



## Editorial commentary on Indian Journal of Gastroenterology—September–October 2021

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### Button battery ingestion in children: Experience from a tertiary center on 56 patients

Exposure to button batteries (BBs) has increased in household items such as toys, watches, remote controls, among other gadgets. Given their corrosive properties, these can damage the gastrointestinal mucosa and cause serious injury within a few hours. Three mechanisms of mucosal injury have been described for BBs: leakage of battery content directly corroding adjacent mucosa, burns due to electric current, and necrosis due to direct compression [1].

Shafiq and colleagues from St. John's Medical College Hospital, Bengaluru, India, reviewed the clinical and endoscopic characteristics of 56 children presenting to their hospital emergency department with BB ingestion [2]. Ten BBs passed off spontaneously, while 27 BBs were extracted endoscopically from the stomach. A total of 19 impactions occurred, all with larger BBs (diameter  $\geq 10$  mm). Complications occurred in 3 children (5.35%) following retrieval; 2 developed upper esophageal strictures requiring serial dilatations and one esophageal perforation and peritonitis requiring laparotomy. Immediate availability of endoscopy for BB removal has been associated with reduction in the number of complications reported in previous studies [1]. The authors discuss their experience and prompt management of this condition highlighting that prevention is (of course) better than cure.

### Atypical manifestations of acute viral hepatitis A in children in Bangladesh: Are these really uncommon?

Hepatitis A virus (HAV) infections are seen around the globe but are hyperendemic in developing countries; HAV is transmitted feco-orally and from close contact [3]. Adult infections are characterized by jaundice, diarrhea, and hyperbilirubinemia, peaking 7–10 days after the onset of jaundice. Pediatric infections are often asymptomatic or have very few symptoms. Atypical manifestations including hepatitis A–associated prolonged cholestasis, acute liver failure, rash, kidney injury, myocarditis, and Guillain–Barre syndrome have also been reported rarely [3].

Alam et al. from Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, report on their experience of 200 consecutive children with acute HAV (mean age  $8.3 \pm 3.5$  years) [4]. “Atypical” features were present in 15% of these children including prolonged cholestasis (8.5%), ascites (6%), pleural effusion (2%), thrombocytopenia 2 (1%), and hemolysis in 1 child. Pruritus, higher serum total and direct bilirubin, and lower serum albumin levels were statistically significant in children with atypical manifestations. Moreover, this group had a prolonged mean duration of jaundice and hospital course. The authors discuss their findings and the implications in this manuscript.

### Prevalence of extraintestinal manifestations in ulcerative colitis and associated risk factors

Inflammatory bowel disease (IBD) can have multidimensional manifestations including rheumatological, dermatological, and other multi-systemic effects, with often negative effects on patients' personal, psychological, professional, and social well-being [5]. Data on the prevalence of extraintestinal manifestations (EIMs) of IBD from India are limited.

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Rawal and colleagues from Prime Institute of Digestive Sciences, Rajkot, India, report a large prospective series of 227 patients with ulcerative colitis (UC) and the presence of EIMs as recorded by the supervising gastroenterologist and confirmed by relevant specialists [6]. EIMs were noted in 7.9% in this cohort. Mucocutaneous (4.84%) manifestations were most common, followed by musculoskeletal (1.32%), ocular (0.88%), hepatobiliary (0.44%), and vascular (0.44%) manifestations. These findings draw our attention to the myriad ramifications of IBD, which are not limited to systemic effects alone, as is emerging in other studies [7]. Clinicians should carefully assess EIMs at diagnosis and through the course of the patient's journey to ensure optimal outcomes.

### Randomized trial of high-dose rectal diclofenac suppository and epinephrine spray on duodenal papilla for prevention of post-endoscopic retrograde cholangiopancreatography pancreatitis

Acute pancreatitis is a recognized but feared complication of endoscopic retrograde cholangiopancreatography (ERCP). A number of pharmacological agents have been used to prevent post-ERCP pancreatitis (PEP) but with variable success [8]. Dar and colleagues from the Government Medical College, Baramulla, Srinagar, India, report on a double-blind randomized trial of 882 patients with naive papilla undergoing ERCP [9]. All patients received a single dose of rectal diclofenac 100 mg within 30 min before ERCP and were randomized to receive either 20 mL of diluted epinephrine 0.02% or saline sprayed on the duodenal papilla at the end of ERCP. The primary outcome was incidence of PEP in two groups. PEP developed in 28 patients in the epinephrine group A (6.4%) and 35 patients in the saline spray group B (7.9%) demonstrating a numerical (but not statistically significant) reduction in PEP. Technical and operator-dependent risk factors notwithstanding, more prospective studies addressing confounders and different doses of pharmacological agents are needed to address this important issue.

