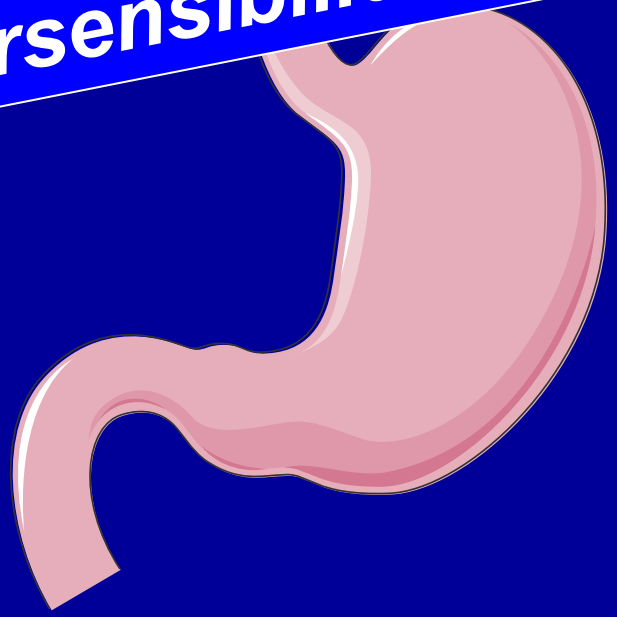
Wauters L, Gastroenterology 2021;160:1521-31

Mejoría por antidepresivos

?



