Northern California Society for Clinical Gastroenterology

NEWSLETTER

ISSUE NO. 12 | October 2023

The NCSCG Board and Meeting Planning Committee invite you to register for the **9th Annual NCSCG Liver Symposium**, being held January 20, 2024, at the Hayes Mansion in San Jose, CA!

The symposium will provide a unique opportunity to receive a comprehensive update in chronic liver disease from nationally renowned faculty. The educational lectures at this symposium will focus on important advances presented at the annual American Association for the Study of Liver Disease (AASLD) Meeting and/or in recent publications. You will also have ample opportunity to interact with colleagues, our expert faculty members, and industry representatives.

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CALL FOR ABSTRACTS

FELLOWS SPOTLIGHT

Frances Lee, DO
Sutter Health
NCSCG Trainee Committee

Any personal background you would like to share?
I am from New York but have lived all over the country and now live in San Francisco by way of Atlanta, New Orleans, and Maine. I also have a background in non-profit work, starting off in AmeriCorps and working at the American Red Cross. I also worked at Gay Men's Health Crisis, which is the first HIV/AIDS non-profit formed in New York City. I believe my experiences have informed my love for medicine, which is deeply rooted in the relationships formed with patients and understanding the non-medical factors that influence the medical outcomes of our patients.

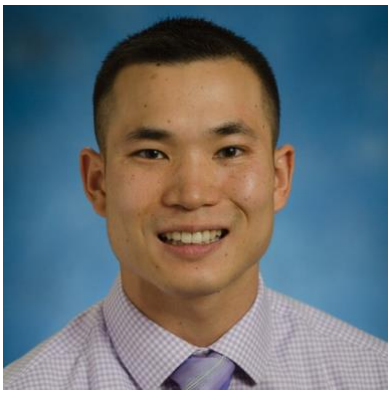
Clinical and/or research interests
I am interested in transplant hepatology, in particular the use of medications for the treatment of alcohol use disorder for patients with decompensated cirrhosis and reduce recidivism after liver transplant. I believe this will be an important pillar in our patients' care, especially as we see increasing rates of liver transplant completed for alcohol related liver disease.

Your involvement with the NCSCG and why did you decide to join the NCSCG?
My involvement with NCSCG began as a second year fellow once I was folded into the training committee with the support of Dr. Yimam and cofellows, who have now graduated. I am excited to assist with involving more fellows in NCSCG, which is an incredible resource for our learning and career.
Joining NCSCG was a great way for me to get involved in a local/regional level and find mentors across institutions. I believe NCSCG is a great first step in becoming involved with the national conversation regarding whatever you may be interested in.

What most excites you about GI/Hepatology in the next 2-3 years?
I am very excited about where transplant hepatology will go in the next 2-3 years as we begin to treat alcohol use disorder more creatively and with an emphasis on collaborating with our psychiatry and other multidisciplinary team members.

Other interesting facts you would like to share about yourself.
I have recently started to surf. My favorite place to surf is in Santa Cruz!

FELLOWS SPOTLIGHT



Lawrence Leung, MD
Kaiser Permanente
NCSCG Trainee Committee

Any personal background you would like to share?
I was born and raised in the SF Bay Area and completed my undergraduate degree at UC Berkeley. I then served an AmeriCorps term with the American Red Cross focused on disaster preparedness in disadvantaged communities in the Bay Area. Subsequently, I returned to UC Berkeley for my MPH prior to moving east for medical school at the University of Vermont. I returned to the SF community to complete my internal medicine residency and now gastroenterology fellowship here at KPSF.

Clinical and/or research interests
My clinical interests include luminal GI (particularly CRC screening and resection of complex lesions), pancreaticobiliary endoscopy, bariatrics, and technology and innovation.

Your involvement with the NCSCG and why did you decide to join the NCSCG?
I first learned about NCSCG as a resident. When I became a fellow, I became a regular attendee at the webinars and events. My graduating co-fellow nominated me to take her place on the Education and Trainee Committee as the KPSF Fellow Representative.
I joined NCSCG to connect with local gastroenterologists, meet other fellows, and to contribute to medical education.

What most excites you about GI/Hepatology in the next 2-3 years?
I am most excited about therapeutic endoscopic advancements. New developments are pushing the field of gastroenterology and allowing minimally invasive options as alternatives to classical surgery.

Other interesting facts you would like to share about yourself.
When not in the hospital, I enjoy road biking, snowboarding, Brazilian jiu-jitsu, traveling and watching sports.

APP CORNER

Reflections on My Year of Learning – Educational and Networking Opportunities for Advanced Practice Providers in GI/Hepatology

As I am writing this article I realize that 2023 is almost over. It has been a year filled with exciting learning opportunities for me.

In February, I attended GUILD (Gastroenterology Updates-IBD-Liver Disease) conference in Maui. I received the advanced practice provider (APP) GUILD scholarship and strongly recommend all APPs to apply for this award that helps support attendance and participation in the conference.The meeting was very intense. It started with IBD boot camp on Saturday followed by a full day of learning about ulcerative colitis on Sunday. Fortunately, there was a Luau party that night to help us relax and digest all the learned material. It was a great social event with lots of opportunities to network, make new friends and catch up with the old ones. Monday was the day dedicated to Crohn's disease and Tuesday was all about the liver. The Liver Jeopardy session was a great way to continue learning through a little friendly competition. Wednesday was general GI/motility. The weather was absolutely amazing. It was hard to say goodbye to Maui and I hope to be back for more GUILD learning!

