Please note – this learning resource has been produced by the GUMS Academic Team. It is possible that there are some minor errors in the questions/answers, and other possible answers that are not included below. Make sure to check with other resources.

1. **Which one of the following is not an effect of cholecystokinin?**
2. It causes gallbladder contraction
3. It increases the rate of gastric emptying
4. It relaxes the sphincter of Oddi
5. It stimulates pancreatic acinar cells
6. It has a trophic effect on pancreatic acinar cells

Case 1: A 53-year-old patient was admitted to the emergency room with acute epigastric pain of 4 hours duration. History reveals that the patient has rheumatoid arthritis for which he takes NSAIDs. The patient also admits to vomiting, which was non-bilious and had a coffee ground consistency. On physical examination there was guarding of the abdominal wall.

1. **What are your differential diagnoses?**
2. **What parts of the patient’s history places him at risk of this condition? What are some other risk factors? How do they contribute to the pathogenesis of this condition?**

|  |  |
| --- | --- |
| **Risk factor** | **Rationale** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **What is the significance of:**
   1. **Non-bilious vomit?**
   2. **Coffee ground vomitus?**
2. **Fill in the following table with different drugs and their effect on gastric acid secretion:**

|  |  |
| --- | --- |
| **Drug class** | **Effect on gastric acid secretion** |
|  |  |
|  |  |
|  |  |

1. **How do you treat this condition? What are the treatment options if a urea breath test comes back positive?**
2. **What are some complications if this condition is left untreated?**
3. **What if…**
   1. **This patient went on to have a gastrectomy. What advice would you give them?**
   2. **This patient started taking an ACE-inhibitor and loop diuretic for hypertension and heart failure. What condition do you have to closely monitor for? Explain the pathophysiological basis behind this.**

<https://bpac.org.nz/2018/triple-whammy.aspx#1>

Case 2: A patient presents complaining of passing fatty, bulky stools with an offensive odour. She states that they are difficult to flush in the toilet.

1. **What is this sign called?**
2. **Based on the additional symptoms described in the table below, think about a possible diagnosis, and explain the cause of fatty, bulky, malodorous stools.**

|  |  |  |
| --- | --- | --- |
| **Additional Symptoms** | **Diagnosis** | **Cause of fatty, bulky, malodorous stools** |
| **History of chronic epigastric pain radiating to the back, tenderness on abdominal palpation, nausea, vomiting and heavy alcohol intake** |  |  |
| **Treated with broad-spectrum antibiotics in hospital for the last 2 weeks**  **Bonus question: what is the most common bug that causes infection in hospitals following antibiotic use?** |  |  |
| **Greatly elevated serum ALP and GGT, painless jaundice** |  |  |
| **History of diarrhoea and weight loss, positive anti endomysium and anti-tissue transglutaminase antibodies** |  |  |
| **Recent surgical resection of ileum due to Crohn’s disease** |  |  |

**Please provide feedback here!:**

[**https://docs.google.com/forms/d/1KmfO3yIEpnCBxAX8Q4alZIqdYBDVZaltx98rPMi63cs/edit**](https://docs.google.com/forms/d/1KmfO3yIEpnCBxAX8Q4alZIqdYBDVZaltx98rPMi63cs/edit)