Neuromodulación de la Hipersensibilidad visceral



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

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%

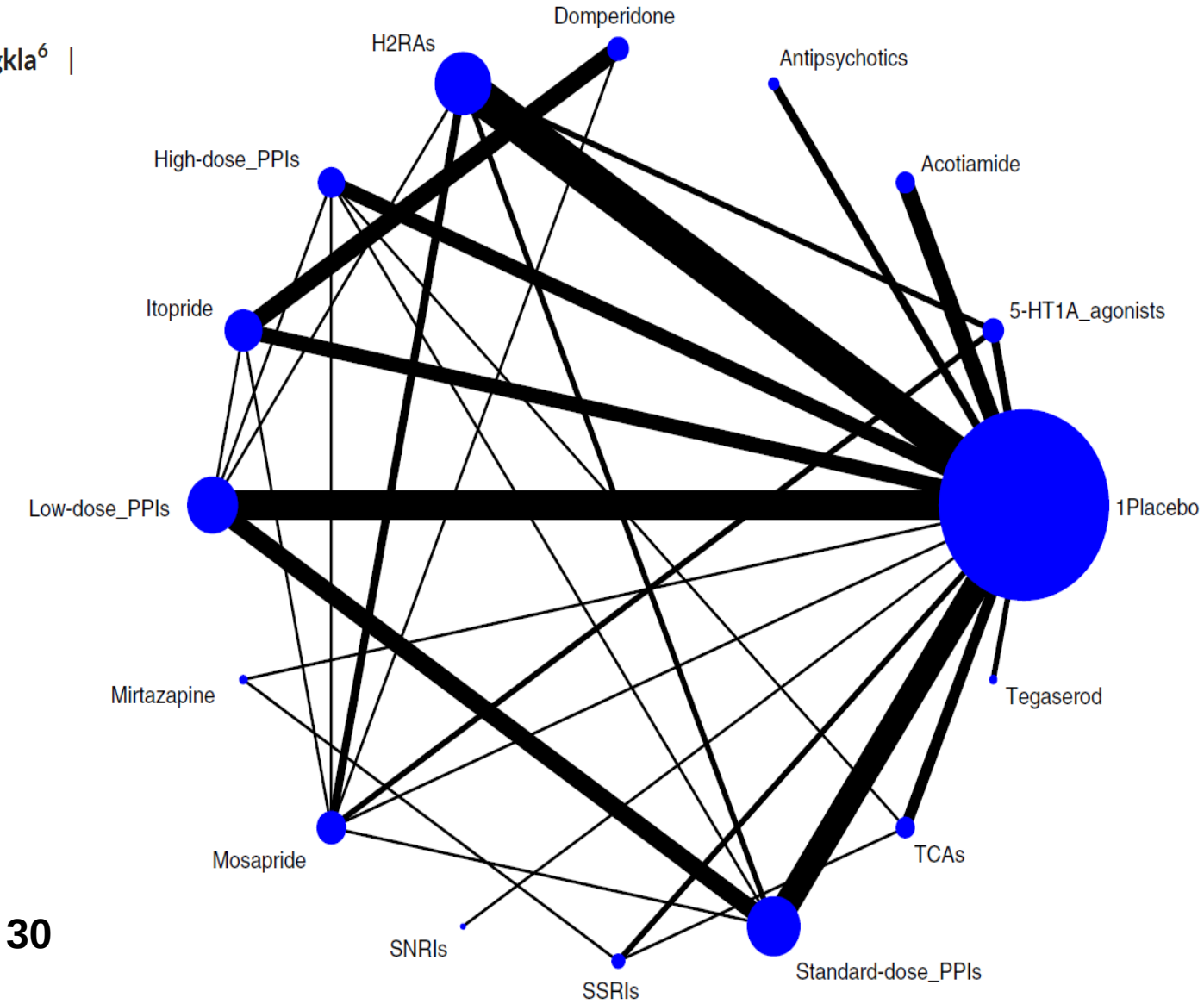
Llenura precoz
Agonista 5HT1 68%

Antidepresivos
Triciclicos 78%

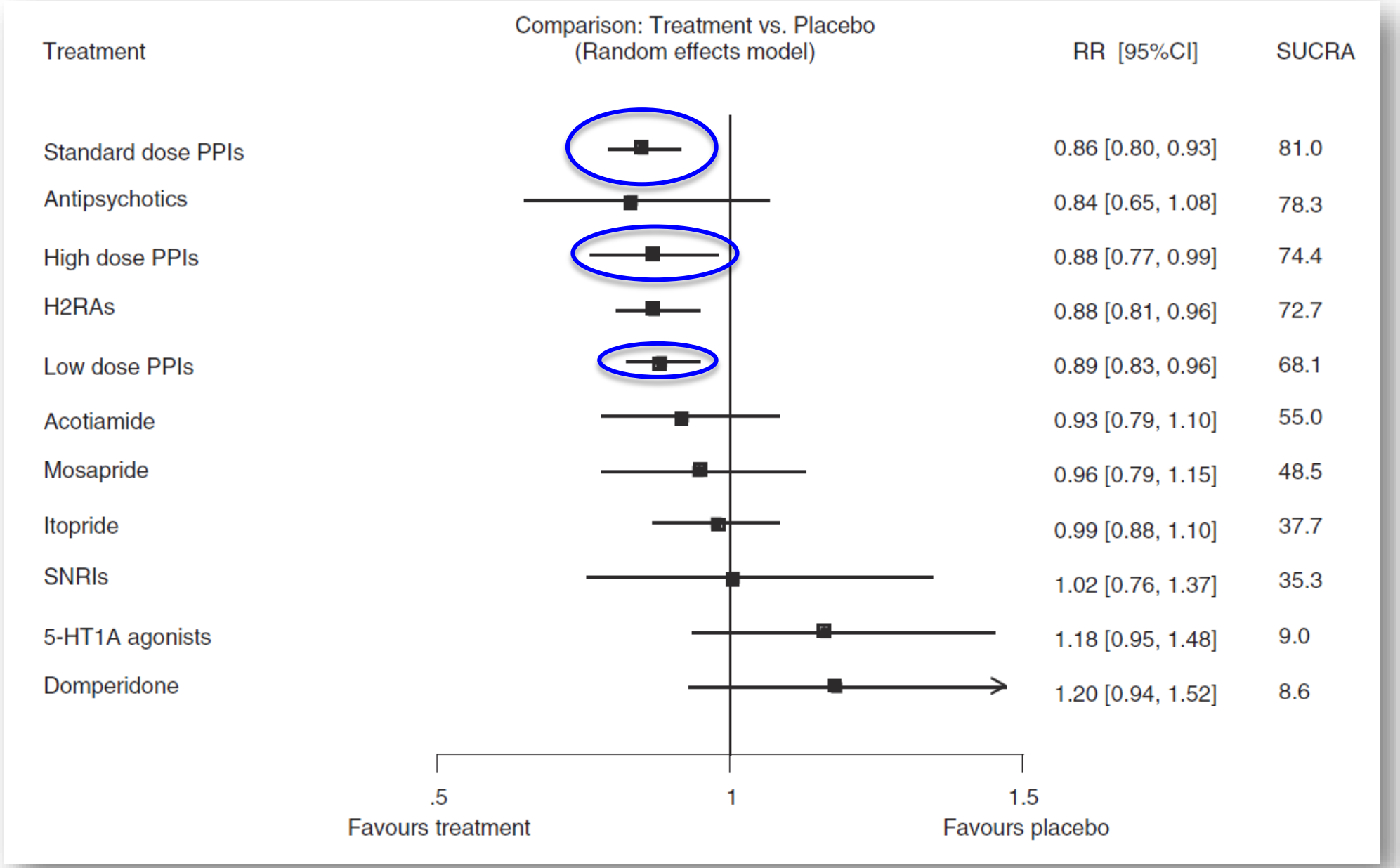
Wauters L, United Eur Gastroenterol J 2021;9:307-331

Systematic review and network meta-analysis: efficacy of drugs for functional dyspepsia

Alexander C. Ford[1,2] | Paul Moayyedi[3] | Christopher J. Black[1,2] | Yuhong Yuan[3] | Sajesh K. Veettil[4] | Sanjiv Mahadeva[5] | Kirati Kengkla[6] | Nathorn Chaiyakunapruk[4] | Yeong Yeh Lee[7,8,9]



Aliment Pharmacol Ther. 2021 Early Rel Julio 30



Ford AC, et al. Aliment Pharmacol Ther. 2020 Early Rel Julio 30

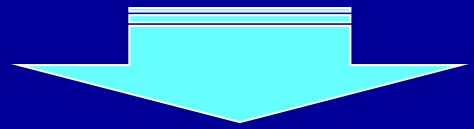
Dispepsia funcional

Enfermedad Ácido péptica

No es

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

Endoscopia de rutina

Investigar *Helicobacter pylori* (+) erradicar

Estratificar el riesgo para cáncer Gástrico

Biopsias Múltiples

OLGA

OLGIM

No hay dicotomía Son complementarios!

miRNA
RNA cortos no codificantes
Silencian Genes anticáncer
> Expresión oncogenes

