

# Vidange gastrique difficile : Que faire?

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Formation continue médecine interne

11.04.2024

Dr Guillaume Mellina

Service de médecine interne - CHVR

# Cas clinique

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Patiente de 29 ans

Douleurs épigastriques crampiformes,  
non irradiantes, non respiro  
dépendante, non reproductible à la  
palpation

Nausées et vomissements

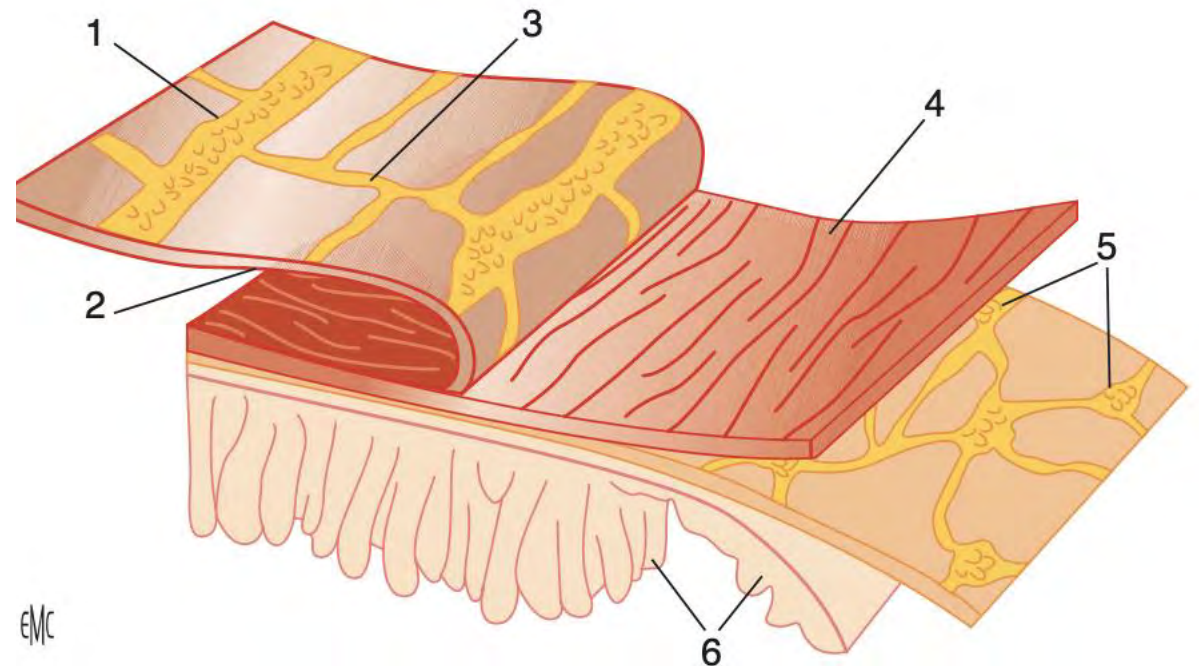
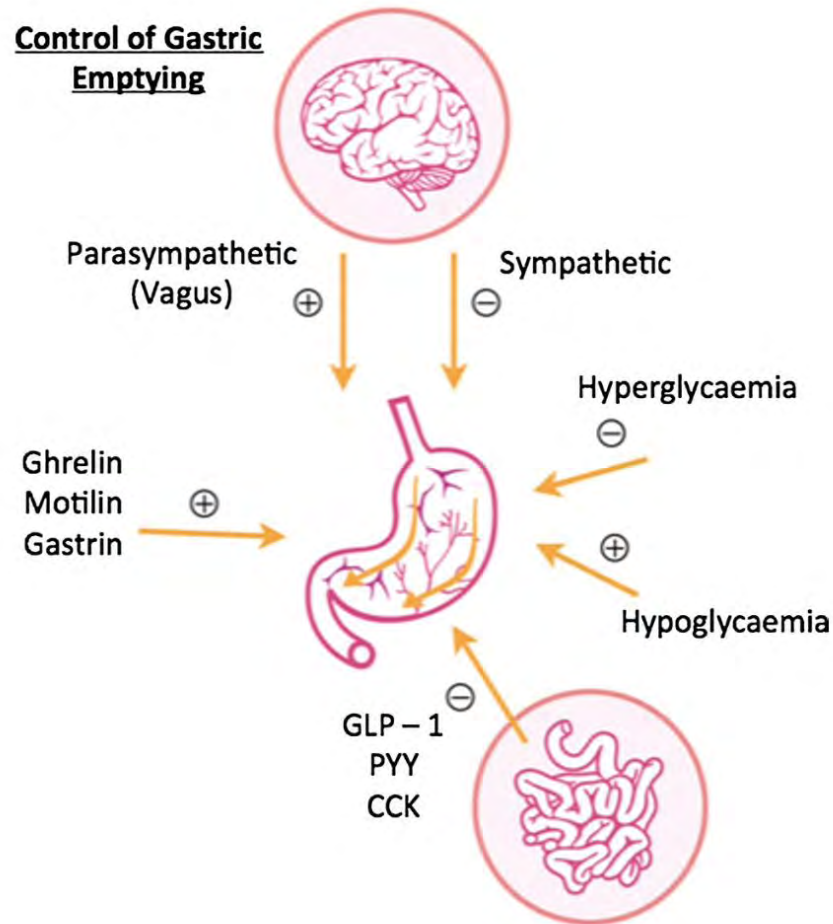
Impossibilité de s'alimenter



Gastroparésie d'origine indéterminée -  
scintigraphie de vidange gastrique le  
13.11.2023 au CHUV