### Role of *Helicobacter pylori* eradication in patients with functional dyspepsia

Dyspepsia is a symptom complex referable to the gastroduodenal region and includes epigastric pain or burning, postprandial fullness, or early satiety. Approximately 80% of individuals with dyspepsia have no structural explanation for their symptoms and have functional dyspepsia (FD). Among likely etiological factors or associations, *H. pylori* is implicated [10]. Padole and colleagues from Sir Ganga

Ram Hospital, New Delhi, India, studied the effect of *H. pylori* eradication in consecutive adult patients with FD compared with “standard medical therapy” (SMT) [11]. Treatment success was defined as symptom relief (Global Overall Score — [GOS]) score  $\leq 2$  and reduction by at least 2 points at 6 months, and *H. pylori* eradication was defined as stool antigen negative at 4 weeks. Of 202 patients randomized, 32/101 patients in group 1 (*H. pylori* eradication) and 31/101 in group 2 had treatment success (31.7% vs. 30.7%,  $p = 1.000$ ). The efficacy of *H. pylori* eradication therapy was 74.46% (70/94). *H. pylori* eradication therapy did not provide additional benefit with symptom relief in patients with FD as compared with SMT.

### Frequency and outcomes of gastrointestinal symptoms in patients with corona virus disease-19

Although a predominantly respiratory disease with multi-systemic ramifications, gastrointestinal (GI) symptoms such as diarrhea, vomiting, abdominal pain, and hepatic abnormalities have been reported in up to 20% of patients with corona virus disease-19 (COVID-19), including those with minimal symptoms [12]. Rogers and colleagues report their experience of treating patients with COVID-19 at the George Washington University Hospital, Washington, DC, USA [13].

In line with previous reports, GI symptoms were seen in 25.9% of patients. The most common GI symptom was diarrhea (12.8%) followed by nausea or vomiting (10.5%), reduced appetite (9.3%), and abdominal pain (3.8%). Patients with diarrhea were more likely to die (OR 2.750;  $p = 0.006$ ; CI 1.329–5.688), be admitted to the intensive care unit (ICU) (OR 2.242;  $p = 0.019$ ; CI 1.139–4.413), and be intubated (OR 3.155;  $p = 0.002$ ; CI 1.535–6.487). Diarrhea was more likely in patients requiring vasopressors, those with shock and acute kidney injury. Further data and mechanistic insights will inform clinicians and researchers in managing this new and complex disease.

### Molecular detection of *Cystoisospora belli* by single run polymerase chain reaction in stool samples

The opportunistic parasite *Cystoisospora* (previously *Isospora*) *belli* is frequently responsible for severe diarrhea in immunocompromised (e.g. human immunodeficiency virus [HIV]–infected) people in tropical and subtropical regions. The species develop in enterocytes, and are excreted via feces and transmitted through the fecal–oral route via ingestion of contaminated water or food, or direct contact with infected animals or humans [14]. Acute diarrhea is

usually self-limiting in immunocompetent individuals, but in severely immunocompromised patients, it can cause severe chronic diarrhea, which may result in a wasting syndrome, or even the death of acquired immunodeficiency syndrome (AIDS) patients [14]. The diagnosis by microscopy is less sensitive due to intermittent shedding of oocysts. In this issue, Katiyar et al. from Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India, report on a new single run polymerase chain reaction (PCR)–based diagnostic assay for *C. belli* [15]. In a cross-sectional study of 331 immunocompromised patients with diarrhea, 354 stool samples were tested for the presence of oocysts and a new PCR assay for *C. belli*. Microscopy detected *C. belli* in 11/354 (3.1%) of stool samples and PCR detected *C. belli* in 16/354 (4.5%). The PCR-based assay detected *C. belli* in all the stool samples, which tested positive by microscopy and additionally detected *C. belli* in five stool samples. Robustness and reproducibility of the PCR test notwithstanding, further studies will be needed to provide additional evidence.

