



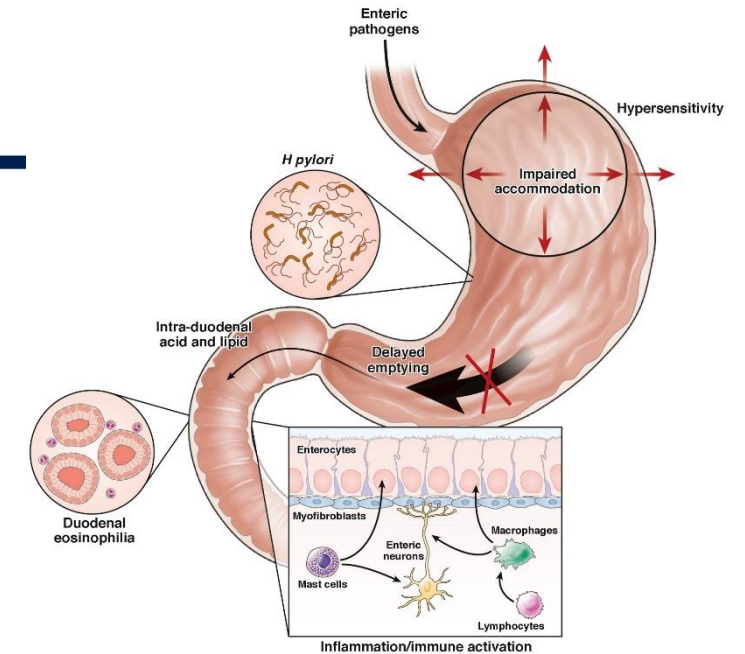
1^{er} Congreso Consejos y Claves en Gastroenterología UNAL



TIPS en dispepsia funcional



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



Dispepsia

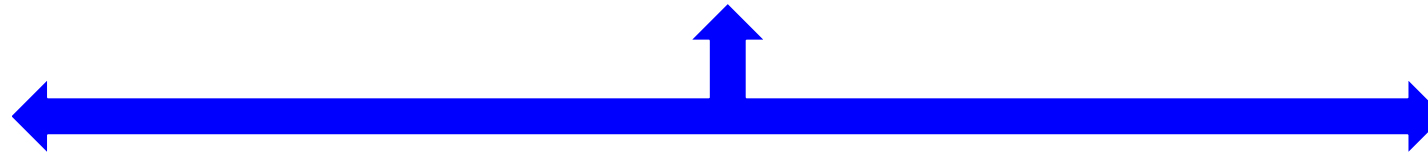
***Dolor en el epigastrio 1 mes de evolución
Con o sin llenura precoz, Náuseas,
vómito, malestar epigástrico o pirosis***

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

Dispepsia no Investigada



**Enfermedad
seria**



**Costo/
Efectiva**

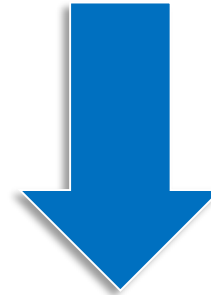
Dispepsia no Investigada



Endoscopia cuándo?



***Epidemiología local
del Cáncer gástrico***



**Costo
Endoscopia**

Dispepsia endoscopia digestiva alta

**Canadá
USA**

60 años

Moayyedi P, AJG 2017; 112:988–1013

Méjico

55 años

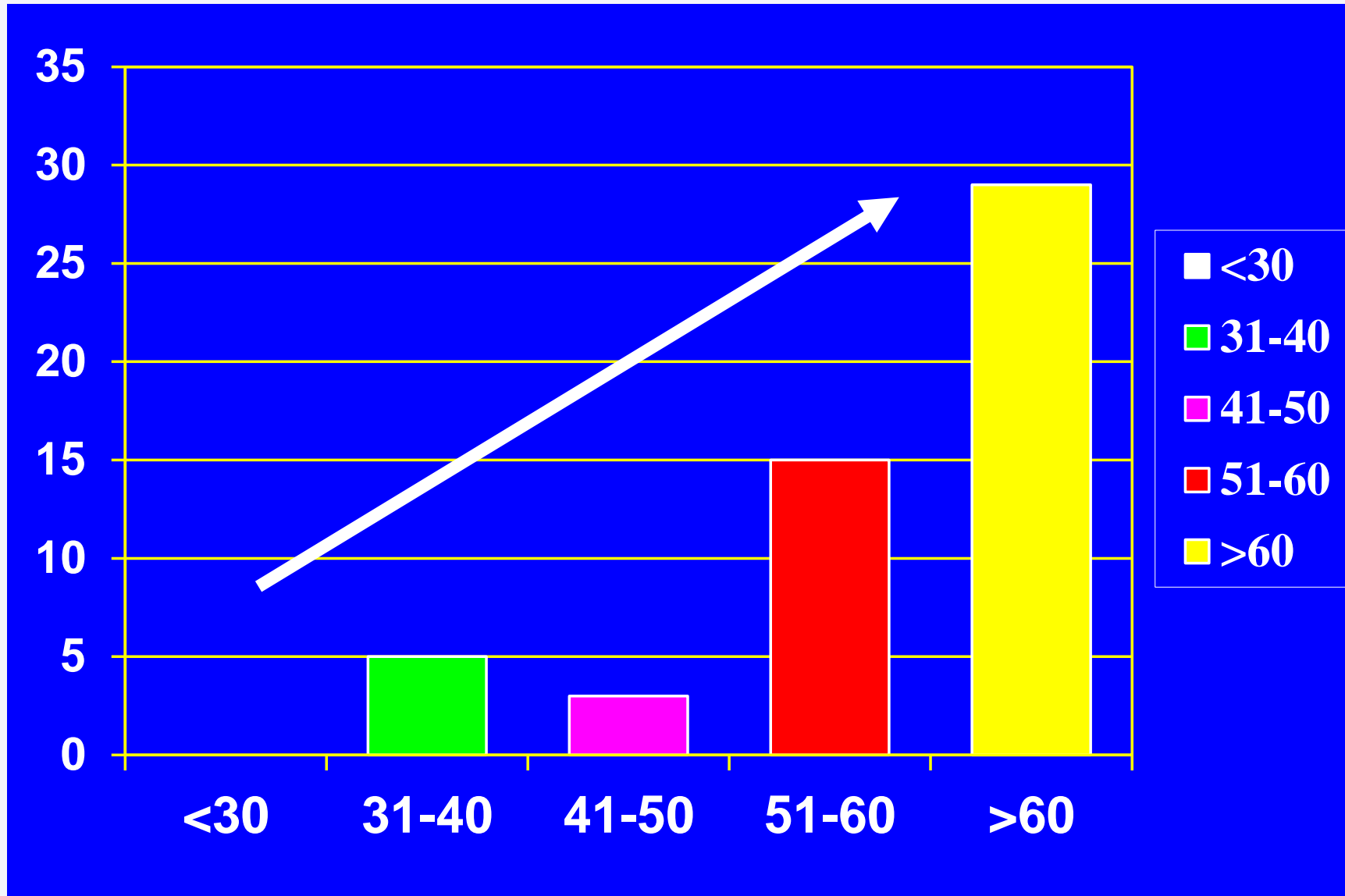
Bosques FJ, Rev Gastroenterol Mex 2018;83:325-41

**Colombia
Asia**

35 años

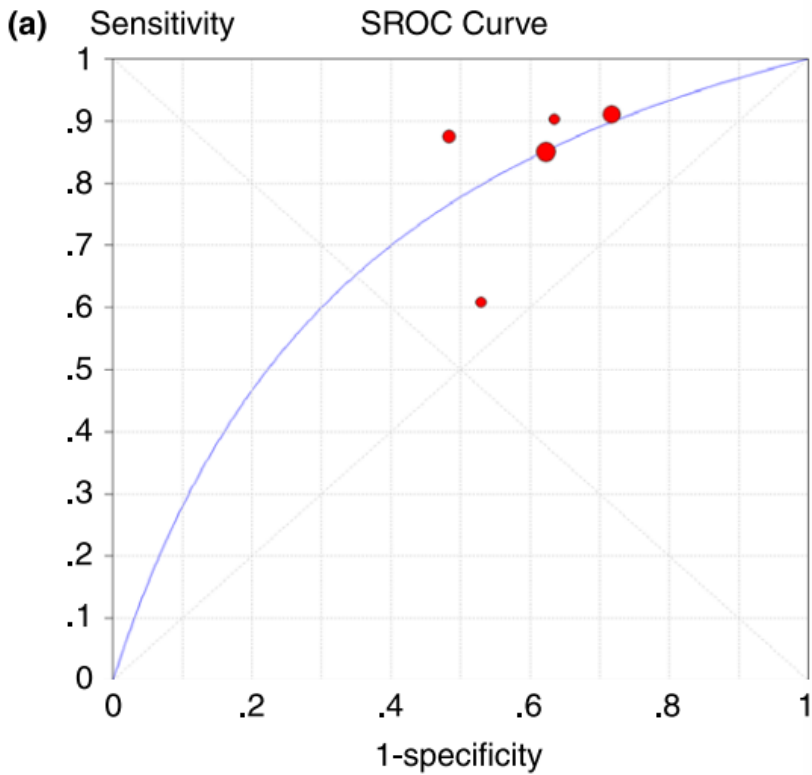
Pineda LF, Rev Col Gastroenterol 2015; 30(Suppl. 1):9-16
Chen SL, Aliment Pharmacol Ther 2015;41:239-52