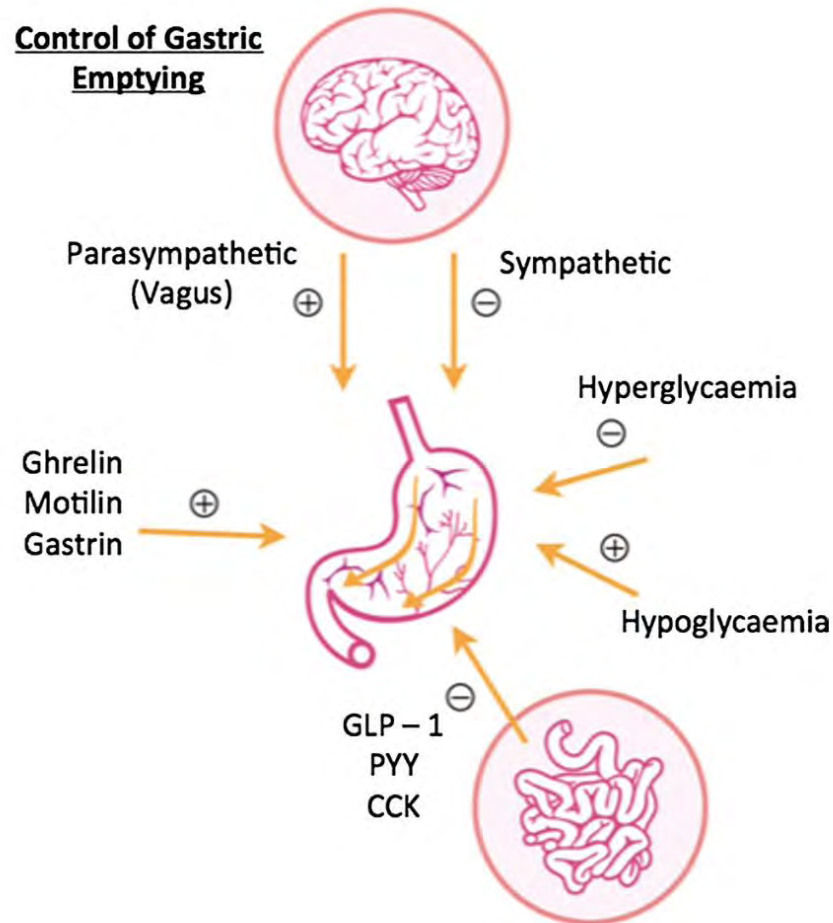
Syndrome de retard de  
la vidange gastrique

# Physiologie/Pathophysiologie



Roman S. Données fondamentales sur la physiologie de la motricité digestive. EMC. Gastro-entérologie. 2009

# Etiologies



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## Common

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Idiopathic

Diabetes mellitus

Postsurgical (vagotomy, Nissen fundoplication, bariatric surgery, lung/heart transplantation) May be associated with quicker emptying of liquids (dumping syndrome) and delayed emptying of solids

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## Uncommon

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Neurological, e.g., Parkinson's disease

Endocrinopathies: thyroid, parathyroid, adrenal dysfunction

Drugs: Amylin analogs [49]; GLP-1 agonists [50]; ciclosporin [51]; opiates [44]

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Connective tissue disorders, e.g., systemic sclerosis, Ehlers–Danlos syndrome

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# Cas clinique - Suite

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- HbA1c : 4.6%
- TSH : 0.42 mUI/L
- s/p appendicectomie, s/p cholécystectomie
- OGD le 21.11.23 : minime œsophagite sans autre anomalie
- Pince aorto-mésentérique, conflit avec la 3e partie du duodénum

# Quel traitement est le plus efficace?

➔ Guidelines européennes 2020




Received: 21 November 2020 | Accepted: 28 December 2020

DOI: 10.1002/ueg2.12060

ORIGINAL ARTICLE

UNITED EUROPEAN  
GASTROENTEROLOGY  
**ueg journal** WILEY

## United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on gastroparesis

Jolien Schol<sup>1</sup> | Lucas Wauters<sup>1</sup> | Ram Dickman<sup>2</sup>  | Vasile Drug<sup>3</sup> |  
Agata Mulak<sup>4</sup>  | Jordi Serra<sup>5</sup> | Paul Enck<sup>6</sup> | Jan Tack<sup>1</sup>  |  
the ESNM Gastroparesis Consensus Group

# Quel traitement est le plus efficace?

## ➔ Guidelines européennes 2020

TABLE 1 6-Point Likert scale

Point	Description
A+	Agree strongly
A	Agree
B	Disagree
C	Disagree strongly
D	Strongly disagree

Quality of evidence	Description
High	<ul style="list-style-type: none"> <li>• High confidence in the estimate of effect</li> <li>• In specific situations, high-quality multicenter trial</li> </ul>
Moderate	<p>Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate</p> <ul style="list-style-type: none"> <li>• One high-quality study</li> <li>• Several studies with some limitations</li> </ul>
Low	<p>Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate</p> <ul style="list-style-type: none"> <li>• One or more studies with severe limitations</li> </ul>
Very low	<p>Any estimate of effect is very uncertain</p> <ul style="list-style-type: none"> <li>• Expert opinion</li> <li>• No direct research evidence</li> <li>• One or more studies with very severe limitations</li> </ul>

1.1 Gastroparesis refers to a symptom or set of symptoms that is (are) associated with delayed GE in the absence of mechanical obstruction.

STATEMENT ENDORSED, overall agreement 100%: A+ 60%, A 40%, A- 0%, D- 0%, D 0%, D+ 0%. GRADE A