Endoscopios avanzados

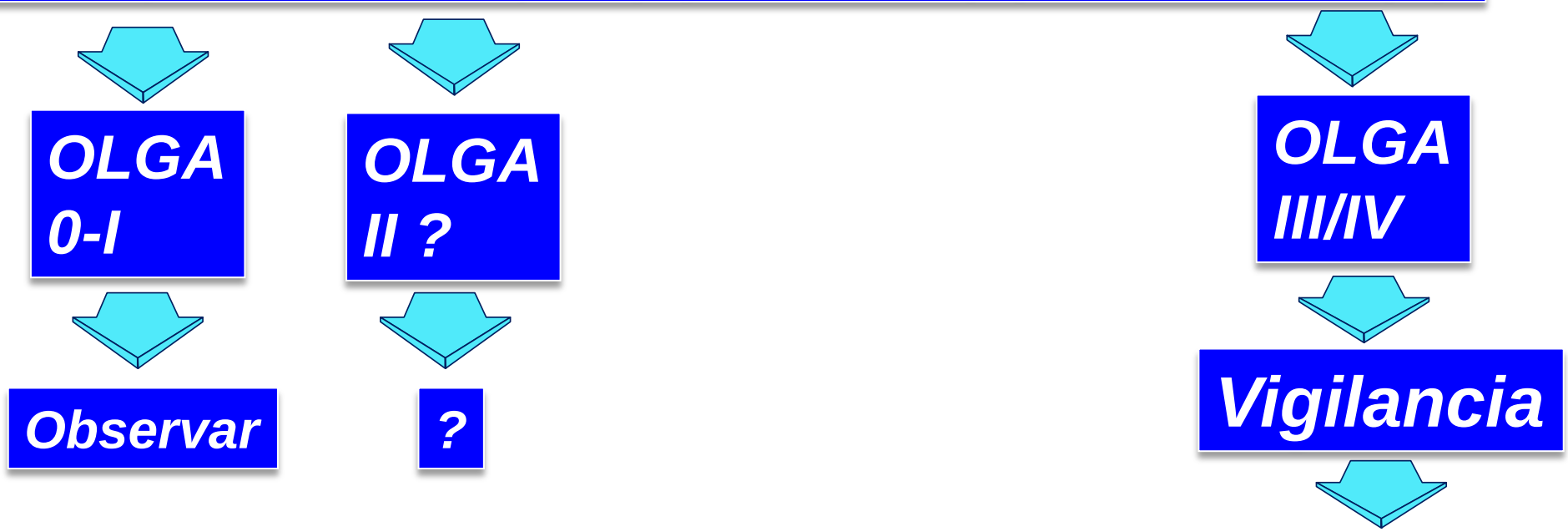
NBI, BLI, CLI
EGGIM

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

Vigilancia
Gastritis crónica
Biopsias

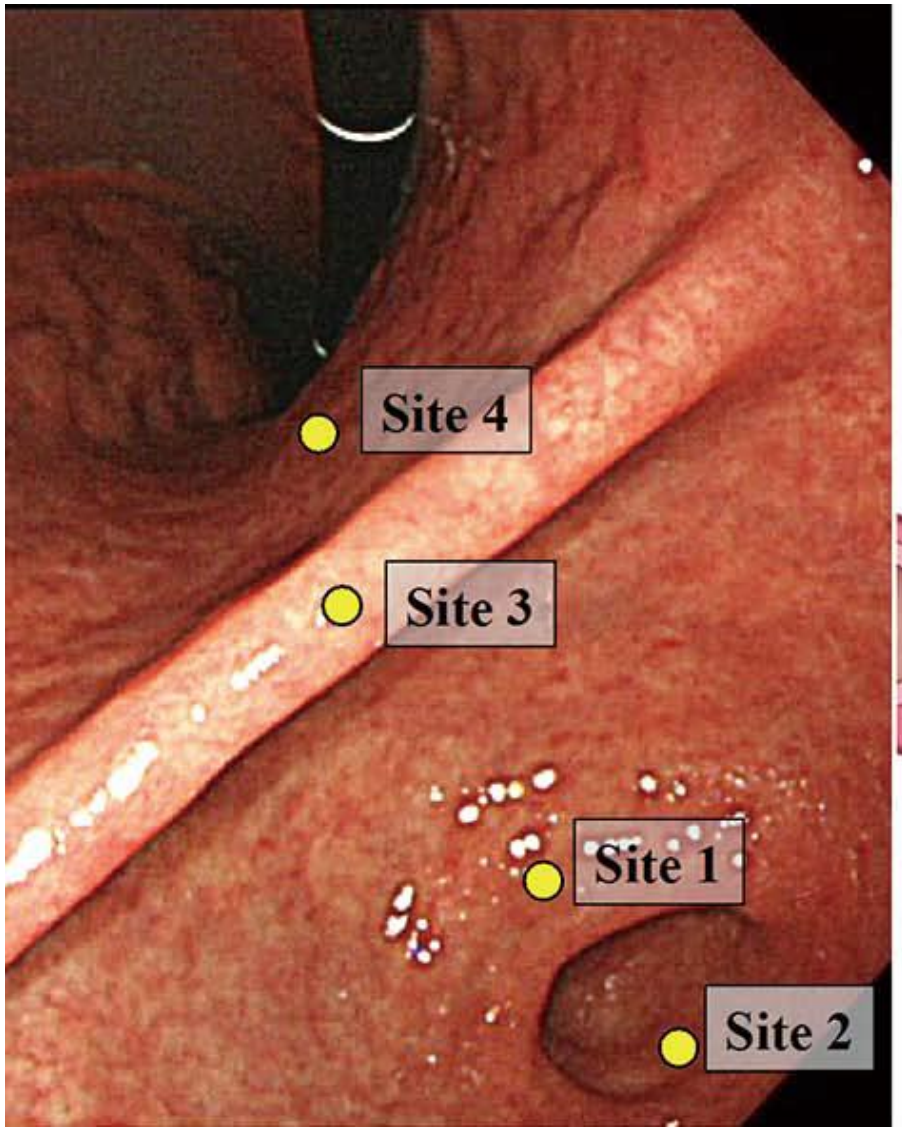
William Otero

Vigilancia de Gastritis Crònica
5 Biopsias: cuerpo (2), Antro (2), Incisura (1)

