CLINICAL INDICATIONS OF PEDIATRIC **GASTRIC EMPTYING SCINTIGRAPHIES** AT SHERBROOKE UNIVERSITY HEALTH CENTER

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INTRODUCTION

Actual clinical guidelines support certain indications[1,2,3,4] for gastric emptying scintigraphies (GES), while others are not mentioned or discouraged[5,6] (figure 1).

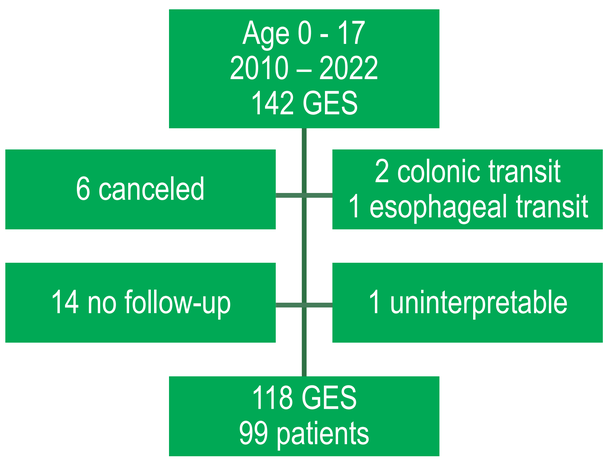
Are GES prescribed for indications **supported by clinical guidelines**?

Which indications **change management**?

Which **symptoms predict** an abnormal GES?

METHOD

Retrospective medical record review



Data collection

Clinical indication and symptoms* collected in clinical notes and clinical context provided for GES

- **Clinical follow-up**: repeat GES in a patient with proven gastroparesis often to reassess treatment
- **Pre or postoperative**: routine GES around different surgeries, ex.: fundoplication
- **Gastroparesis** suggested by early satiety, nausea, vomiting, abdominal bloating, anorexia
- **Gastroesophageal reflux disease (GERD)** suggested by pyrosis, regurgitation, opisthotonos, hematemesis, respiratory noises, cough, voice changes, discomfort/irritability, failure to thrive, refusal to eat
- **Other symptoms**: abdominal pain, epigastric burning, postprandial eructations, diarrhea, sudation, tachycardia, weakness, hypoglycemia

GES conclusions determined by the nuclear medicine physician's interpretation in the examination report

Change in management:

Yes: New action, change or cancellation of an action based on GES

No: No new action or no change in an action planned before GES

RESULTS

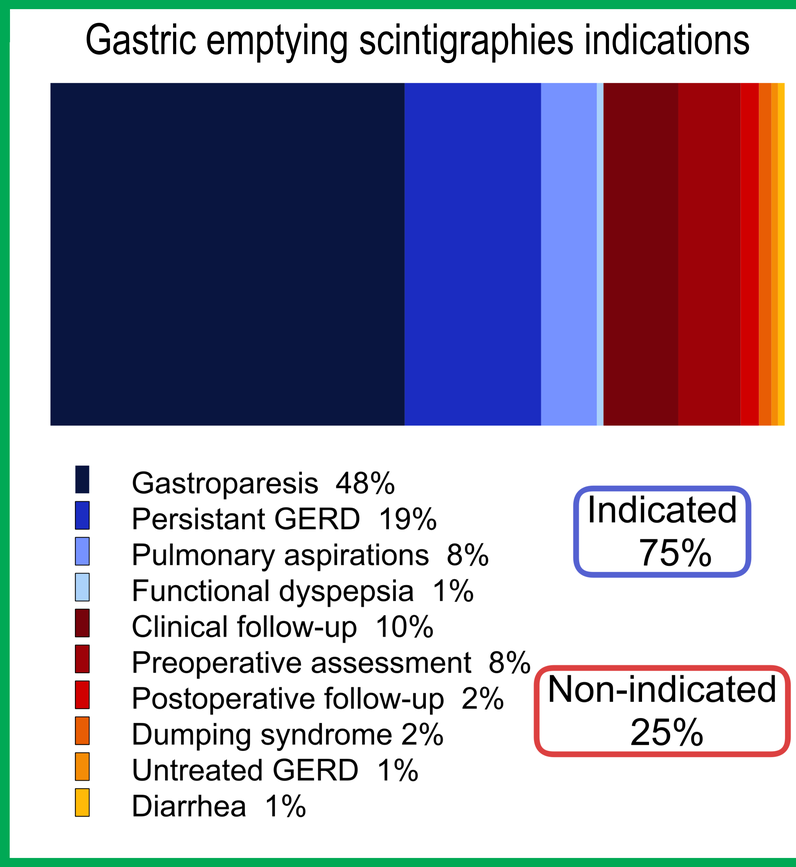


Figure 1

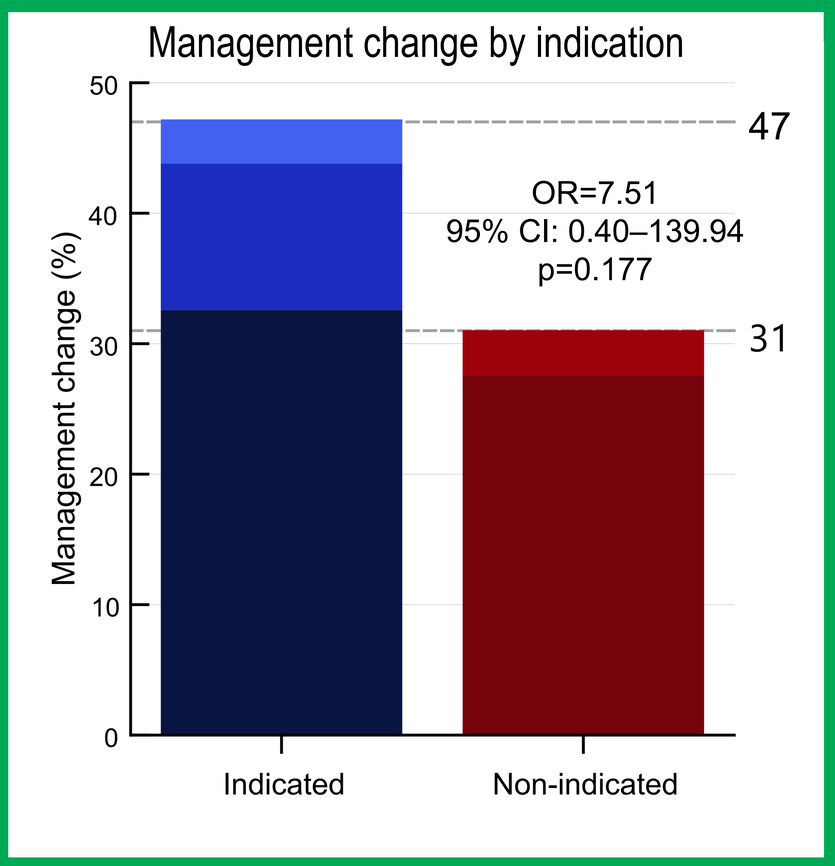


Figure 2

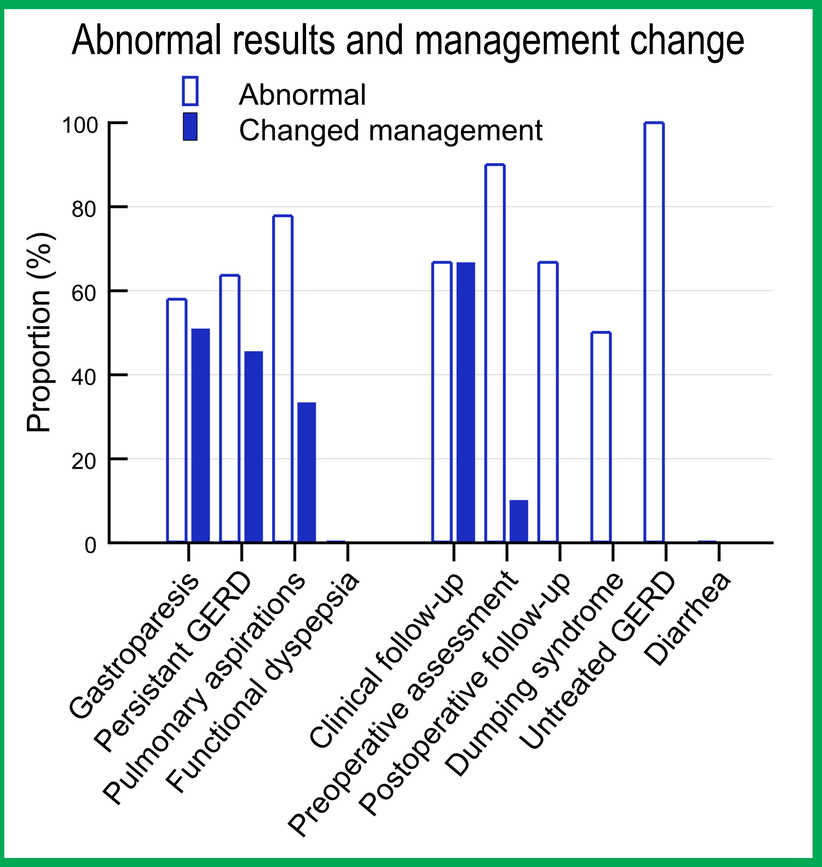


Figure 3

- 75% of GES were for indications supported by clinical guidelines (figure 1)
- Indicated GES changed management more frequently (figure 2)
- Clinical follow-up changed management in 67% of GES. Preoperative assessment, as in litterature[5], did in only 10% of GES (figure 3)
- No symptom* predicted an abnormal GES

CONCLUSION

In our study, we confirm that GES is a valuable tool as no symptom predicted an abnormal result. Most GES indications in our center adhered to clinical guidelines and those changed management more frequently. Routine preoperative assessment seldom changed management. In non-indicated GES, management was changed almost entirely by GES prescribed for clinical follow-up, often to optimize treatment or to assess for a functional dyspepsia mixed component. Should it become a valid indication?

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