Médicamenteux

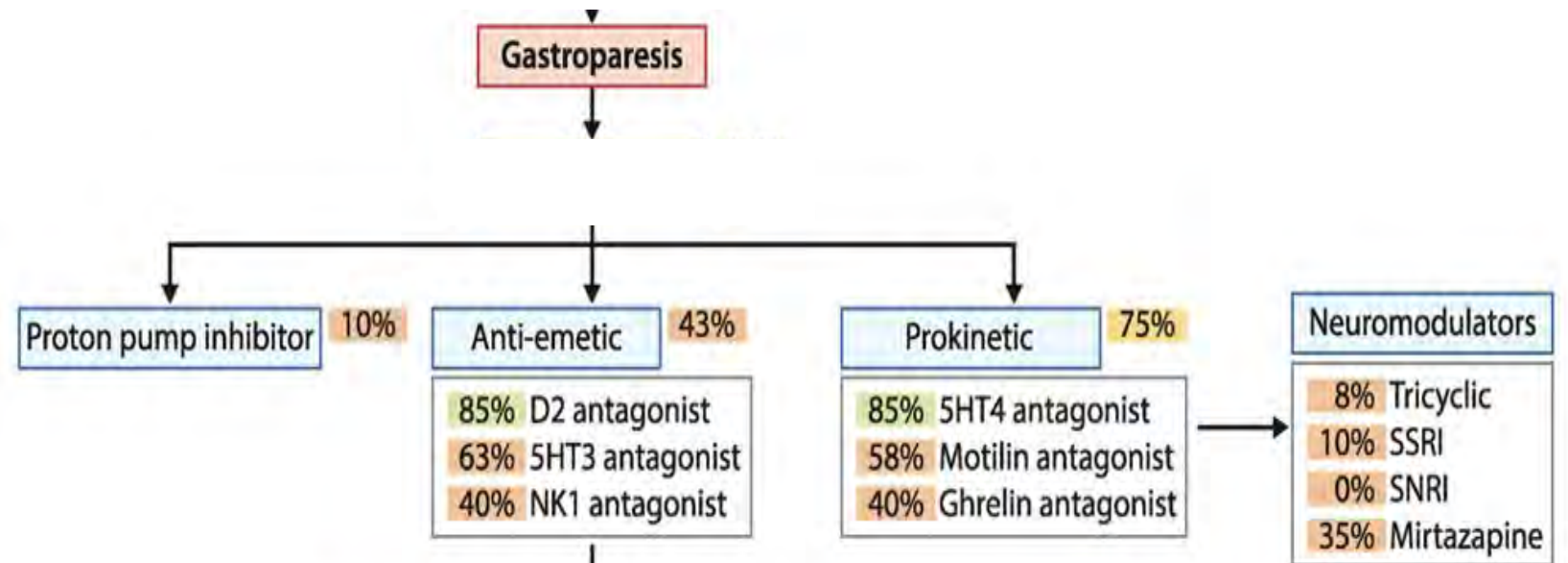
Interventionnel

Intégratif

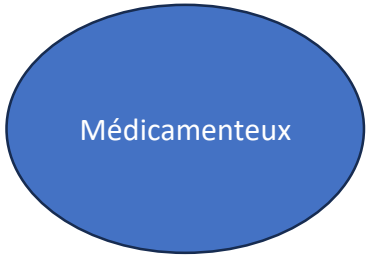
# Quel traitement est le plus efficace?

➔ Guidelines européennes 2020

Médicamenteux







Médicamenteux

Prokinetic	75%
85% 5HT4 antagonist	
58% Motilin antagonist	
40% Ghrelin antagonist	

Prokinetic therapy is the most effective

The efficacy of prokinetics is not

Received: 2 October 2022 | Accepted: 2 January 2023  
DOI: 10.1002/ueg2.12362

ORIGINAL ARTICLE

Do prokinetic agents provide symptomatic acceleration of gastric emptying? An analysis of the existing evidence

Nick Goelen<sup>1</sup> | Mike Jones<sup>2</sup> | I-Hsuan Huang<sup>1</sup> | Pieter Janssen<sup>1</sup> | Jan Tack<sup>1,3</sup>

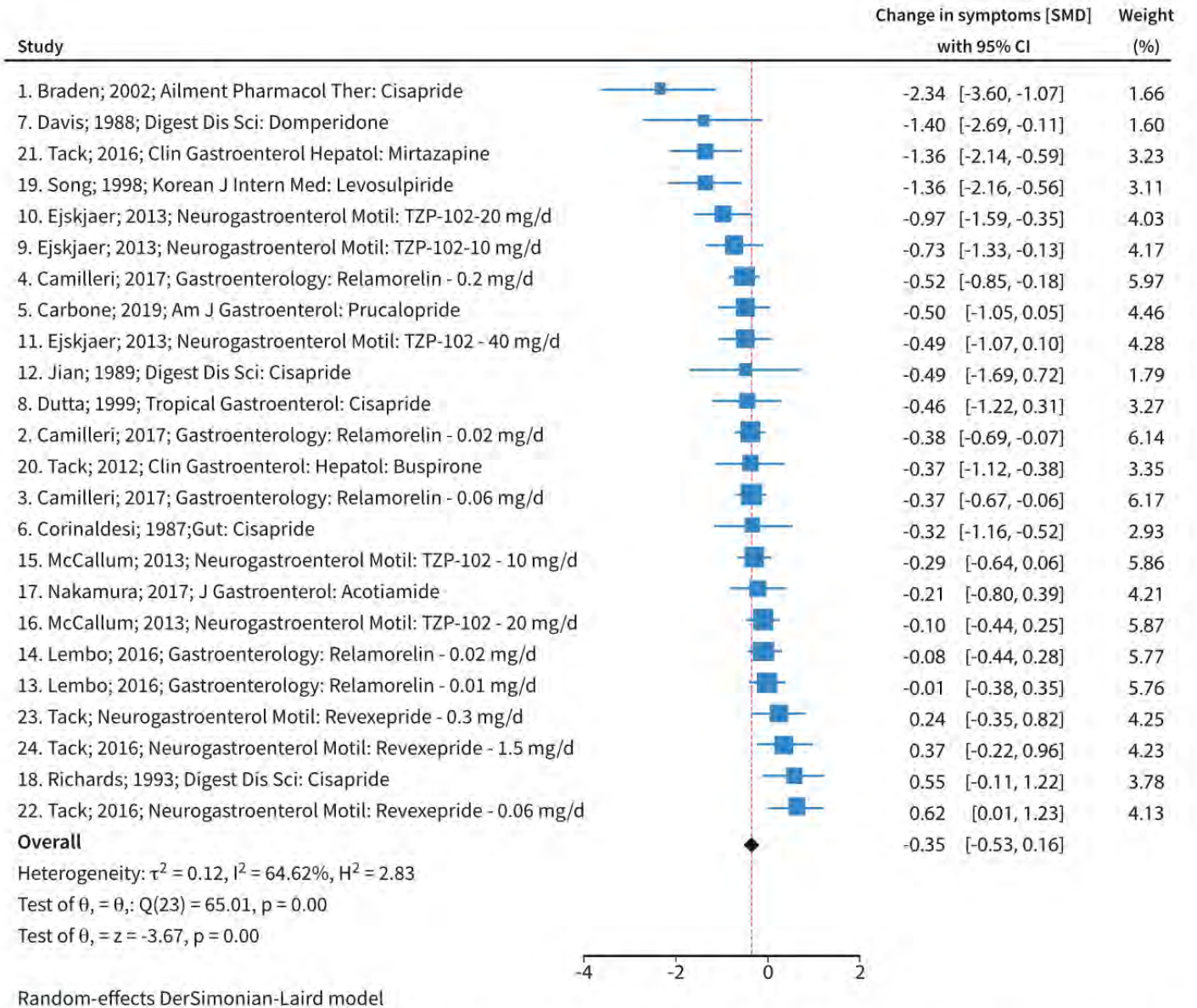


FIGURE 3 Scatter plot with regression line of the association between symptom change (negative = reduction in symptom burden) and change in gastric half-emptying time (negative = faster emptying), both expressed as standardized mean differences (SMD). Label numbers correspond with Forest plot.