Cáncer gástrico, N=50/542

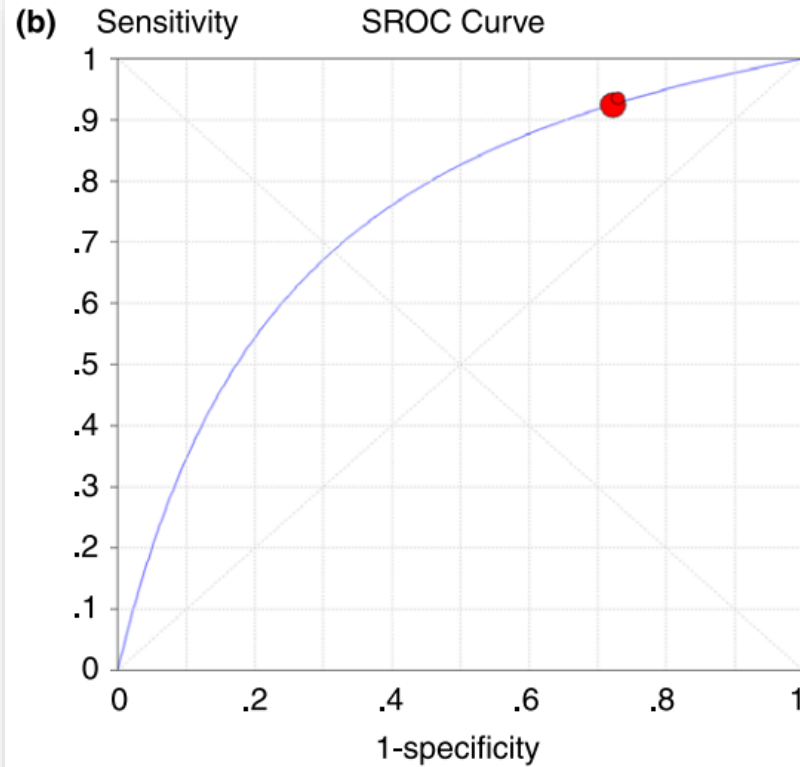


Systematic review with meta-analysis: prompt endoscopy as the initial management strategy for uninvestigated dyspepsia in Asia

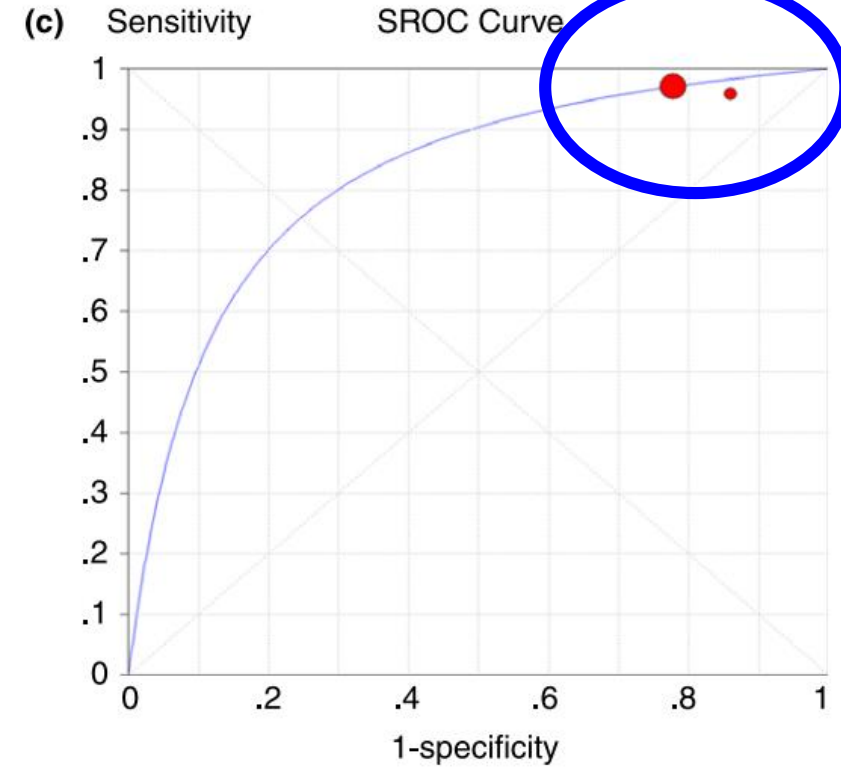
S. L. Chen*, K. A. Gwee[†], J. S. Lee[‡], H. Miwa[§], H. Suzuki^{||}, P. Guo^{**}, Y. T. Hao^{**} & M. H. Chen*



>45 años



>40 años



>35 años

Dispepsia No investigada

Secundaria a patologías definidas

Esofagitis erosiva	13%
Úlcera péptica	8%
Cáncer gástrico,	<1%
Cáncer esofágico	0.3%
<i>Helicobacter pylori</i>	5%
Enfermedad de Crohn	
<i>Giardia, Estrongiloides</i>	
AINES, Macrólidos	
Enfermedad celiaca	
Gastroparesia	
Hepatocarcinoma	
Cáncer páncreas	
Pancreatitis crónica	
GE Eosinofílica	
Isquemia Mesentérica Crónica	

Funcional
70-80%

Endoscopia
Otros exámenes
(Pertinentes)

