STDs masquerade as IBD

Paddy Wood

A sexually transmitted disease is masquerading as inflammatory bowel disease, Sydney researchers report – and many cases continue to be misdiagnosed.

Lymphogranuloma venereum (LGV) is caused by the Chlamydia bacterium and patients generally present with proctitis or proctocolitis, leading to misdiagnosis and treatment failure.

“Due to a lack of distinguishing clinical features, many cases of LGV continue to be misdiagnosed as inflammatory bowel disease,” the doctors from Parramatta Sexual Health Clinic and Westmead Hospital report in the Journal of Gastroenterology and Hepatology.

They cite the case of a 48-year-old man who presented with severe proctitis and reported a five-month history of bloody diarrhoea and peri-anal pain.

Treatments for the initial diagnosis of ulcerative proctitis were ineffective, and after MRI the diagnosis was revised to Crohn’s disease.

However, subsequent treatment with high-dose oral steroids and azathioprine also failed and the baffled physicians finally located, after a rectal swab, the presence of LGV infection.

The man recovered following standard treatment with doxycycline.

There has been a sustained worldwide outbreak of the condition in men who have sex with men, “with a substantial increase in the number of reported cases in Australia over the past two years”, the researchers said.

Infective proctitis is a common problem for such men, they added, with other causes including herpes, gonorrhoea and syphilis.

They advised that serology was “of limited utility” and recommended against histopathological assessment of biopsy specimens. Instead, an accurate sexual history was crucial.

Referral to a sexual health or infectious diseases specialist could help in screening for co-infection and effective treatment, they concluded.

Journal of Gastroenterology and Hepatology 2012; online

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Colorectal clinical trials fail to satisfy patients

Clare Pain

Over forty percent of colorectal cancer clinical trials in Australia are for treatments for advanced disease yet this doesn’t match the desires of patients, healthcare workers and researchers, finds an Australian study.

Examining 76 colorectal clinical trials registered in Australia from 2005 to 2011, researchers from the University of Sydney and the Australasian Gastro-Intestinal Trials Group found that two thirds were Phase 3 or randomised trials.

Forty-two percent of trials were on advanced disease, 13% on screening, 12% on behavioural interventions and 10.5% each on surgery and adjuvant therapy, the authors found. Only three trials (4%) were on prevention.

Yet this was not the mix of trial types preferred by a consensus meeting of interested parties known as a “global café”, set up to gauge the “evidence gaps” which needed to be filled for the disease.

The global café was a meeting of 43 people, including 14 with colorectal cancer, 13 health professionals (GPs, oncologists and nurses), 11 clinical and laboratory researchers and five attendees from non-industry funding bodies.

In contrast to the trials actually being undertaken, the stakehold-
Genes hint IBD connected with mycobacteria

Clare Pain

Ulcerative colitis (UC) and Crohn’s Disease (CD) share genes with loci for susceptibility to mycobacterial infection, giving genetic support to theories that exposure to mycobacteria may be part of the disease mechanism, reports a large international study.

The major meta-analysis of 15 genome-wide association studies and validation against an independent data set meant that DNA from over 75,000 people was analysed, including healthy controls as well as patients with CD and UC, the authors wrote in Nature.

Two thirds of the 163 loci found to be associated with either UC or CD were significant in both diseases. “This degree of sharing of genetic risk suggests nearly all of the biological mechanisms involved in one disease have some role in the other,” the authors said.

And 70% of the IBD loci are shared with other complex diseases, including ankylosing spondylitis and psoriasis, the authors found. There was considerable overlap with genes implicated in primary immune-deficiencies and six of the eight genes known to be linked to Mendelian susceptibility to mycobacterial disease were also implicated in IBD.

In total the loci found in the study accounted for a modest 13.6% of the total disease variance in CD and 7.5% in UC, which meant other factors like environmental exposures made “substantial contributions to pathogenesis”, the authors said. But Hazel Mitchell, Professor of Medical Microbiology at UNSW, told Gastroenterology Update it was premature to conclude mycobacteria are involved in IBD; “There’ve been many years looking at the role of mycobacteria in Crohn’s disease and there is still no firm evidence that they are involved. So I think the evidence is still very much up in the air,” she commented.

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WA hospital desperate for GI help

Children are waiting an average of 10 months just to be assessed by a paediatric gastroenterologist at Perth’s Princess Margaret Hospital, with some waiting over a year.

More than a third on the current waiting list have already waited longer than clinically recommended times, and of those who have already been seen over a hundred are in the queue for an endoscopy, the hospital says.

State Health Minister Kim Hames confirmed yesterday that the hospital needed an additional full-time and a part-time gastroenterologist to cope with the backlog, but said that it had proved difficult to find anyone for the jobs.

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Medical Board to audit doctors’ CPD

The Medical Board of Australia looks set to audit doctors to ensure they have completed their CPD.

Currently the board does not audit doctors’ declarations that they have completed their CPD.

However, in a communiqué released Tuesday, the board said it was setting up a group of “internal and external stakeholders” to progress work on the issue.

It said it recognised that an “audit of CPD for medical practitioners is likely to be complex”.

A spokesperson for the board said it was too early to comment on what sort of evidence might be acceptable proof of completing CPD, or what proportion of doctors should be randomly audited.

Eventually all 14 professions regulated by AHPRA will face random CPD audits.

What do you think?
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Bowel cancer blood test coming

Australian researchers believe a cheap and simple blood test for bowel cancer could be commercially available by 2013.

Developed in collaboration with CSIRO and Adelaide’s Flinders University, the test is currently being trialled on 3,000 patients.

Preliminary results indicate the test detected 76% of bowel cancers, with low false-positive rates.

Less than 40% of eligible Australians take part in the free government FOBT program, and Flinders University research says that two-thirds of Australians would prefer a blood test rather than a stool sample.

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New pancreatitis classifications clear confusion

Hugo Wilcken

Comprehensive new guidelines for the classification of acute pancreatitis should banish the confusion in terminology seen over the past 20 years, say its authors.

Published last week in Gut, the revised classification identifies two phases of the disease (early and late) with severity classified as mild, moderate and severe.

Diagnosis requires at least two of three features: abdominal pain; serum lipase at least three times greater than the upper normal limit; or typical acute pancreatitis findings on CECT, MRI or transabdominal ultrasonography.

Mild acute pancreatitis has no organ failure, local or systemic complications and usually resolves in the first week, while the moderately severe form is defined by transient organ failure, local complications, or exacerbation of comorbid disease.

Diagnosis of severe acute pancreatitis requires persistent organ failure for more than 48 hours and is associated with very high morbidity and mortality rates.

Local complications are peripancreatic fluid collections, pancreatic and peripancreatic necrosis (sterile or infected), pseudocyst and walled-off necrosis.

Providing a standardised template for reporting CT images, the guidelines were devised through web-based consultation with pancreatologists across the globe and with the participation of 11 international pancreatic associations.

The authors cautioned that acute pancreatitis was an evolving, dynamic condition and severity may change during the course of the disease.

“The accurate description of local complications… and the presence or absence of infection will improve the stratification of patients both for clinical care in specialised centres and for reporting of clinical research,” they concluded.

Gut, 2012; online
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