

Gastroenterology I

- In the setting of a patient presenting with dysphagia, despite a normal barium swallow evaluation, endoscopy is still warranted as the studies are considered complimentary and upper endoscopy can identify cancers and mucosal diseases not identified on radiographic evaluation of the esophagus.
- Ambulatory reflux (pH) testing (wire based or capsule based sensor) is indicated among patients presenting with typical reflux symptoms not responsive to proton pump inhibitor therapy.

Gastroenterology II

- When evaluating a young patient with diarrhea, without alarm symptoms, testing for celiac disease and inflammatory bowel disease (with C-reactive protein testing and fecal calprotectin testing) is adequate to establish a diagnosis of irritable bowel syndrome with diarrhea.
- Among patients with uncomplicated diverticulitis (no abscess formation, perforation or large phlegmon formation), careful patient observation is sufficient over antibiotics with respect to resolution of pain and clinical symptoms of diverticulitis.

Gastroenterology III

- In a patient presenting to the emergency room with abdominal pain, two of three criteria are necessary for the diagnosis of acute pancreatitis to include epigastric pain, serum amylase an/or lipase three times the upper limit of normal and/or cross-sectional imaging demonstrating peripancreatic edema with fat stranding. Outside of strictly meeting these criteria, alternative etiologies of abdominal pain should be considered.
- In a patient presenting with acute pancreatitis and adequately resuscitated with early, moderate intravenous hydration, without clinical improvement at 72 hours, repeated cross-sectional imaging should be performed to assess for complications of acute pancreatitis to include the development of pancreatic necrosis or peripancreatic fluid collection.

- In a patient with acute pancreatitis, early enteral nutrition was not found to be superior to oral nutrition at 72 hours. Patients should be fed orally, early, and within 24 hours of presentation when clinically the patient is hungry, not requiring intravenous opiate medications and when the patient has a benign clinical exam (soft abdomen with presence of bowel sounds).
 - If not meeting criteria for oral nutrition, the patient should be reassessed daily for oral nutrition. Enteral nutrition should be considered after 72 hours if the patient is intolerant to oral nutrition.

Gastroenterology IV

- In a patient with MASLD, statin use is the only therapy defined to have a mortality benefit, due to the concurrent comorbid conditions and prevention of heart disease mortality.
- In a patient presenting with an acute elevation in serum transaminases, in concern for acute liver failure, the single most important laboratory assay is an international normalized ratio (INR) in order to assess for preserved hepatic synthetic function.