Module 5: Updates in Luminal Disease

Dr. Crandall:

Question 1: Should biologic therapy be held in order to check Hepatitis B titers or complete vaccination if titers inadequate?
Answer: If fulminant disease, therapy should not be held. Hep B can be completed while on infliximab.

Question 2: Does one consult ophtho for eye exam for CMV?
Answer: To have an accurate diagnosis of CMV colitis, a flexible sigmoidoscopy is most helpful.

Dr. DiLorenzo:

Question 1: Can low dose Erythromycin be used?
Answer: No! High dose erythro is necessary for gastroparesis.

Question 2: Is it a myth that a “break” from therapy with Erythro results in improved outcome?
Answer: This in fact, true! Tolerance to erythro can develop, so therefore, stopping therapy for a time improves outcome.

Dr. Furuta:

Question 1: What are some non-endoscopic markers of EoE?
Answer: Other associated features include esophageal narrowing, especially if proximal; family history of recurrent and unexplained esophageal food impactions/esophageal dilations;

Question 2: What is the role of EoE in gastroparesis?
Answer: There is not a role and if gastroparesis is present, would try to find alternative causes including more diffuse EGIDs

Question 3: What is the evidence for Budenoside over Flovent?

Question 4: Can you comment on the presence of eosinophilic pathology as a precursor for fibrosis?
**Answer:** Histology is difficult to use as a predictor in EoE because of limited sampling. Delay in diagnosis may be one key factor as is the use of endoflip as shown below.