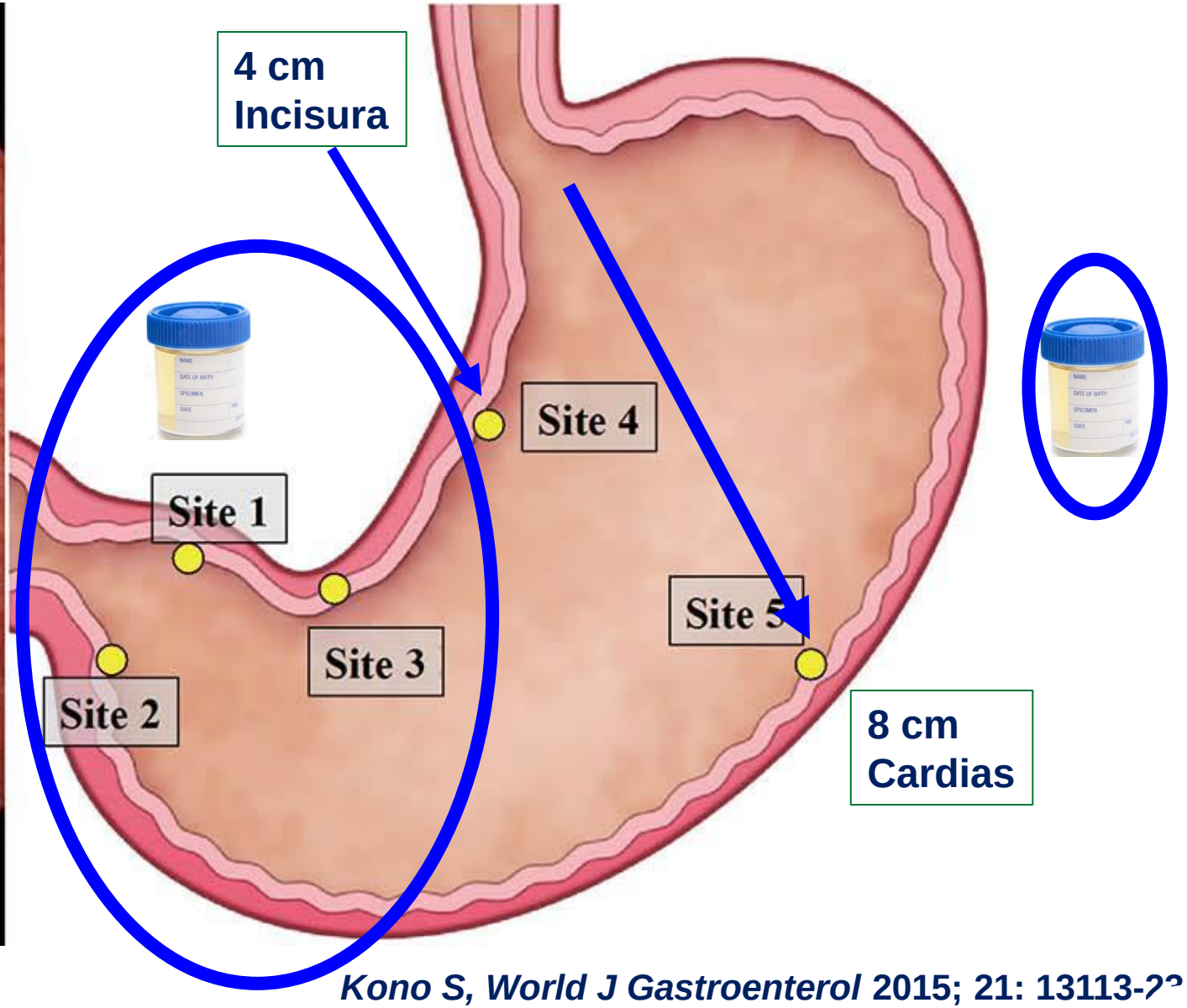


Sugano K, Kyoto Global Consensus. Gut 2015; 64:1353-67
Zagari RM, Dig Liver Dis 2015;903-12
Rollán A, Rev Med Chile 2014;142:1181-92
Yue H, Gastric Cancer 2018;21:579-87
INC Colombia