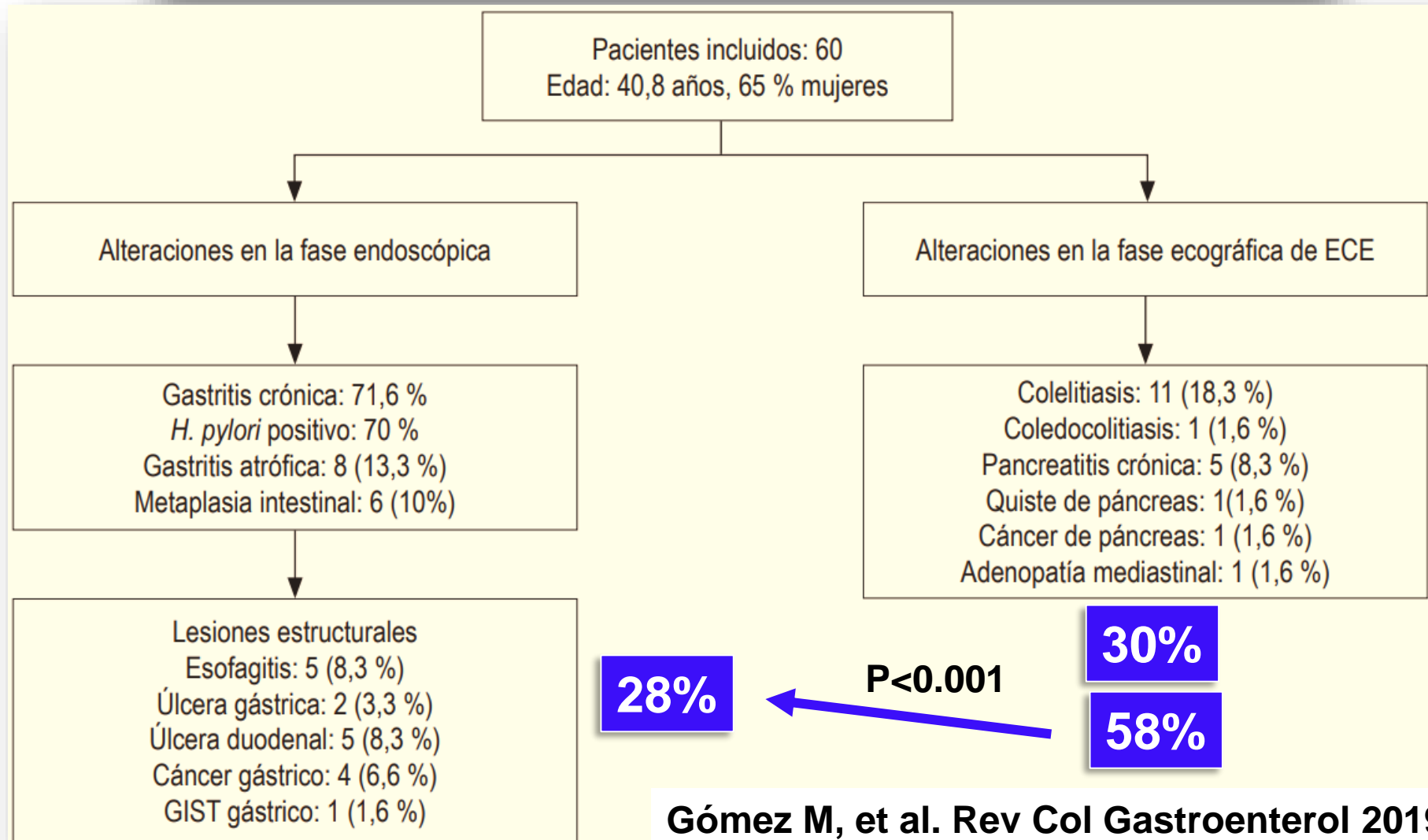
Ford AC, Lancet. 2020;396:1689-1702

Black CJ, Ther Adv Gastroenterol 2019;11:1-7

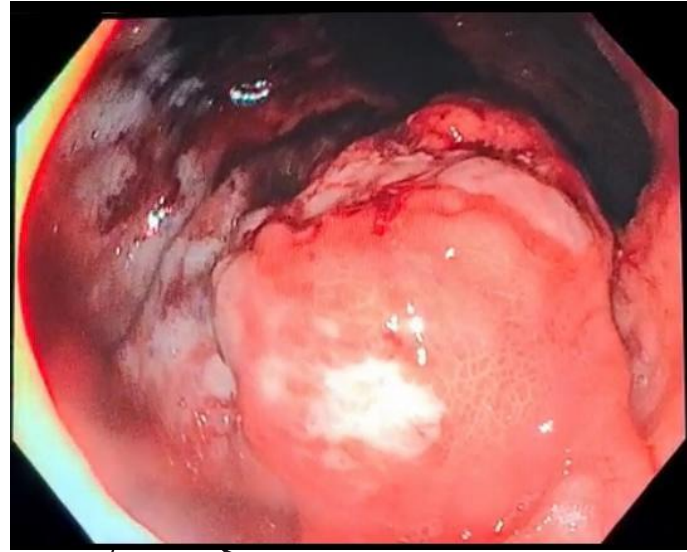
Moayyedi P, Am J Gastroenterol 2017; 112:988-1013

Papel de la ecoendoscopia en la evaluación de la dispepsia no investigada en una población colombiana

Martín A. Gómez Zuleta,^{1*} William Otero Regino,² Óscar Ruíz Morales.³

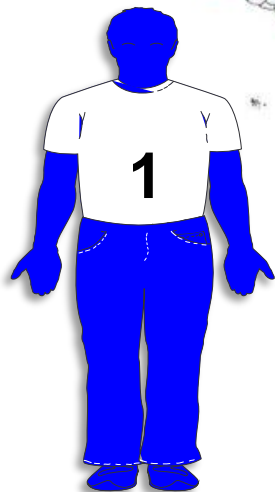
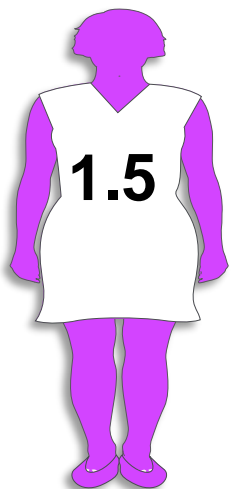


Dispepsia



Dispepsia Funcional

7-10% población adulta



Dispepsia funcional Roma IV

Síndrome de
Dolor epigástrico

Síndrome de
Malestar pos-prandial

Superposición 21-35%

Ardor
Epigástrico

1 día a la semana

Dolor
Epigástrico

Llenura
Precoz

3 días a la semana

Plenitud
Posprandial

Stanghellini V, et al. *Gastroenterology* 2016;150:1380–1392

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

Van den Houte K, et al. *Clin Gastroenterol Hepatol.* 2021; 19: 1620-6

Dispepsia funcional, síntomas cardinales

Llenura precoz

Ardor



Dolor

Llenura posprandial

Dispepsia funcional

**Llenura
Precoz**

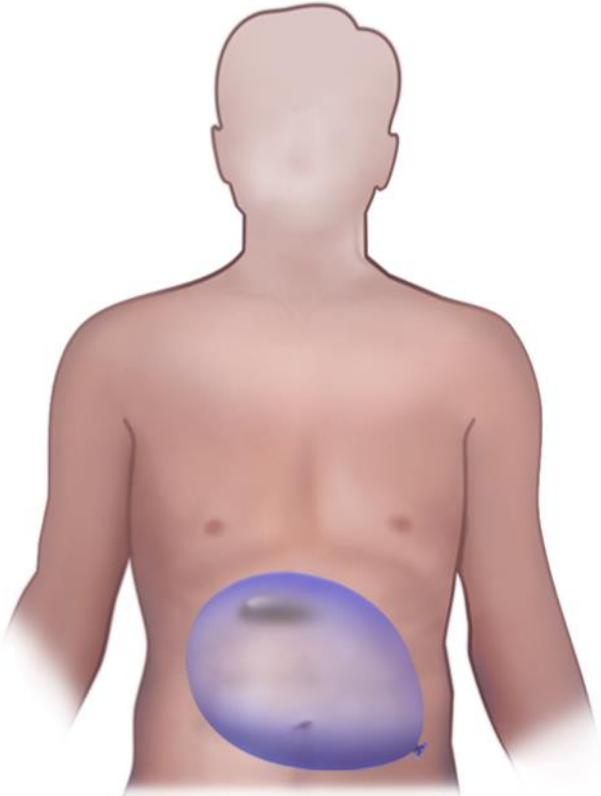


**Llenura
Posprandial**

**Perdida
de peso**

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



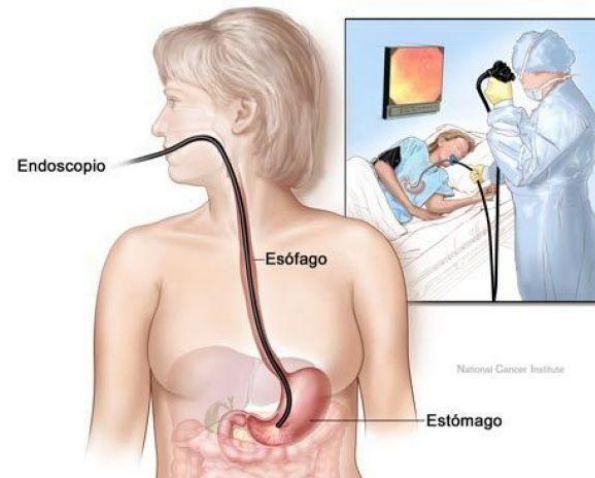
1^{er} Congreso Consejos y Claves en **Gastroenterología UNAL**



Importancia de la gastritis crónica

Determinar su severidad/*H.pylori*

Establecer si tiene riesgo de càncer



“Tamización oportunistas”












Dispepsia funcional

Tratamiento

Kyoto global consensus report on *Helicobacter pylori* gastritis

Kentaro Sugano,¹ Jan Tack,² Ernst J Kuipers,³ David Y Graham,⁴ Emad M El-Omar,⁵ Soichiro Miura,⁶ Ken Haruma,⁷ Masahiro Asaka,⁸ Naomi Uemura,⁹ Peter Malfertheiner,¹⁰ on behalf of faculty members of Kyoto Global Consensus Conference

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner ,^{1,2} Francis Megraud ,³ Theodore Rokkas ,^{4,5} Javier P Gisbert ,^{6,7} Jyh-Ming Liou ,⁸ Christian Schulz ,^{1,9} Antonio Gasbarrini,¹⁰ Richard H Hunt,^{11,12} Marcis Leja ,^{13,14} Colm O'Morain,¹⁵ Massimo Rugge ,^{16,17} Sebastian Suerbaum,^{9,18} Herbert Tilg ,¹⁹ Kentaro Sugano ,²⁰ Emad M El-Omar ,^{21,22} On behalf of the European Helicobacter and Microbiota Study group

Section 2 Dyspepsia associated with *H. pylori* infection CQ7. Does *H. pylori* gastritis cause dyspepsia?