Médicamenteux

Prokinetic therapy is the most appropriate first line therapy for gastroparesis – 78% - Grade B

Prokinetic therapy is effective for gastroparesis – 75% - Grade B

5-HT4 antagonists are effective for gastroparesis. – 85% - Grade B

- Prokinetic 75%
  - 85% 5HT4 antagonist
  - 58% Motilin antagonist
  - 40% Ghrelin antagonist
- Anti-emetic 43%
  - 85% D2 antagonist
  - 63% 5HT3 antagonist
  - 40% NK1 antagonist
- Prokinetic
  - 5HT4 agonist

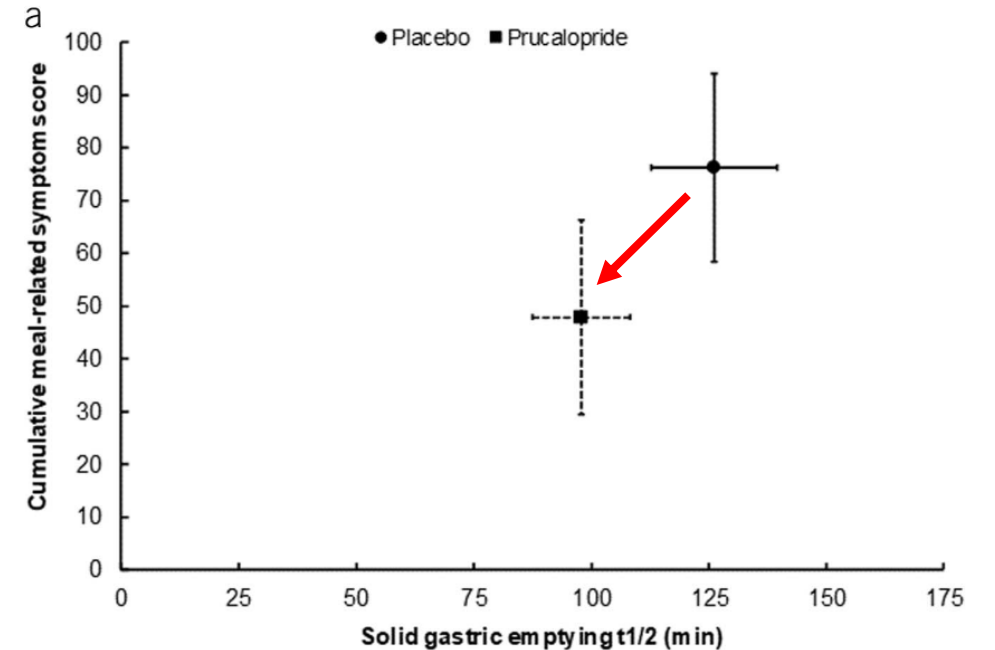
Pour notre pratique clinique:

- Métoclopramide
- Domperidone
- Prucalopride
- Erythromycine

Prucalopride in Gastroparesis: A Randomized Placebo-Controlled Crossover Study

Florencia Carbone, PhD<sup>1</sup>, Karen Van den Houde, MSc<sup>1</sup>, Egbert Clevers, MSc<sup>1</sup>, Christopher N. Andrews, MD<sup>1</sup>, Athanassos Papatheasopoulos, MD<sup>1</sup>, Lieselot Holvoet, MSc<sup>1</sup>, Lukas Van Oudenhove, MD, PhD<sup>1</sup>, Phillip Caenepeel, MD, PhD<sup>1</sup>, Joris Arts, MD, PhD<sup>1</sup>, Tim Vanuytsel, MD, PhD<sup>1</sup> and Jan Tack, MD, PhD<sup>1</sup>

*Am J Gastroenterol* 2019;114:1265–1274. <https://doi.org/10.14309/ajg.000000000000304>