Biopsias sistema Sídney

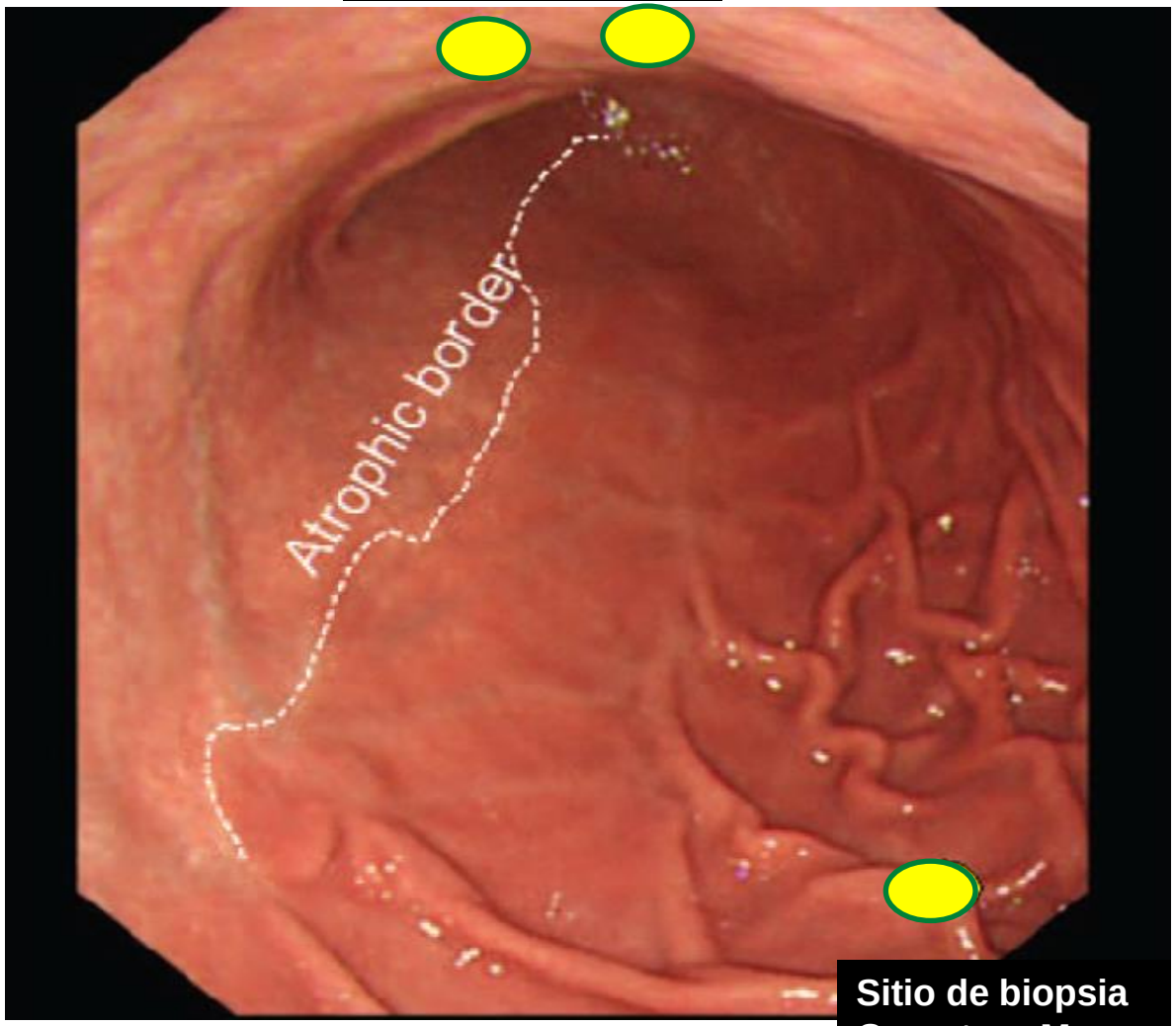


Biopsias No dirigidas



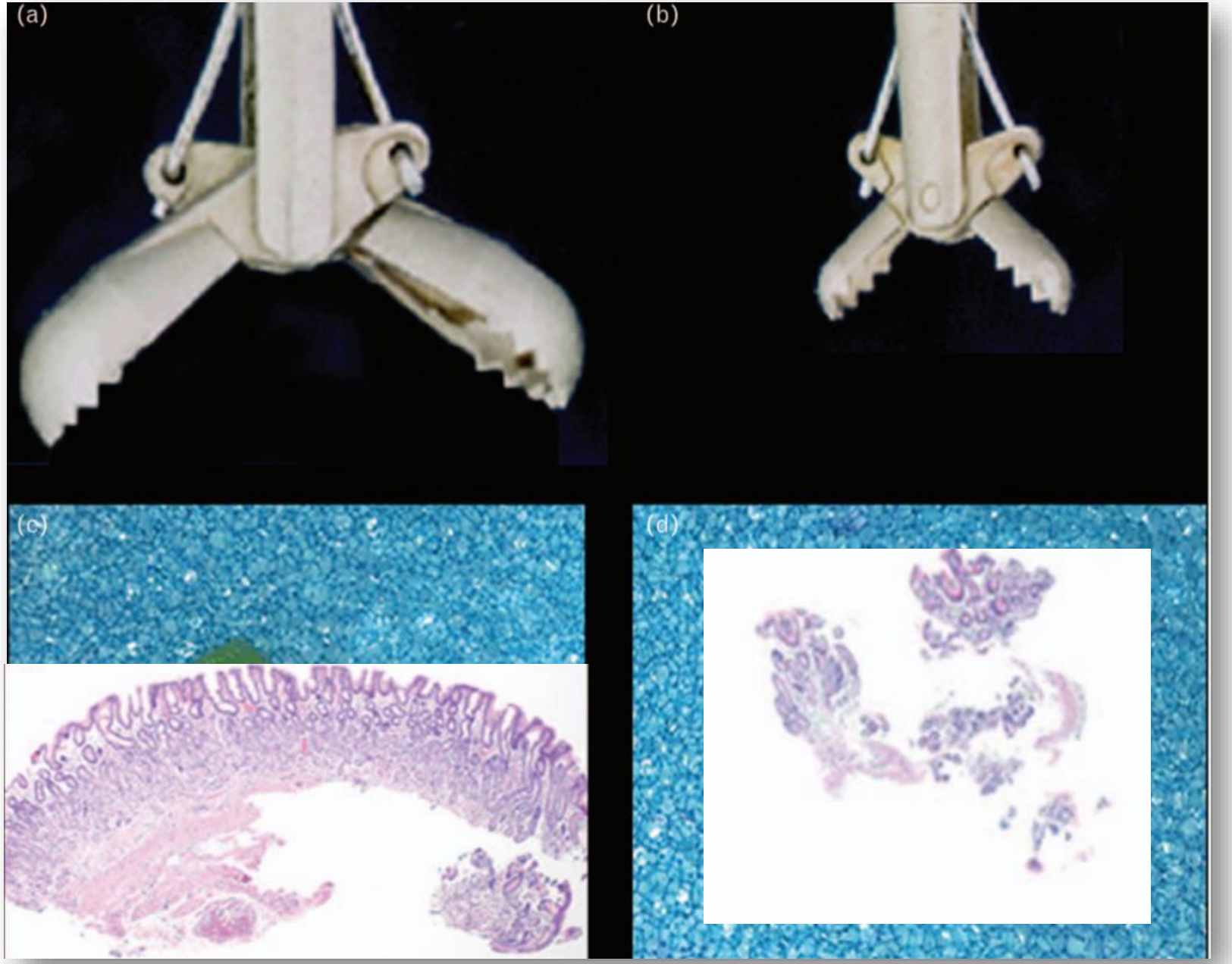
Kono S, World J Gastroenterol 2015; 21: 13113-23