Statement 7

H. pylori gastritis is the cause of dyspepsia in a subset of patients.

Grade of recommendation: strong

Evidence level: high

Consensus level: 100%

Statement 7: *H. pylori* gastritis has to be excluded before a reliable diagnosis of functional dyspepsia (FD) can be made.

Agreement 100%

Grade B1

In *H. pylori*-infected patients with dyspepsia, and where other pathologies have been excluded endoscopically, symptoms can be attributed to *H. pylori* gastritis if successful eradication therapy is followed by sustained symptom remission. Patients with persisting dyspeptic symptoms despite successful eradication therapy may be considered as having 'FD'.² Therefore, *H. pylori* gastritis has to be excluded before a reliable diagnosis of FD can be made.^{33 39–42}

CQ9. Is eradication of *H. pylori* infection first-line treatment for improving dyspeptic symptoms?

Statement 9

Eradication of *H. pylori* is first-line treatment for *H. pylori*-infected dyspeptic patients.

Grade of recommendation: strong

Evidence level: high

Consensus level: 94.7%


Malfertheiner P, et al. Gut 2022;0:1–39

Sugano K, et al. Gut 2015;64:1353–1367

**Dispepsia por
*Helicobacter pylori***

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 Moayyedi⁴

Desenlace	ECC	Razón Riesgo	NNH/NNT (IC95%)	I² %
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

Erradicación de *H.pylori*



Persistencia de síntomas



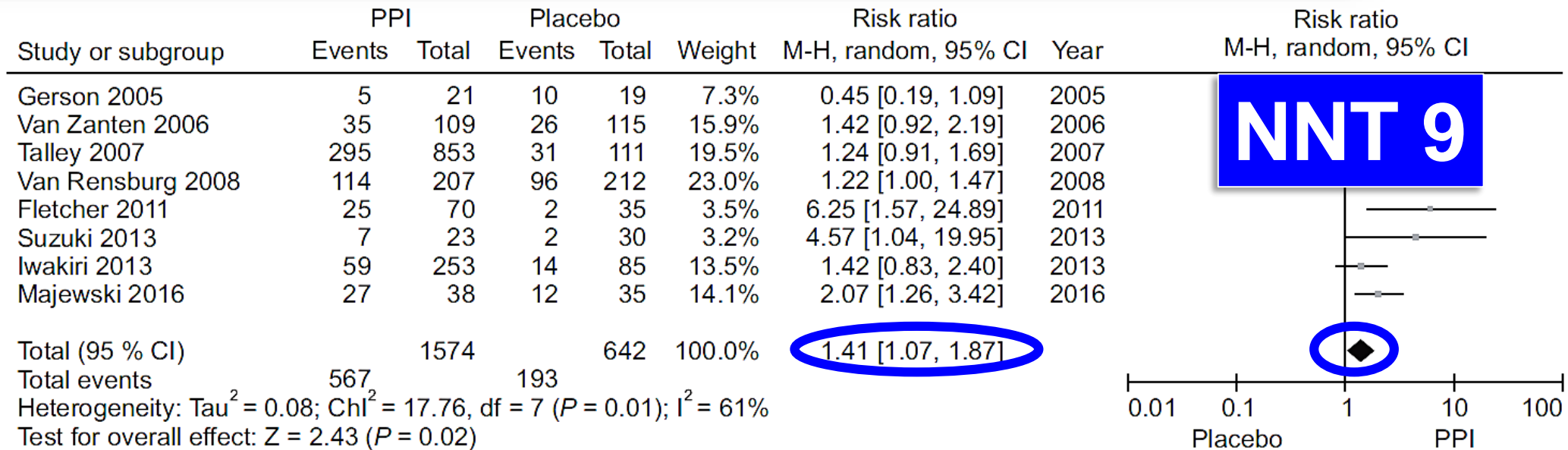
NNT 10-14

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

Clinical Practice Guidelines for Functional Dyspepsia in Korea

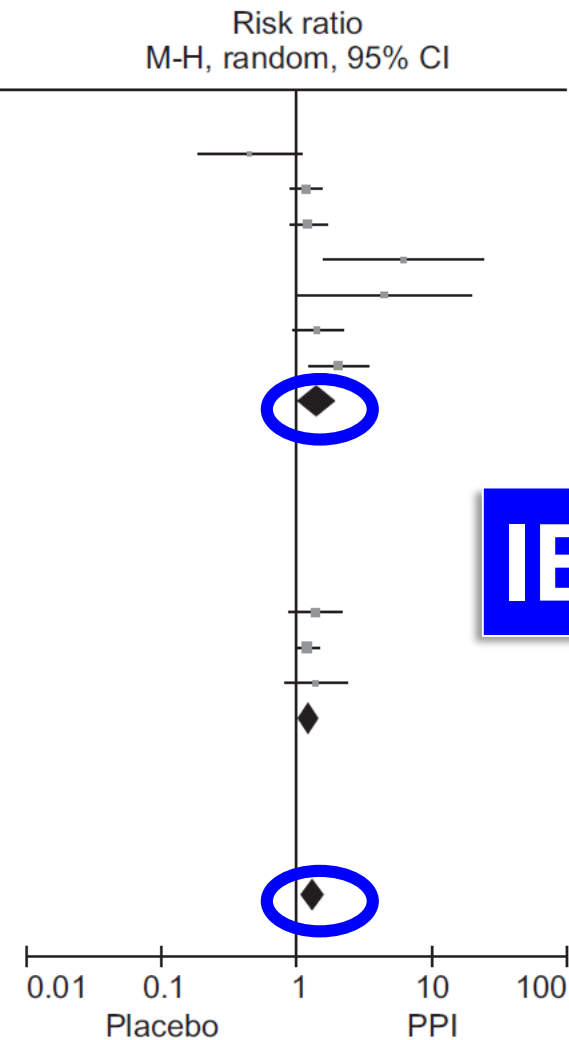


Jung Hwan Oh,¹ Joong Goo Kwon,^{2*} Hye-Kyung Jung,^{3*} Chung Hyun Tae,³ Kyung Ho Song,⁴ Seung Joo Kang,⁵ Sung Eun Kim,⁶ Kyoungwon Jung,⁶ Joon Sung Kim,¹ Jong Kyu Park,⁷ Ki Bae Bang,⁸ Myong Ki Baeg,⁹ Jeong Eun Shin,⁸ Cheol Min Shin,¹⁰ Ju Yup Lee,¹¹ and Hyun Chul Lim¹²; Functional Dyspepsia Research Group and Clinical Practice Guidelines Group Under the Korean Society of Neurogastroenterology and Motility