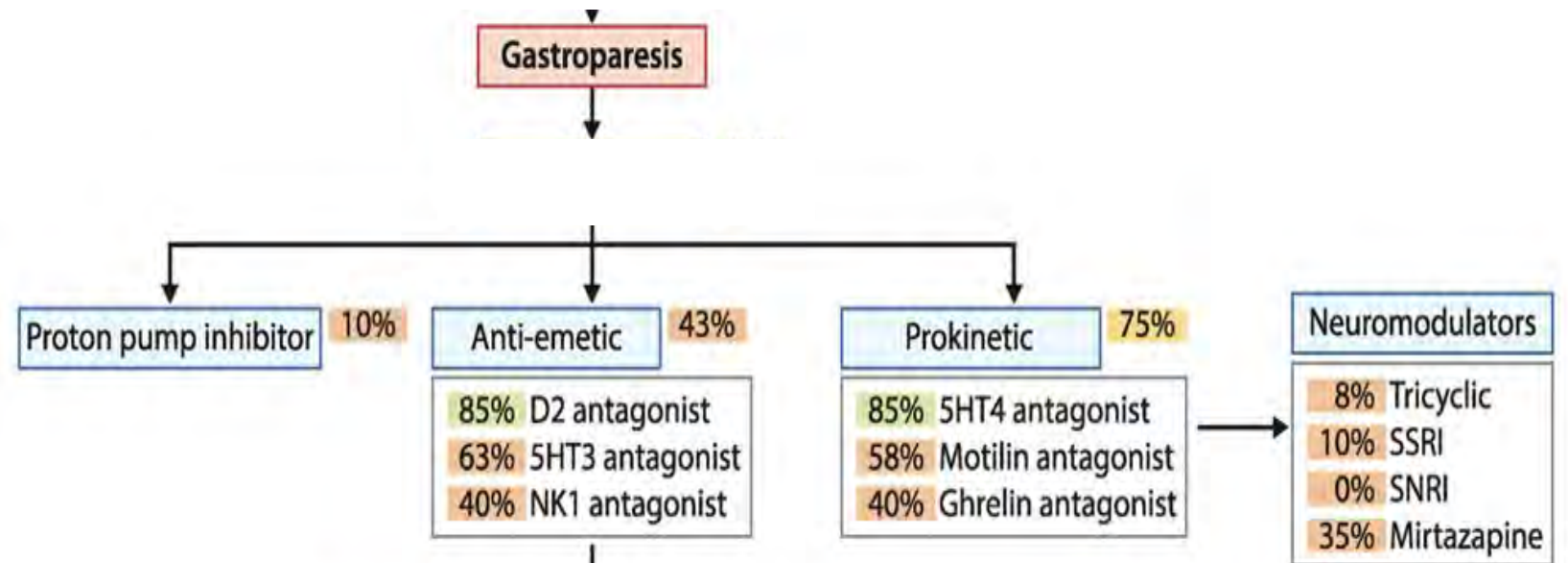


Autorisé par Swissmedic pour la constipation chronique

# Quel traitement est le plus efficace?

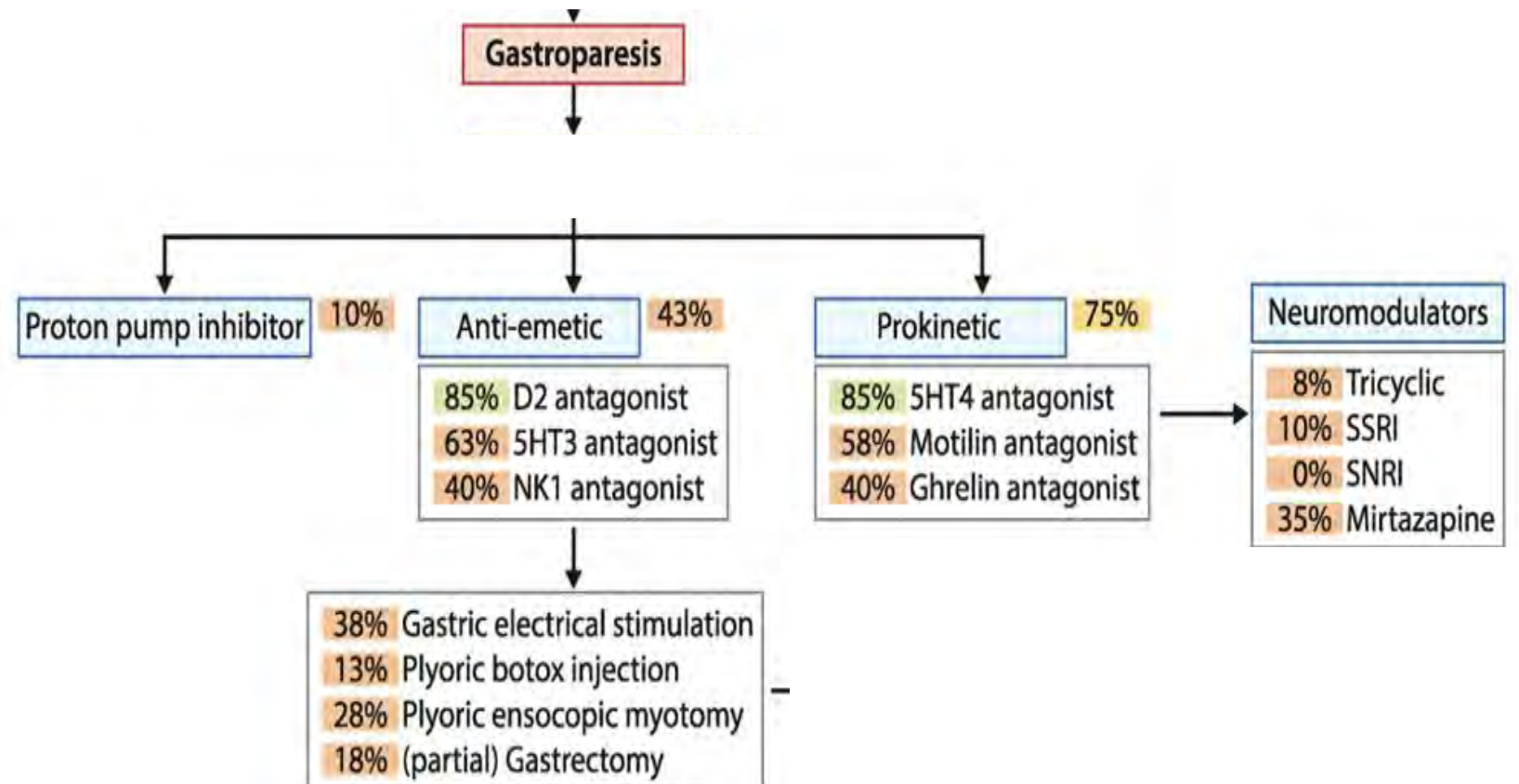
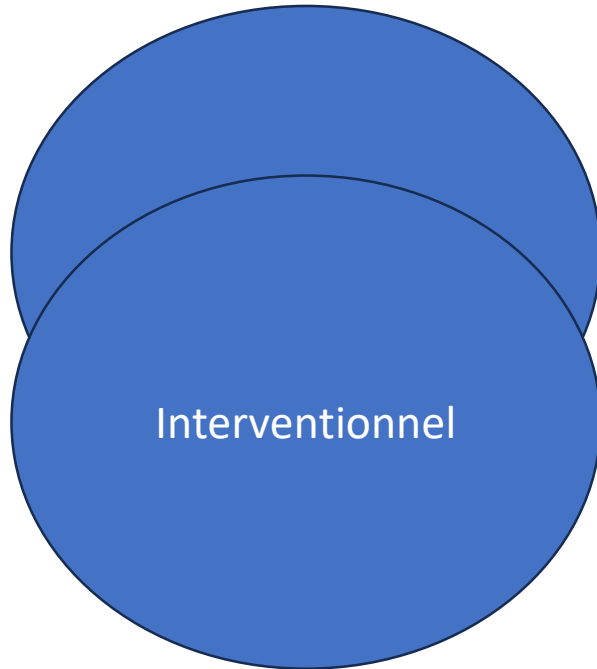
➔ Guidelines européennes 2020

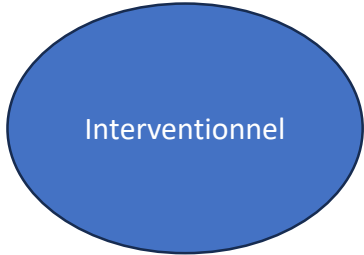
Médicamenteux



# Quel traitement est le plus efficace?

➔ Guidelines européennes 2020





Interventionnel

# Gastroparésie réfractaire aux traitements médicamenteux

- 38% Gastric electrical stimulation
- 13% Pyloric botox injection
- 28% Pyloric endoscopic myotomy
- 18% (partial) Gastrectomy

## Gastric Electrical Stimulation Is Safe and Effective: A Long-Term Study in Patients with Drug-Refractory Gastroparesis in Three Regional Centers