Sitio de biopsia
Curvatura Menor



Sitio de biopsia
Curvatura Mayor

Graham DY, Curr Opin Gastroenterol 2019;35:535–43



Graham DY, Curr Opin Gastroenterol 2019;35:535

Vigilar Gastritis Crónica disminuir Cáncer Gástrico

En esta endoscopia **Usted tiene**
Gastritis con Bajo riesgo de cáncer
Gastritis con alto riesgo de cáncer
Próxima endoscopia
Un año ?, Dos años ? Tres años?

En estas biopsias **usted tiene**
Gastritis con OLGA/OLGIM 0-II
No vigilancia
Gastritis OLGA/OLGIM III-IV
Endoscopia 2 años

Erradicación *H.pylori*

↓

↓ *cáncer gástrico*

Hipotésis comprobada!

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Helicobacter pylori eradication for the prevention of gastric neoplasia (Review)

Ford AC, Yuan Y, Forman D, Hunt R, Moayyedi P.

Helicobacter pylori eradication for the prevention of gastric neoplasia.
Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD005583.

Incidencia

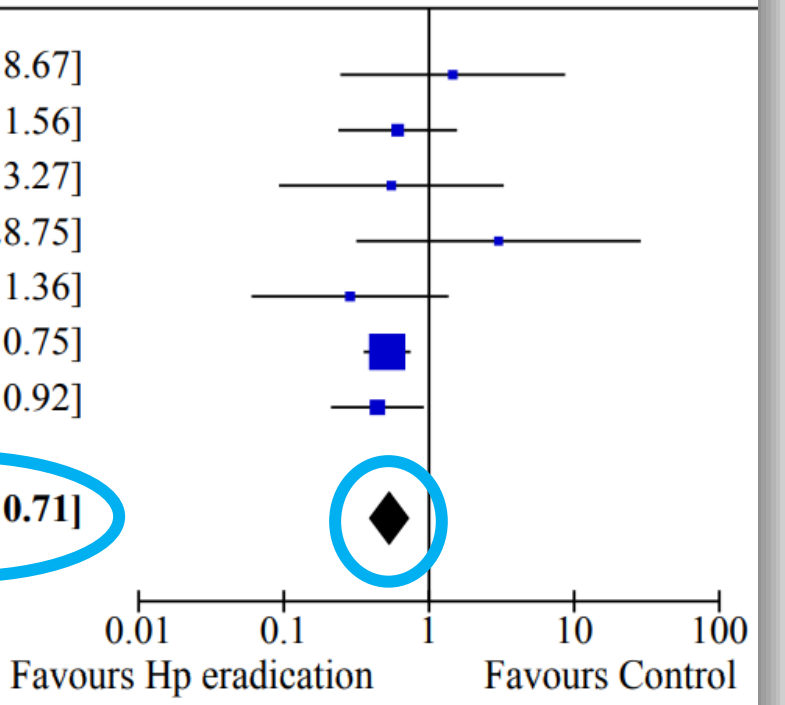
Analysis 1.2. Comparison 1: *H. pylori* eradication vs control - main analyses, Outcome 2: Incidence of gastric cancer - complete case analysis

Study or Subgroup	Hp eradication Events	Hp eradication Total	Control Events	Control Total	Weight	Risk Ratio M-H, Random, 95% CI
Correa 2000-Correa 2001	3	320	2	311	2.8%	1.46 [0.25 , 8.67]
Wong 2004	7	735	11	703	9.9%	0.61 [0.24 , 1.56]
Saito 2005	2	379	3	313	2.8%	0.55 [0.09 , 3.27]
Wong 2012a	3	233	1	234	1.7%	3.01 [0.32 , 28.75]
Leung 2004-Zhou 2014	2	276	7	276	3.6%	0.29 [0.06 , 1.36]
You 2006 - Li 2019	40	1119	78	1123	63.2%	0.51 [0.35 , 0.75]
Choi 2020	10	832	23	844	16.1%	0.44 [0.21 , 0.92]
Total (95% CI)		**3894**		**3804**	**100.0%**	**0.53 [0.40 , 0.71]**
Total events:	67		125			

Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 4.47$, $df = 6$ ($P = 0.61$); $I^2 = 0\%$

Test for overall effect: $Z = 4.19$ ($P < 0.0001$)

Test for subgroup differences: Not applicable



Ford AC, Yuan Y, Forman D, Hunt R, Moayyedi P.
Helicobacter pylori eradication for the prevention of gastric neoplasia.
Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD005583.