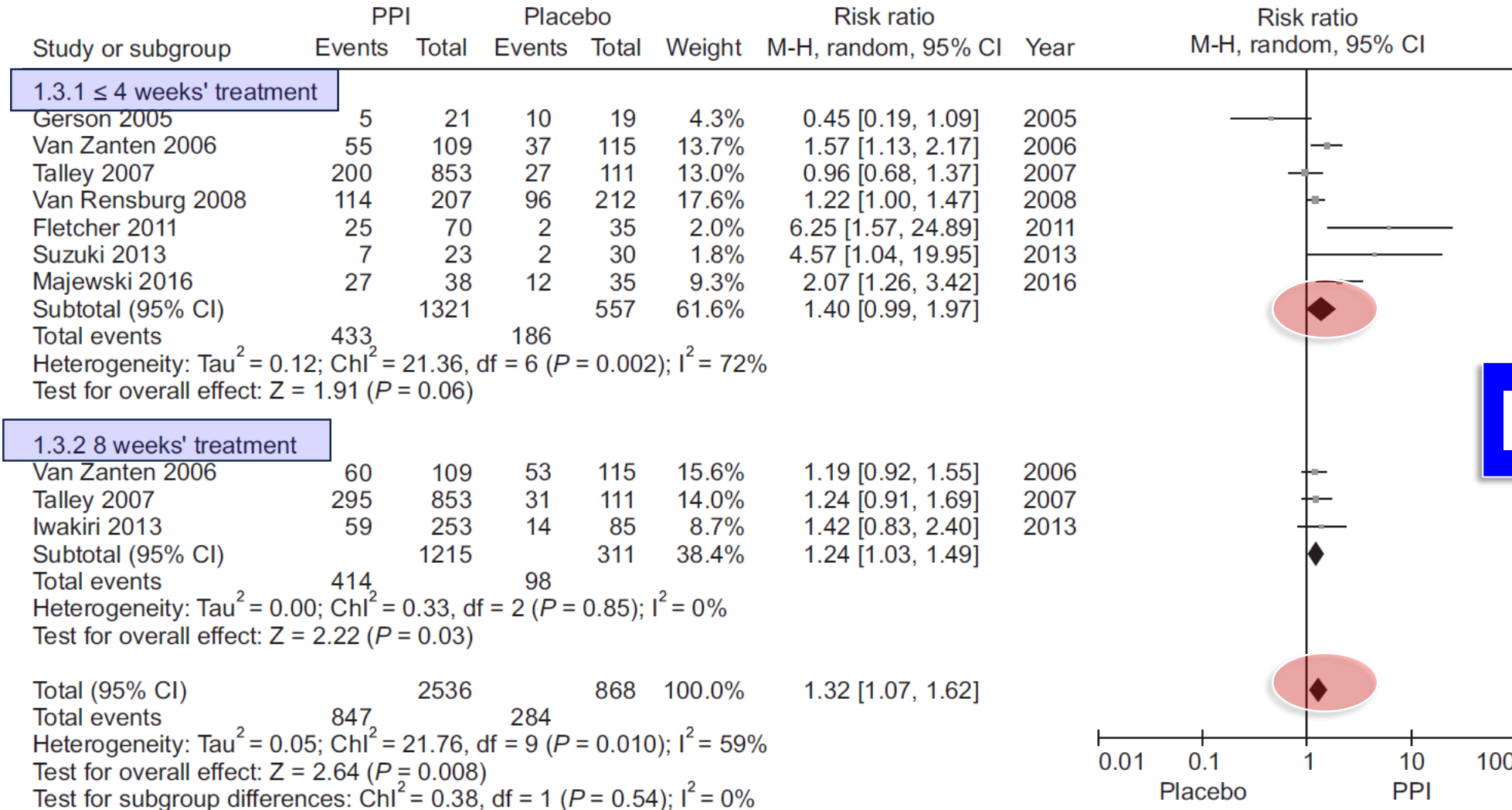


Dispepsia funcional

Study or subgroup	PPI		Placebo		Weight	Risk ratio M-H, random, 95% CI	Year
	Events	Total	Events	Total			
1.2.1 Relief of global symptom							
Gerson 2005	5	21	10	19	4.2%	0.45 [0.19, 1.09]	2005
Van Zanten 2006	60	109	53	115	16.8%	1.19 [0.92, 1.55]	2006
Talley 2007	295	853	31	111	14.8%	1.24 [0.91, 1.69]	2007
Fletcher 2011	25	70	2	35	1.9%	6.25 [1.57, 24.89]	2011
Suzuki 2013	7	23	2	30	1.7%	4.57 [1.04, 19.95]	2013
Iwakiri 2013	95	253	22	85	12.2%	1.45 [0.98, 2.15]	2013
Majewski 2016	27	38	12	35	9.4%	2.07 [1.26, 3.42]	2016
Subtotal (95% CI)		1367		430	60.9%	1.44 [1.03, 2.01]	
Total events	514		132				
Heterogeneity: $\text{Tau}^2 = 0.11$; $\text{Chi}^2 = 17.70$, $\text{df} = 6$ ($P = 0.007$); $I^2 = 66\%$							
Test for overall effect: $Z = 2.11$ ($P = 0.03$)							
1.2.2 Complete relief of global symptom							
Van Zanten 2006	35	109	26	115	11.0%	1.42 [0.92, 2.19]	2006
Van Rensburg 2008	114	207	96	212	19.3%	1.22 [1.00, 1.47]	2008
Iwakiri 2013	59	253	14	85	8.8%	1.42 [0.83, 2.40]	2013
Subtotal (95% CI)		569		412	39.1%	1.26 [1.07, 1.49]	
Total events	208		136				
Heterogeneity: $\text{Tau}^2 = 0.00$; $\text{Chi}^2 = 0.64$, $\text{df} = 2$ ($P = 0.73$); $I^2 = 0\%$							
Test for overall effect: $Z = 2.74$ ($P = 0.006$)							
Total (95% CI)		1936		842	100.0%	1.36 [1.12, 1.66]	
Total events	722		268				
Heterogeneity: $\text{Tau}^2 = 0.04$; $\text{Chi}^2 = 18.51$, $\text{df} = 9$ ($P = 0.03$); $I^2 = 51\%$							
Test for overall effect: $Z = 3.07$ ($P = 0.002$)							
Test for subgroup differences: $\text{Chi}^2 = 0.45$, $\text{df} = 1$ ($P = 0.50$); $I^2 = 0\%$							



Dispepsia funcional



Mejoría con IBP

**Disminución HCl
Hipersensibilidad
Duodenal al ácido**



**Eliminación de
Eosinofilos
Duodeno**

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}

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

Wauters L, *Gastroenterology* 2021;160:1521-31

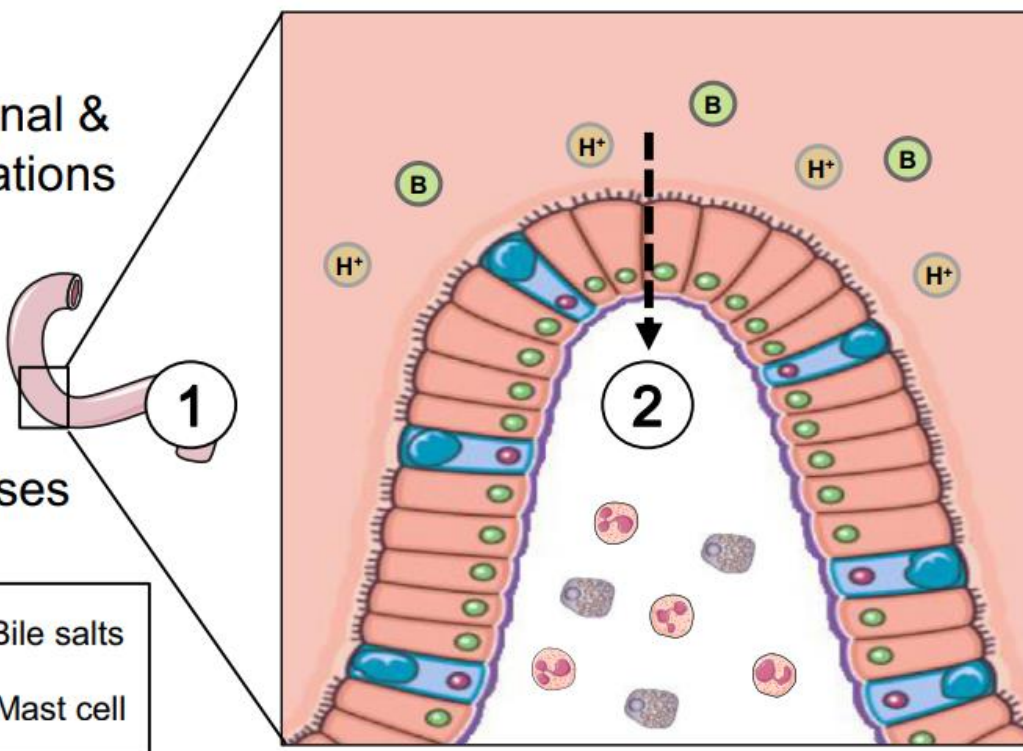
IBP y Dispepsia Funcional

Off-PPI:

duodenal luminal & mucosal alterations

systemic & stress responses

H^+ Acid (pH) B Bile salts
Eosinophil Mast cell

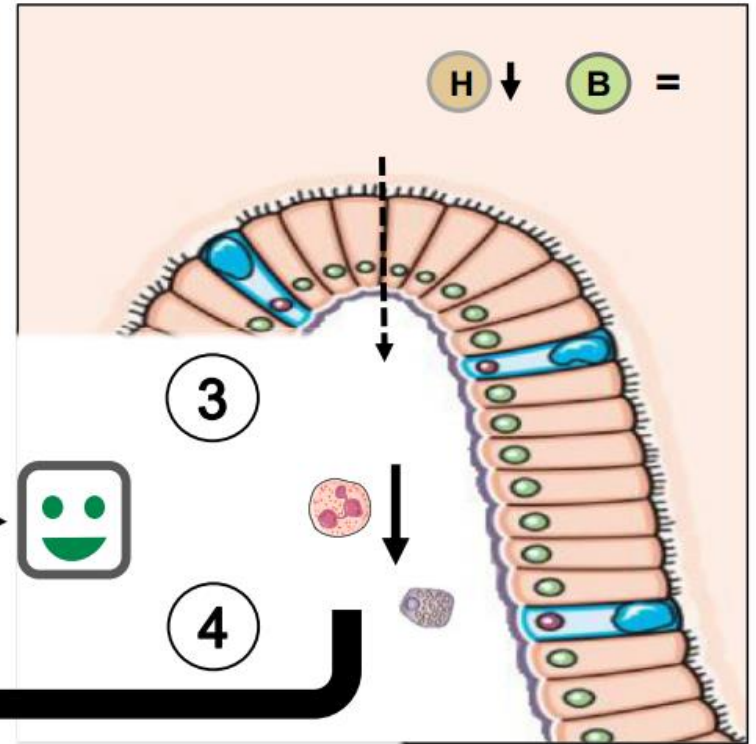


On-PPI:

↓ symptoms

= stress

↓ cortisol



Wauters L, Gastroenterology 2021;160:1521-31

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 Mindiola¹, William Otero Regino², Martín Gómez Zuleta³

Correspondencia: waoteror@gmail.com

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.

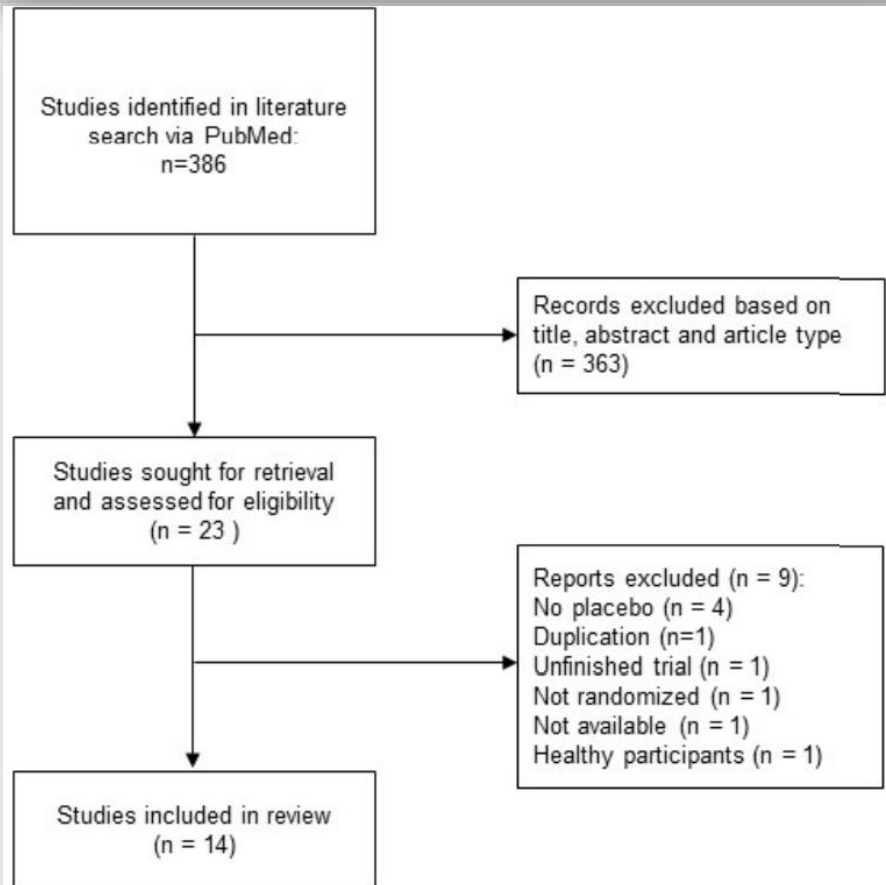
³ Profesor de Medicina, Unidad de Gastroenterología, Universidad Nacional de Colombia, Hospital Universitario Nacional, Bogotá, Colombia.

ULOS ORIGINALES

	OR (IC 95%)	<i>p</i>
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
<i>H. pylori</i>	0,55 (0,24-1,22)	0,14

Neuromodulating agents in functional dyspepsia: a comprehensive review

L. Bosman¹, L. Wauters², T. Vanuytsel²



Mejor evidencia

Papel potencial

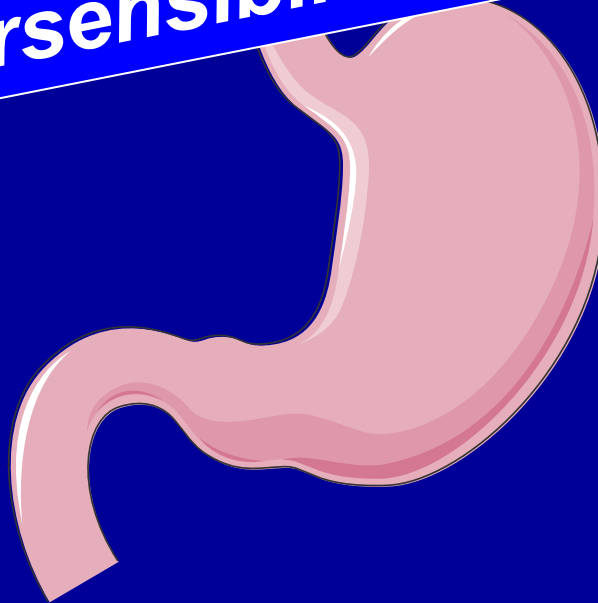
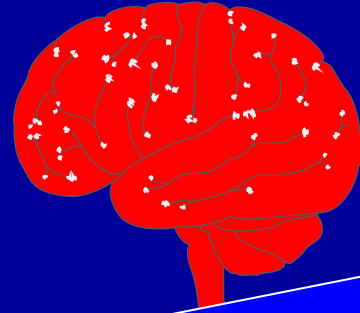
**Antidepresivos
Tricíclicos**

**Antidepresivos
Tetracíclicos.
Levosulpiride**

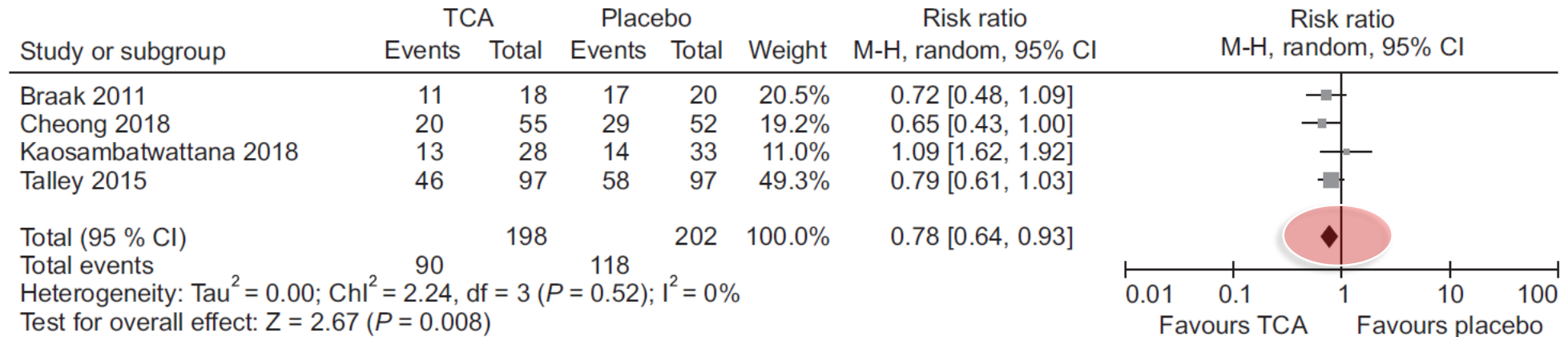
Mejoría por antidepresivos

?