Curuchi Anand<sup>a</sup> Amar Al-Juburi<sup>a</sup> Babajide Familoni<sup>b</sup> Hani Rashed<sup>c</sup>  
Teresa Cutts<sup>c</sup> Nighat Abidi<sup>d</sup> William D. Johnson<sup>d</sup> Anil Minocha<sup>d</sup>  
Thomas L. Abell<sup>d</sup>

<sup>a</sup>University of Arkansas for Medical Sciences, Little Rock, Ark., <sup>b</sup>University of Memphis and <sup>c</sup>University of Tennessee, Memphis, Tenn., and <sup>d</sup>University of Mississippi Medical Center, Jackson, Miss., USA

### Original Paper

Digestion

Digestion 2007;75:83-89  
DOI: 10.1159/000102961

Received: July 6, 2005  
Accepted: February 5, 2007  
Published online: May 18, 2007

Gastroenterology 2023;164:1329-1335

## CLINICAL PRACTICE UPDATE

### AGA Clinical Practice Update on Gastric Peroral Endoscopic Myotomy for Gastroparesis: Commentary

Mouen A. Khashab,<sup>1</sup> Andrew Y. Wang,<sup>2</sup> and Qiang Cai<sup>3</sup>

<sup>1</sup>Division of Gastroenterology and Hepatology, Johns Hopkins Medicine, Baltimore, Maryland; <sup>2</sup>Division of Gastroenterology and Hepatology, University of Virginia, Charlottesville, Virginia; and <sup>3</sup>Division of Gastroenterology and Hepatology, Louisiana State University Health Sciences at Shreveport, Shreveport, Louisiana



J Neurogastroenterol Motil, Vol. 18 No. 2 April, 2012  
pISSN: 2093-0879 eISSN: 2093-0887  
http://dx.doi.org/10.5056/jnm.2012.18.2.131  
Journal of Neurogastroenterology and Motility

Review

## Gastric Electrical Stimulation for Gastroparesis

Edy E Soffer

Cedars Sinai Medical Center, Los Angeles, CA, USA



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et d'hépatologie  
Centre d'endoscopie BH07  
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1003 Lausanne

Formulaire d'information

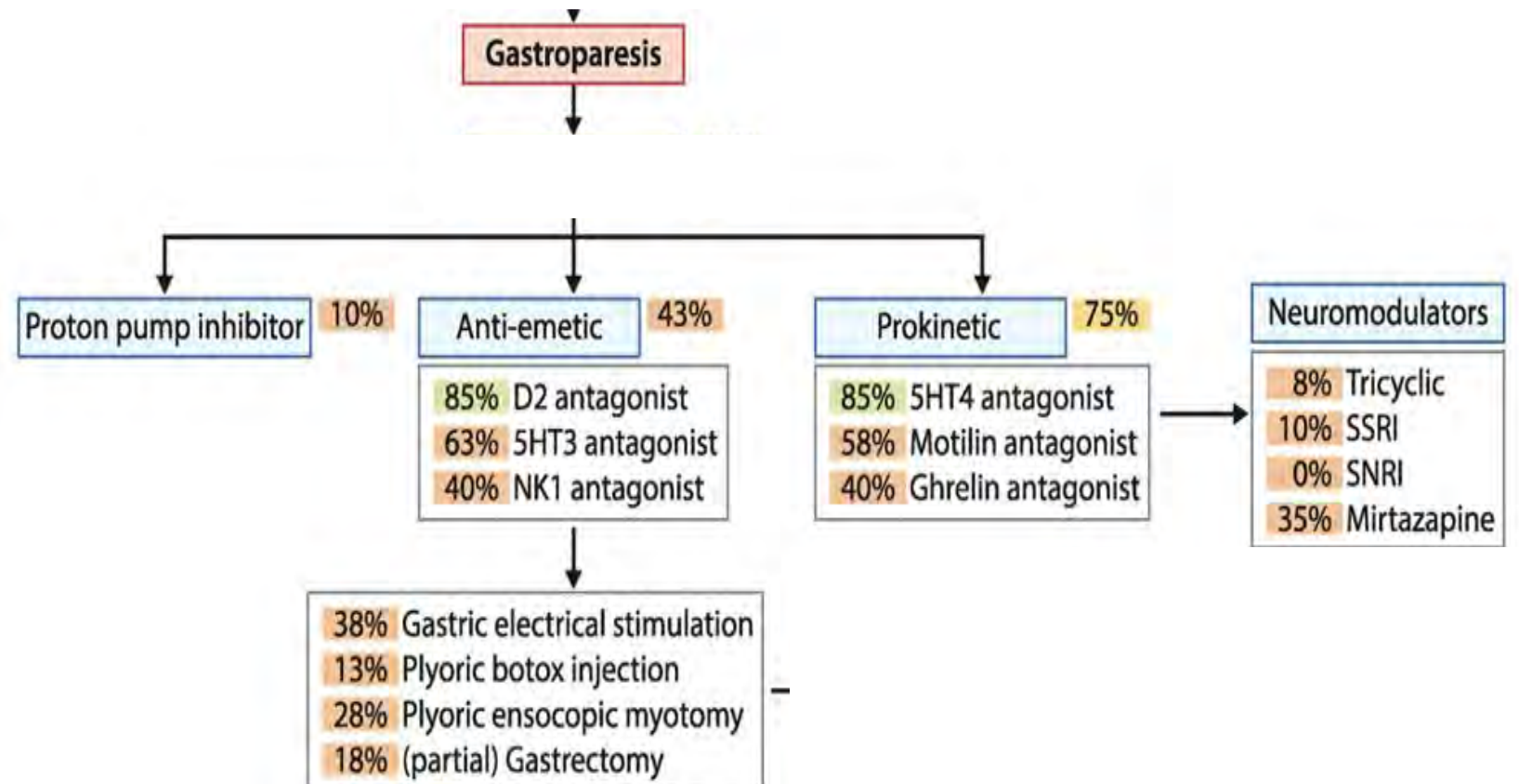
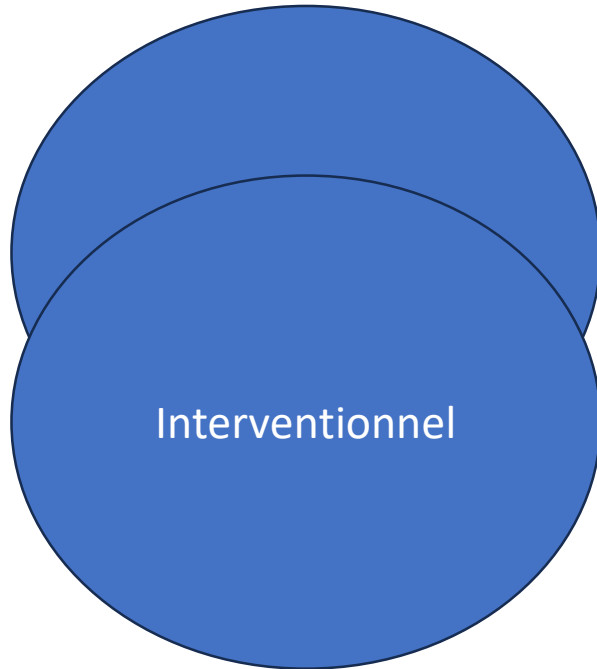
## Gastrosopie avec pyloromyotomie endoscopique (G-POEM)