Muerte

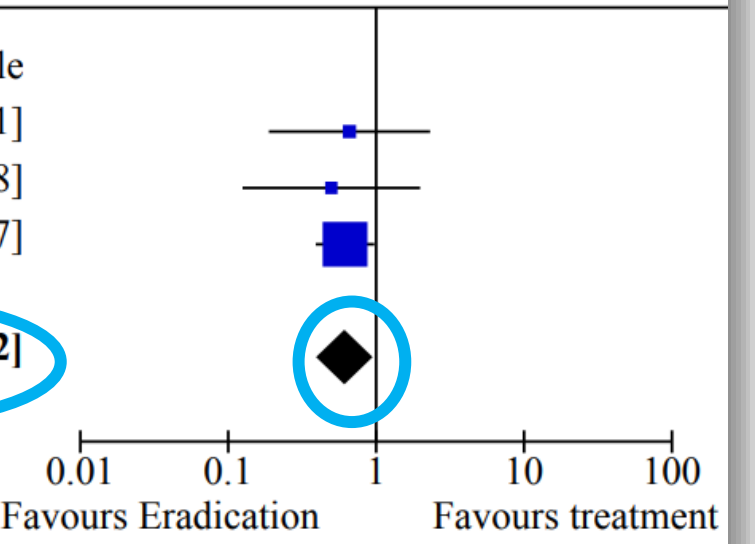
Analysis 1.3. Comparison 1: *H. pylori* eradication vs control - main analyses, Outcome 3: Death from gastric cancer - modified ITT analysis

Study or Subgroup	Hp eradication Events	Hp eradication Total	Control Events	Control Total	Weight	Risk Ratio M-H, Random, 95% CI
Choi 2020	0	912	0	914		Not estimable
Leung 2004-Zhou 2014	4	295	6	292	10.6%	0.66 [0.19 , 2.31]
Wong 2004	3	817	6	813	8.7%	0.50 [0.12 , 1.98]
You 2006 - Li 2019	29	1130	47	1128	80.6%	0.62 [0.39 , 0.97]
Total (95% CI)		**3154**		**3147**	**100.0%**	**0.61 [0.40 , 0.92]**
Total events:	36		59			

Heterogeneity: Tau² = 0.00; Chi² = 0.10, df = 2 (P = 0.95); I² = 0%

Test for overall effect: Z = 2.38 (P = 0.02)

Test for subgroup differences: Not applicable



Ford AC, Yuan Y, Forman D, Hunt R, Moayyedi P.
Helicobacter pylori eradication for the prevention of gastric neoplasia.
Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD005583.

Mass eradication of *Helicobacter pylori* to reduce gastric cancer incidence and mortality: a long-term cohort study on Matsu Islands

Tsung-Hsien Chiang,[1,2,3] Wei-Jung Chang,[4] Sam Li-Sheng Chen,[5] Amy Ming-Fang Yen ,[5] Jean Ching-Yuan Fann,[6] Sherry Yueh-Hsia Chiu ,[7,8] Yi-Ru Chen,[9] Shu-Ling Chuang,[4,10] Chun-Fu Shieh,[11] Cheng-Ying Liu,[12] Han-Mo Chiu ,[1,4] Hung Chiang,[13] Chia-Tung Shun,[14,15] Ming-Wei Lin,[16] Ming-Shiang Wu ,[1] Jaw-Town Lin ,[1,17] Chang-Chuan Chan,[18,19] David Y Graham ,[20] Hsiu-Hsi Chen ,[4,19] Yi-Chia Lee [1,4,10,19]

Erradicación en masa
Población alto riesgo
≥ 30 años
2004-2018

Prevención primaria

Incidencia	**<< 50%**
Mortalidad	**<< 25%**
Cáncer esófago	***No cambió***
Cancer de colon	***NO cambió***

Chiang TH, et al. Gut 2021;70:243-50

Screening and eradication of *Helicobacter pylori* for gastric cancer prevention: the Taipei global consensus

Jyh-Ming Liou ,[1,2,3] Peter Malfertheiner,[4,5] Yi-Chia Lee ,[1,2,6] Bor-Shyang Sheu ,[7,8] Kentaro Sugano,[9] Hsiu-Chi Cheng,[7,10] Khay-Guan Yeoh ,[11] Ping-I Hsu,[12] Khean-Lee Goh,[13] Varocha Mahachai,[14] Takuji Gotoda ,[15] Wei-Lun Chang,[7] Mei-Jyh Chen,[1,2,16] Tsung-Hsien Chiang,[1,2,16] Chieh-Chang Chen,[1,2] Chun-Ying Wu ,[17,18] Alex Hwong-Ruey Leow,[13] Jeng-Yih Wu,[8] Deng-Chyang Wu,[8] Tzu-Chan Hong,[1,2,19] Hong Lu ,[20] Yoshio Yamaoka ,[21,22] Francis Megraud,[23] Francis K L Chan ,[24,25] Joseph JY Sung,[24,25] Jaw-Town Lin ,[1,26] David Y Graham ,[22] Ming-Shiang Wu ,[1,2] Emad M El-Omar ,[27,28] Asian Pacific Alliance on Helicobacter and Microbiota (APAHAM)

Diciembre 2020

Liou JM, Gut 2020;69:2093-2112.