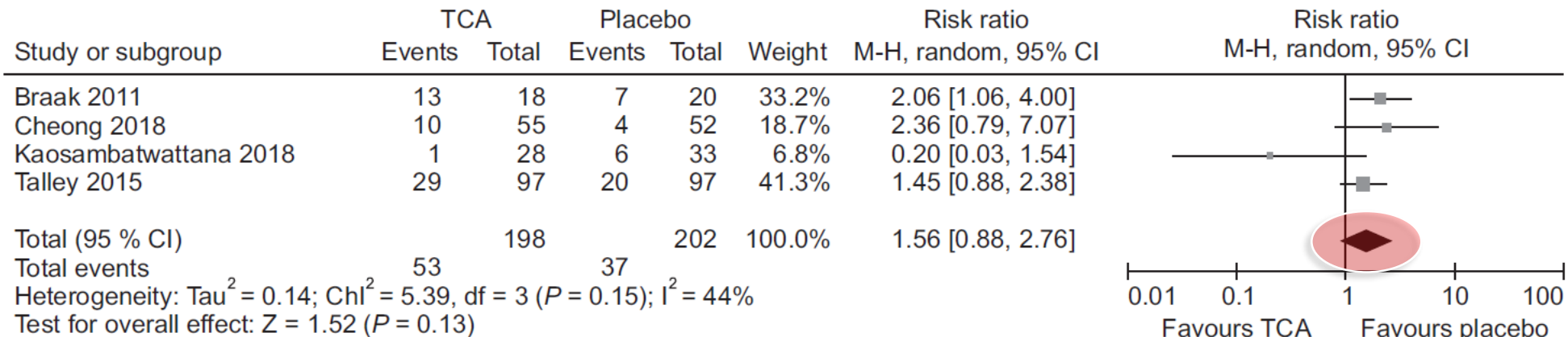
**Neuromodulación de la
Hipersensibilidad visceral**



Dispepsia funcional, antidepresivos triciclicos

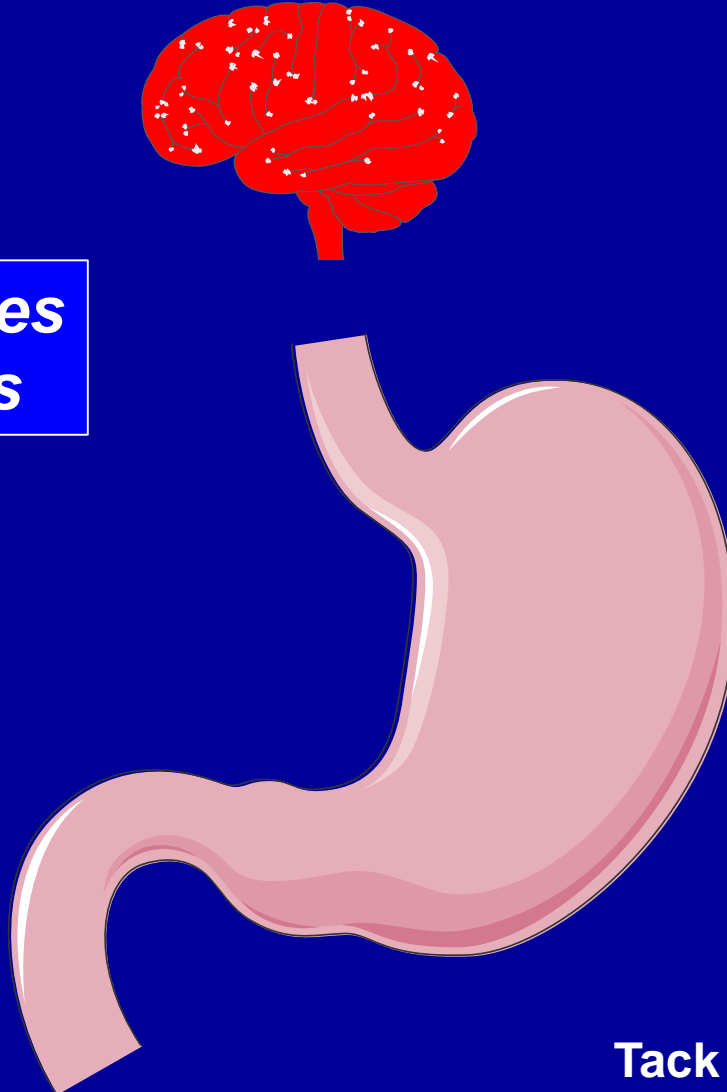


Efectos adversos



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***

Procinéticos ??

Prokinetics for Functional Dyspepsia: A Systematic Review and Meta-analysis of Randomized Control Trials

Rapat Pittayanon, MD^{1,2}, Yuhong Yuan, MD¹, Natasha P Bollegala, MD³, Reena Khanna, MD⁴, Brian E. Lacy, MD, FACP⁵, Christopher N. Andrews, MD⁶, Grigorios I. Leontiadis, MD, PhD, FACP¹ and Paul Moayyedi, MB, ChB, PhD, FACP¹

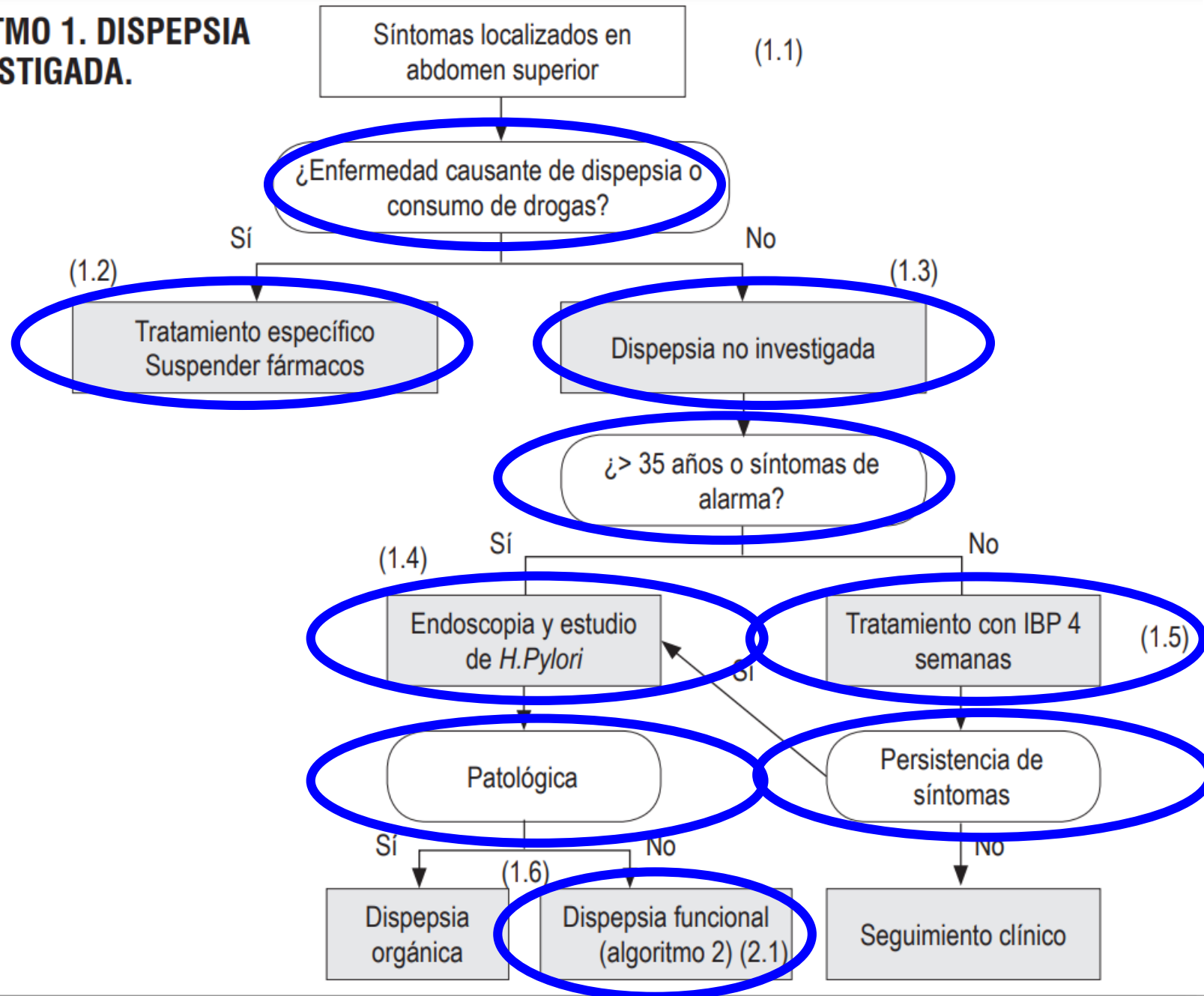
CONCLUSION: From the current evidence, prokinetics may be effective for the treatment in all subtypes of FD, with **very low quality of evidence**. There was no difference between prokinetics for dyspeptic symptom improvement. High-quality RCTs with large sample sizes of FD patients are needed to verify the efficacy of prokinetics.