### Pourquoi effectuer une gastrosopie avec pyloromyotomie endoscopique (G-POEM) ?

Après avoir discuté avec votre médecin, une gastrosopie (OGD) avec pyloromyotomie endoscopique vous est proposée. Cette intervention permet de traiter la gastroparésie réfractaire (baisse de l'amplitude des mouvements de l'estomac associé à un ralentissement de la vidange de l'estomac). Afin que vous soyez clairement informé(e) du déroulement de cet acte médical, nous vous demandons de lire attentivement ce document d'information. Veuillez ensuite signer le formulaire de consentement avant le jour de l'examen, en indiquant la date, puis remplir le questionnaire préalable à l'examen endoscopique. Le médecin est à votre disposition pour vous apporter, en complément, toute autre précision que vous souhaiteriez obtenir.

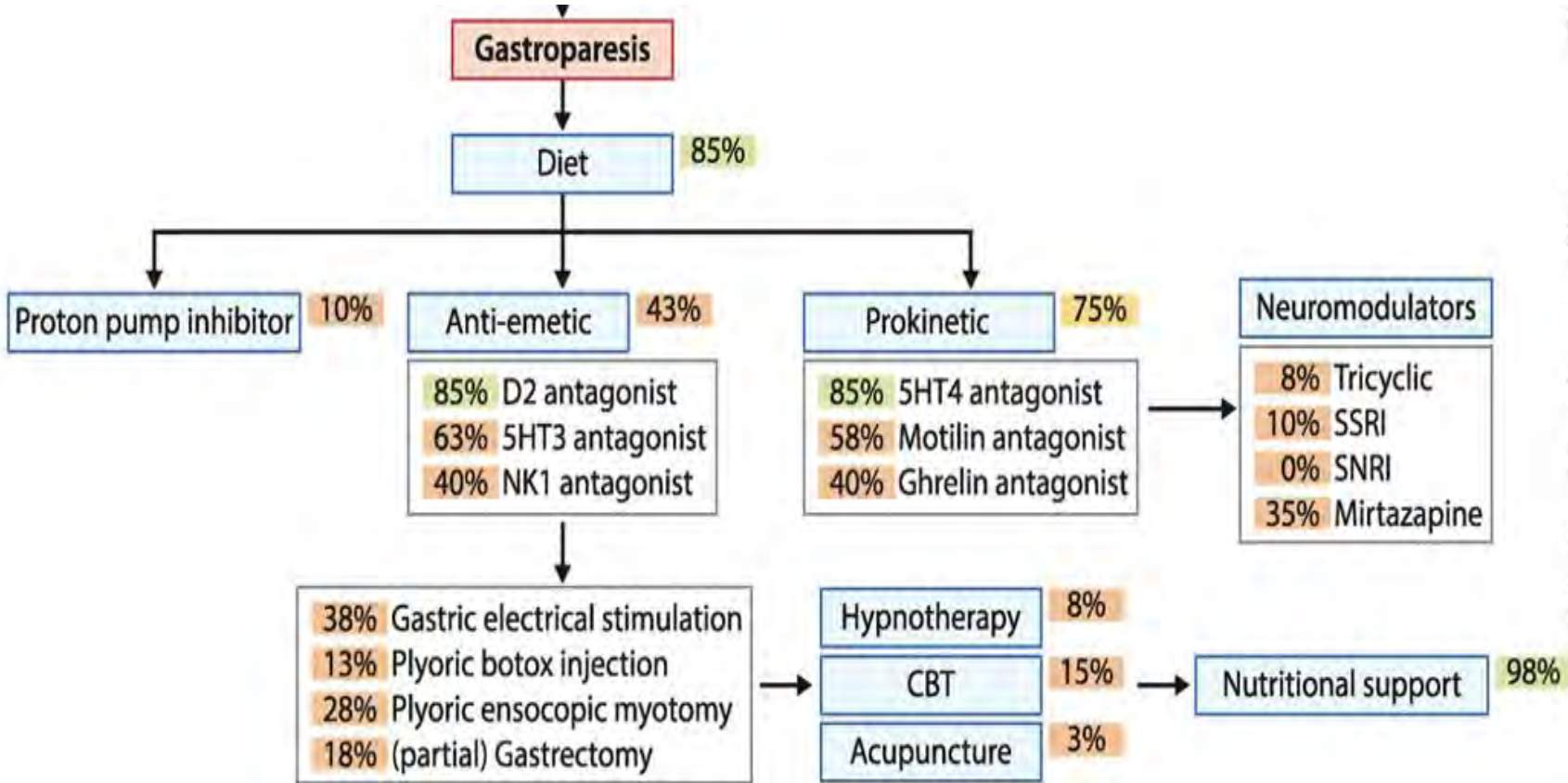
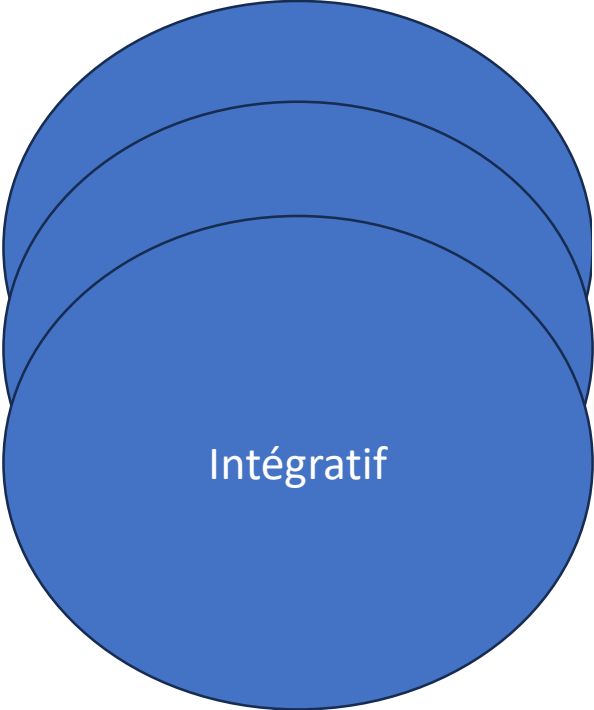
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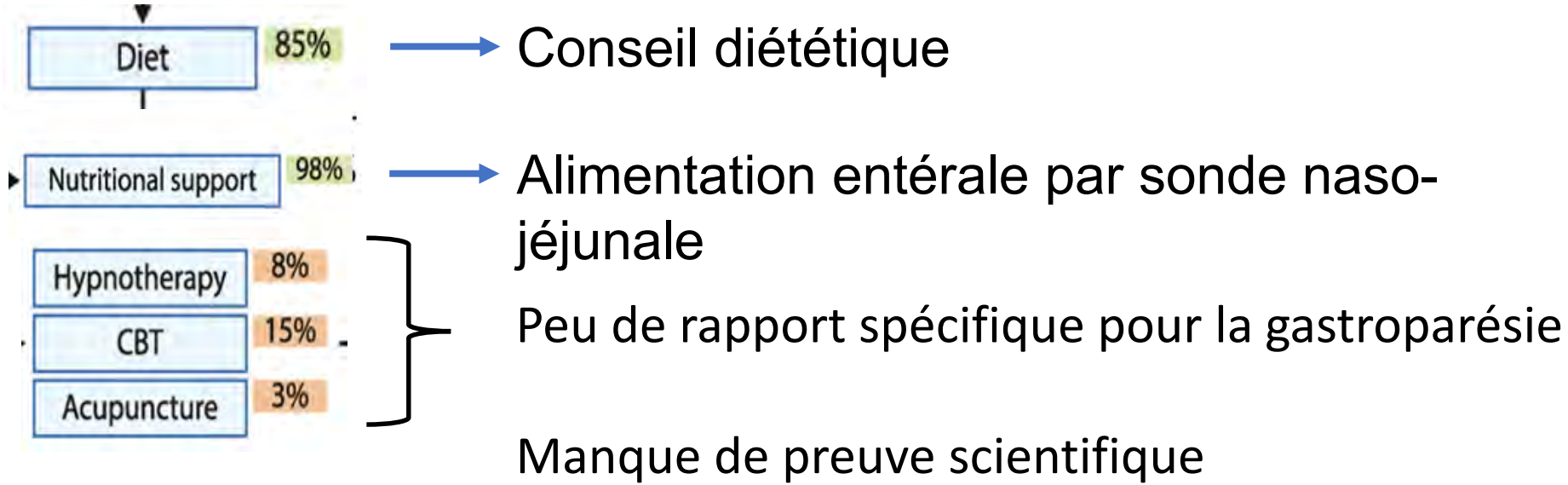
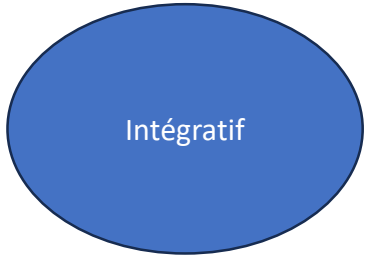
➔ Guidelines européennes 2020