CQ 4. Does *H. pylori* eradication reduce the risk of gastric cancer in *H. pylori* infected subjects?

Statement 4: Eradication of *H. pylori* reduces the risk of gastric cancer in infected subjects.

Agreement: agree (92%).

Grade of recommendation: strong (92%), weak (4%), weak against (0%), strong against (4%).

Evidence level: moderate.

Liou JM, Gut 2020;69:2093-2112.

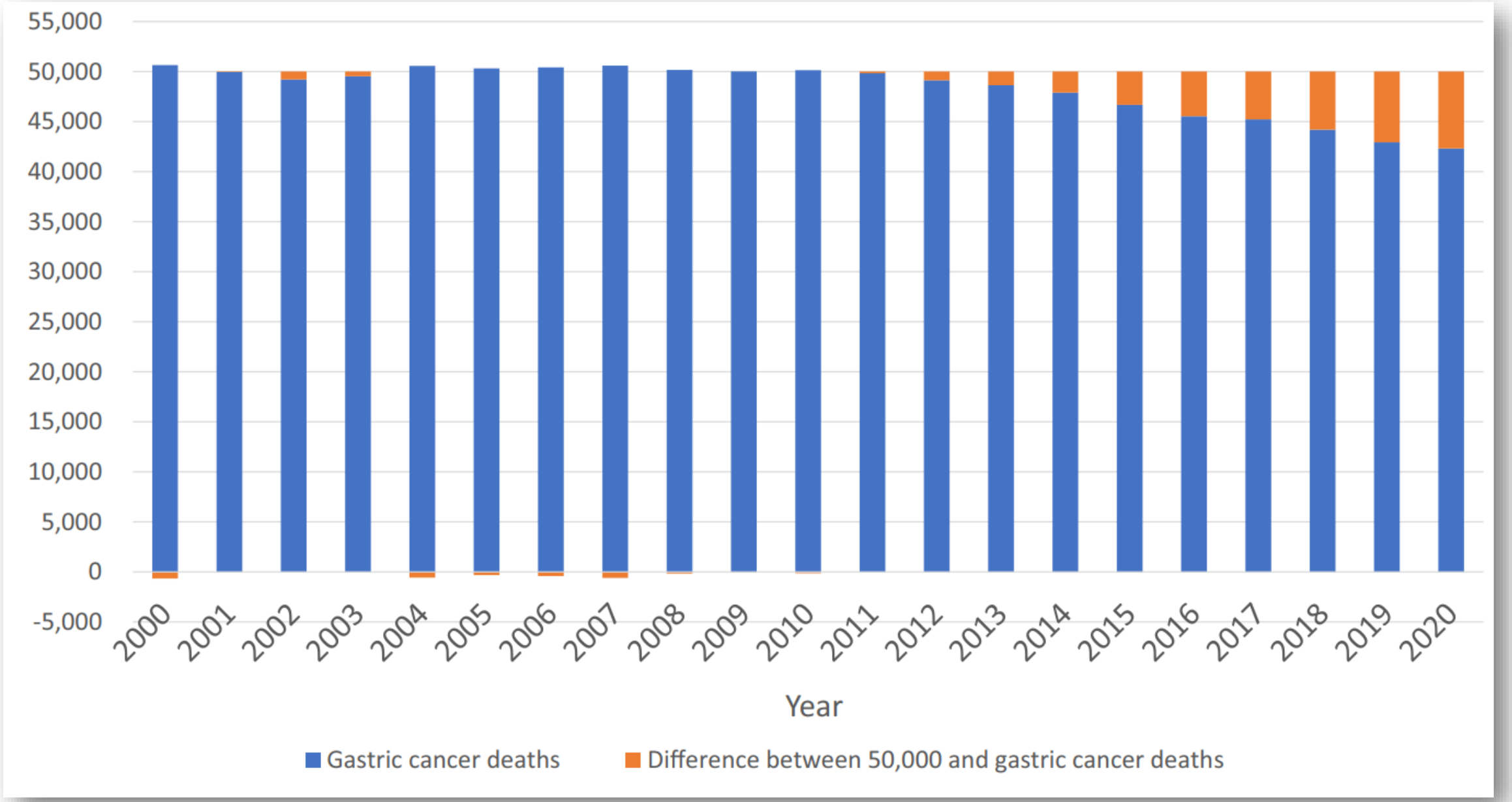
ORIGINAL ARTICLE

Helicobacter WILEY

Economic and health impacts of introducing *Helicobacter pylori* eradication strategy into national gastric cancer policy in Japan: A cost-effectiveness analysis

Akiko Kowada[1] | Masahiro Asaka[2]

Kowada A, Helicobacter. 2021 Jul 18:e12837.



Kowada A, Helicobacter. 2021 Jul 18:e12837.

Mensajes para la casa

La dispepsia no es lo mismo que gastritis
La DF es la principal causa de dispepsia
El diagnóstico DF necesita endoscopia
Importancia gastritis premaligna? (OLGA/OLGIM)
Siempre erradicar *H.pylori*
Los IBP superiores a placebo
Antidepresivos triciclicos ?
Procinéticos ??

Muchas gracias!