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

ALGORITMO 1. DISPEPSIA NO INVESTIGADA.



Mensajes para la casa

Enfoque de DNI depende de cada país

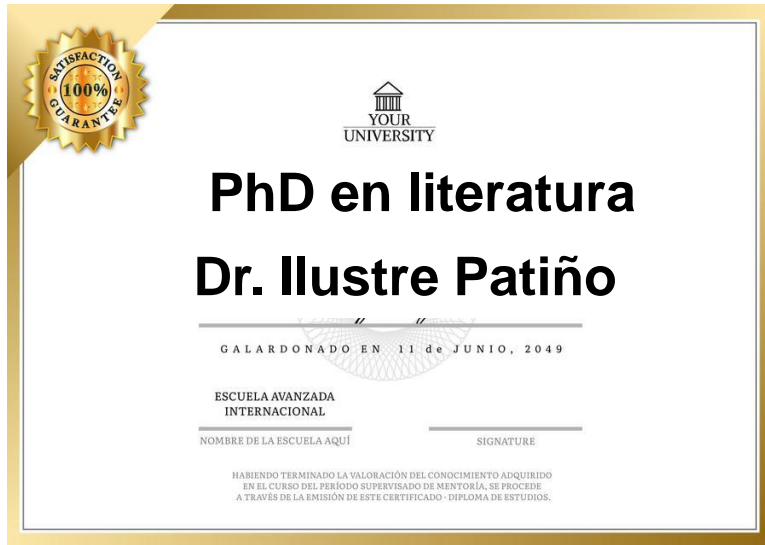
Colombia Endoscopia \geq 35 años

Jòvenes que sin respuesta terapia empirica Endoscopia

Sintomas de alarma a cualquier edad Endoscopia

En Endoscopia investigar H.pylori y estòmago premaligno

Dispepsia funcional erradicar Hp, IBP, triciclicos

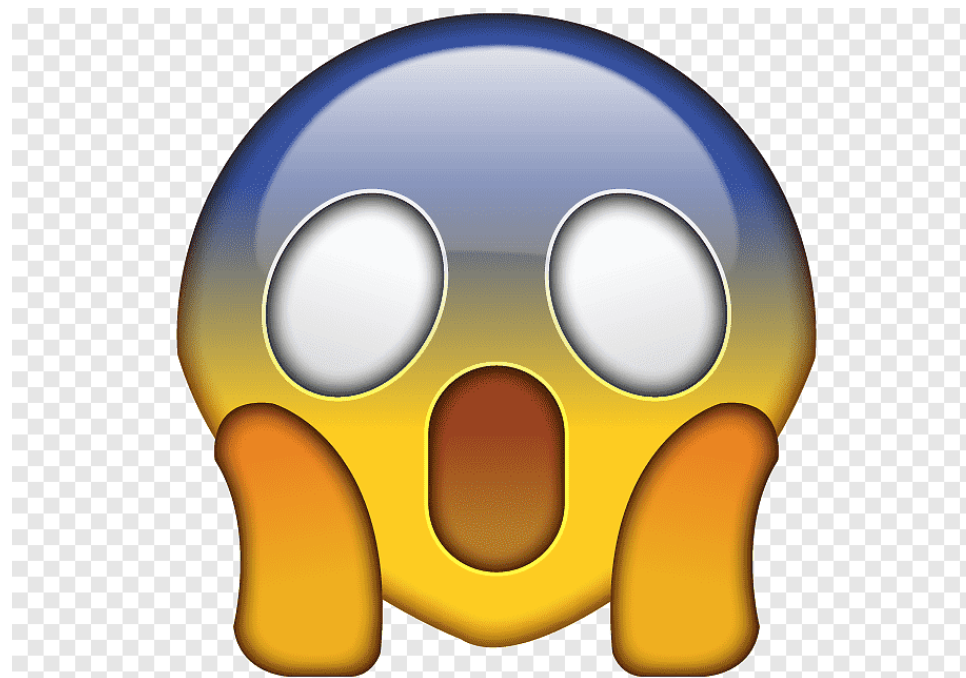


**Dentre!!
Por si acaso aiga**

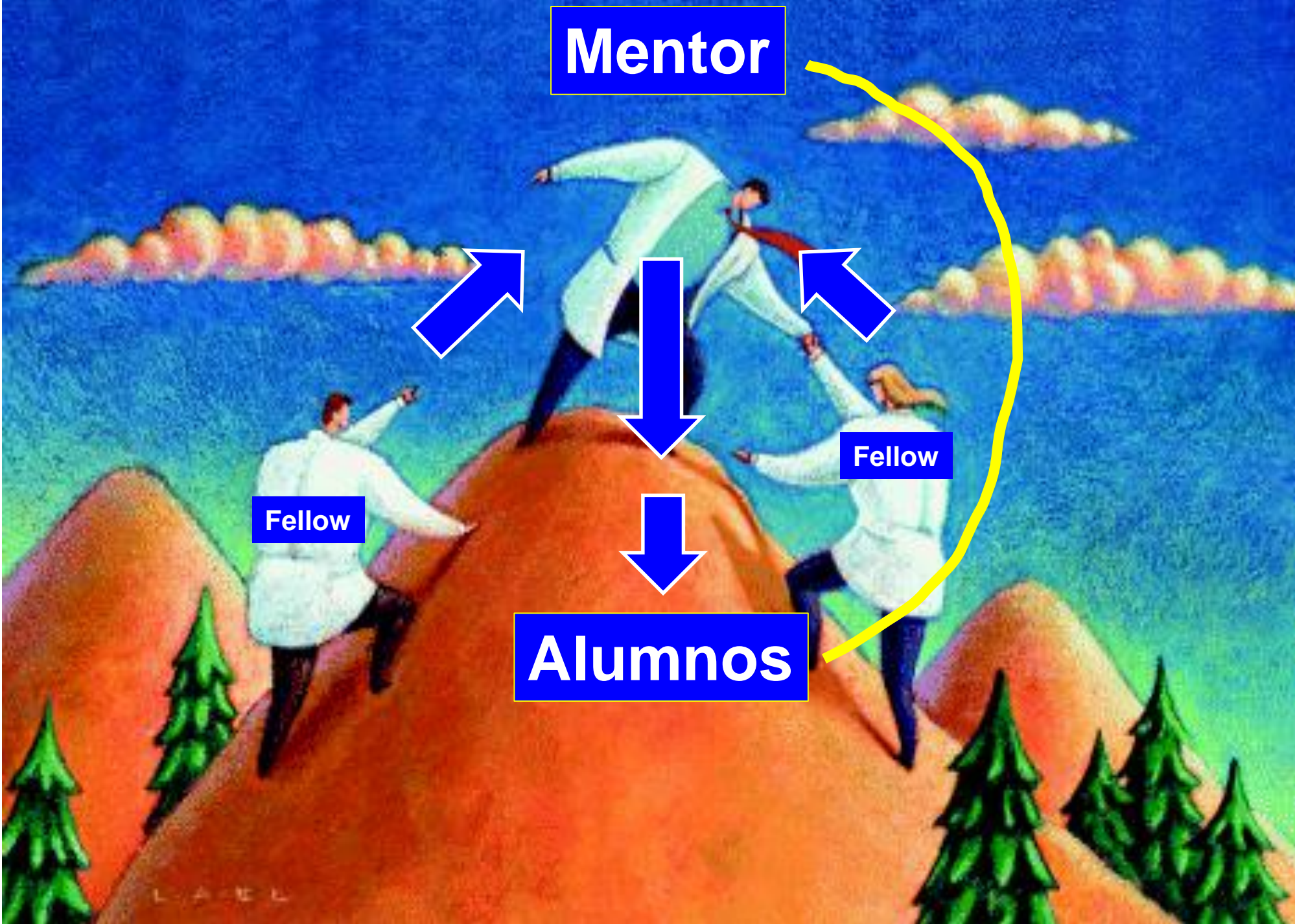




***Su dolor se debe a la
Gastritis crónica y
al colon irritable !!!***



***Mensaje para
Los Exalumnos***



Mentor

Fellow

Fellow

Alumnos

Muchas gracias!