# Quel traitement est le plus efficace?

➔ Guidelines européennes 2020





## Gastrointestinal-Specific symptom anxiety in patients with gastroparesis: Relationships to symptom severity and quality of life

Samuel E. Tanner ✉, Helen Burton Murray, Tiffany A. Brown, Zubair Malik, Henry P. Parkma

First published: 05 February 2023 | <https://doi.org/10.1111/nmo.14534>

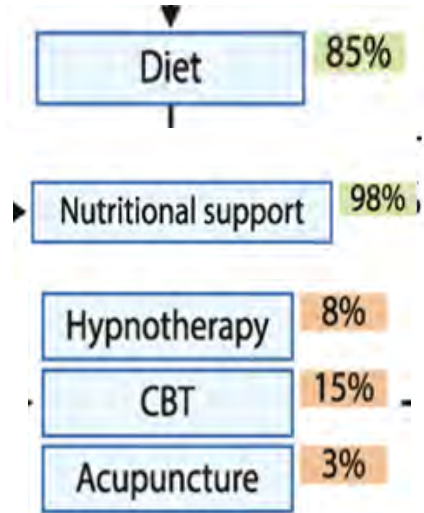
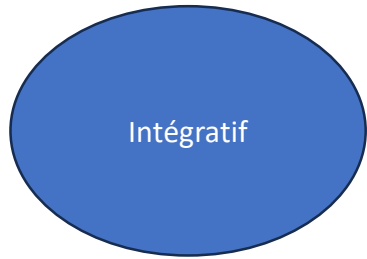
SYSTEMATIC REVIEWS

## Psychological controversies in gastroparesis: A systematic review

Sally Woodhouse, Geoff Hebbard, Simon R Knowles

World J Gastroenterol 2017 February 21; 23(7): 1298-1309





# INFORMER LE PATIENT

ORIGINAL ARTICLE

Observational Study

## Healthcare utilization and costs associated with gastroparesis

Vaibhav Wadhwa, Dhruv Mehta, Yash Jobanputra, Rocio Lopez, Prashanthi N Thota, Madhusudhan R Sanaka  
 Submit a Manuscript: <http://www.f6publishing.com> *World J Gastroenterol* 2017 June 28; 23(24): 4428-4436

DOI: 10.3748/wjg.v23.i24.4428

ISSN 1007-9327 (print) ISSN 2219-2840 (online)

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# Cas clinique - Prise en charge

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- Ondansetron
- Erythromycin iv
- 1 séance d'acupuncture et d'hypnose durant l'hospitalisation
  
- Paspertin 10 mg 3x/j
- Motilium 10 mg en réserve
- Suivi ambulatoire par le centre de la douleur
- Suivi ambulatoire psychiatrique

# Take home messages

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- Prokinétique – 5HT4 antagonistes ou agonistes
  - Metoclopramide / Dompéridone / Prucalopride
- 1<sup>ère</sup> ligne - Diète et soutien nutritionnel
- Manœuvre interventionnelle

# Questions?

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