## Management of portal hypertensive upper gastrointestinal bleeding: Report of the Coorg Consensus workshop of the Indian Society of Gastroenterology Taskforce on Upper Gastrointestinal Bleeding

Gastrointestinal (GI) bleeding is a dreaded and potentially fatal sequela of portal hypertension [16]. Successful management hinges on a multidisciplinary approach potentially involving medical interventions and/or percutaneous or surgical portosystemic shunting for portal hypertension reduction. Recognizing the significant and practice changing advances in recent years, as also the need for a specific national guidance document, the Indian Society of Gastroenterology (ISG) Taskforce on Upper Gastrointestinal bleeding commissioned an expert multidisciplinary panel, tasked with producing an expert consensus document (using a modified Delphi consensus) to guide clinicians managing portal hypertensive bleeding. The final report of the Coorg Consensus Workshop, published in this issue of the *Indian Journal of Gastroenterology* [17], is a comprehensive evidence-based document and constitutes essential reading.

## Declarations

**Conflict of interest** JKL declares no competing interests.

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## References

1. Oliva S, Romano C, De Angelis P, et al. Foreign body and caustic ingestions in children: a clinical practice guideline. *Dig Liver Dis.* 2020;52:1266–81.
2. Shafiq S, Devarbhavi H, Gurappa B, Patil M. Button battery ingestion in children: Experience from a tertiary center on 56 patients. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01192-6>.
3. Abutaleb A, Kottiril S. Hepatitis A: Epidemiology, natural history, unusual clinical manifestations, and prevention. *Gastroenterol Clin North Am.* 2020;49:191–9.
4. Alam R, Bazlul Karim ASM, Mazumder W, et al. Atypical manifestations of acute viral hepatitis A in children in Bangladesh: Are they really uncommon? *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01200-9>.
5. Magro F, Gionchetti P, Eliakim R, et al. Third European evidence-based consensus on diagnosis and management of ulcerative colitis. Part 1: Definitions, diagnosis, extra-intestinal manifestations, pregnancy, cancer surveillance, surgery, and ileo-anal pouch disorders. *J Crohns Colitis.* 2017;11:649–70.
6. Rawal KK, Shukla VP, Chikani S, Thakkar M, Ruparelia M, Chudasama RK. Prevalence of extraintestinal manifestations in ulcerative colitis and associated risk factors. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01181-9>.
7. Limdi JK. Editorial: determining disability in IBD - “See(k) and you shall find.” *Aliment Pharmacol Ther.* 2021;53:1321–2.
8. ASGE Standards of Practice Committee, Chandrasekhara V, Khashab MA, et al. Adverse events associated with ERCP. *Gastrointest Endosc.* 2017;85:32–47.
9. Dar HA, Shah A, Javid G, et al. Randomized trial of high dose rectal diclofenac suppository and epinephrine spray on duodenal papilla for prevention of post-endoscopic retrograde cholangiopancreatography pancreatitis. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01161-z>.
10. Ford AC, Mahadeva S, Carbone MF, Lacy BE, Talley NJ. Functional dyspepsia. *Lancet.* 2020;396:1689–702.
11. Padole P, Ranjan P, Sachdeva M, Kumar M. Role of Helicobacter pylori eradication in patients with functional dyspepsia. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01195-3>.
12. Gu J, Han B, Wang J. COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission. *Gastroenterology.* 2020;158:1518–9.
13. Rogers HK, Choi WSW, Gowda N, et al. Frequency and outcomes of gastrointestinal symptoms in patients with corona virus disease-19. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01191-7>.
14. Wang ZD, Liu Q, Liu HH, et al. Prevalence of Cryptosporidium, microsporidia and Isospora infection in HIV-infected people: a global systematic review and meta-analysis. *Parasit Vectors.* 2018;11:28.

15. Katiyar M, Gulati R, Pagal S, Rajkumari N, Singh R. Molecular detection of *Cystoisospora belli* by single run polymerase chain reaction in stool samples. *Indian J Gastroenterol.* 2021; 40. <https://doi.org/10.1007/s12664-021-01170-y>.
16. Northup PG, Garcia-Pagan JC, Garcia-Tsao G, et al. Vascular liver disorders, portal vein thrombosis, and procedural bleeding in patients with liver disease: 2020 Practice Guidance by the American Association for the Study of Liver Diseases. *Hepatology.* 2021;73:366–413.
17. Singh SP, Wadhawan M, Acharya SK, et al. Management of portal hypertensive upper gastrointestinal bleeding: Report of the Coorg Consensus workshop of the Indian Society of Gastroenterology Taskforce on Upper Gastrointestinal Bleeding. *Indian J Gastroenterol.* 2021;40. <https://doi.org/10.1007/s12664-021-01169-5>.

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