In March, I attend the Chronic Liver Disease Foundation's Annual Liver Connect meeting in Huntington Beach, CA. This was another incredible learning opportunity with topics ranging from cirrhosis to HCC to viral hepatitis and steatotic liver disease. Again, a great opportunity to reconnect with friends and colleagues!

May was reserved for my favorite NCSCG GI Symposium in Monterey. This year it was held in Hyatt Regency Monterey hotel that offered wonderful meeting spaces as well as relaxing atmosphere away from the hustle and bustle of downtown Monterey. All topics presented where incredibly relevant to my daily practice. It is hard to pick my favorites, but the key note presentation on finding meaning in your work at any age by Neena Abraham definitely stood out for me. I look forward to the next NCSCG GI Symposium in Monterey in June of 2024.

Speaking of other NCSCG events, we will have our annual Liver Symposium on January 20, 2024 at the Hayes Mansion in San Jose. The venue looks amazing and we have the lineup of speakers to match it. I am particularly looking forward to the Liver Jeopardy event that afternoon!

In June I was back in beautiful Huntington Beach for the GI ReConnect conference. Most recently, I was in beautiful National Harbor, DC for my 6th Annual GHAPP (Gastroenterology & Hepatology Advanced Practice Providers Association) meeting in September. GHAPP provides scholarships to APPs to help attend this fantastic event. I strongly encourage you to apply.

And finally, in October, I am going for the first time to the American College of Gastroenterology (ACG) Annual Scientific Meeting in majestic Vancouver.

I strongly believe in life-long learning. I love to learn myself and share the newly acquired knowledge with other APPs in the Central California. It can be challenging to attend a lot of meetings every year. I encourage you to pick at least two per year to continue to build on you own knowledge base. Here are the two meetings that I recommend for the upcoming year:

1. NCSCG GI Symposium is local (in Monterey) in June of 2024 and you do not have to go too far. Quality of the lectures is absolutely amazing and it is very applicable to your real practice.
2. GHAPP in DC on 09/12/24-09/14/24. It is put together for APPs by the APPs in GI and Hepatology. Again you can apply for a scholarship and get financial help.

Mikhail Alper, PA-C, AF-AASLD
California Gastroenterology Associates, Fresno, CA
NCSCG APP Committee Chair

Images in Clinical GI

Can you solve the case?

Welcome to Images in Clinical GI, where we present images from interesting cases submitted by some of our members! This quarter, we present a case from Dr. Tuan Nguyen, an internal medicine resident at Highland Hospital. Answers and discussion on this case can be found on page 7. We hope you enjoy!

A 36-year-old male with well controlled HIV on HAART, who presented to GI clinic for persistently elevated liver enzymes. He was diagnosed with AIDS more than 10 years ago, with CD4 count 11 and viral load > 500,000, disseminated histoplasmosis, and CMV hepatitis. At that time, his total bilirubin was 3.6, AST 74 ALT 60, alkaline phosphatase 966.

He denied signs and symptoms of decompensating liver disease. Social history was pertinent for alcohol use in social settings. His home medications included darunavir, cobicistat, emtricitabine, and tenofovir alafenamide. He denied recent changes to his medications, antibiotic use, OTC medication use, or herbal/supplement use. Physical exam was unremarkable. Laboratory data showed a WBC of 4.8, hemoglobin 14.8, platelets 218, AST 56, ALT 63, ALP 374 to 534, total bilirubin 0.9, albumin 4.0, total protein 7.4, INR 0.9. Serologies were negative for chronic viral hepatitis and autoimmune etiologies, unremarkable alpha-1 antitrypsin, ceruloplasmin, and iron studies. Ultrasound of the liver showed a heterogenous appearance of liver, without evidence of intrahepatic mass or cirrhosis. MRCP was unrevealing for PSC. Fibroscan was negative for fibrosis or steatosis. TTE showed normal LV/RV function. Given persistently elevated liver enzymes, the patient underwent a liver biopsy with the findings below.

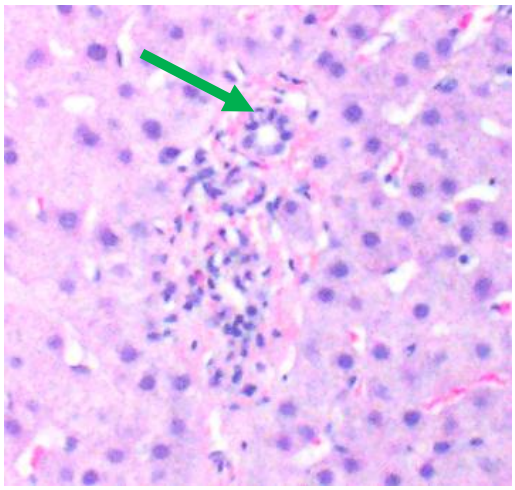


Figure 1: Liver biopsy H&E stain. Green arrow points to a structure that is not present in Figure 2.

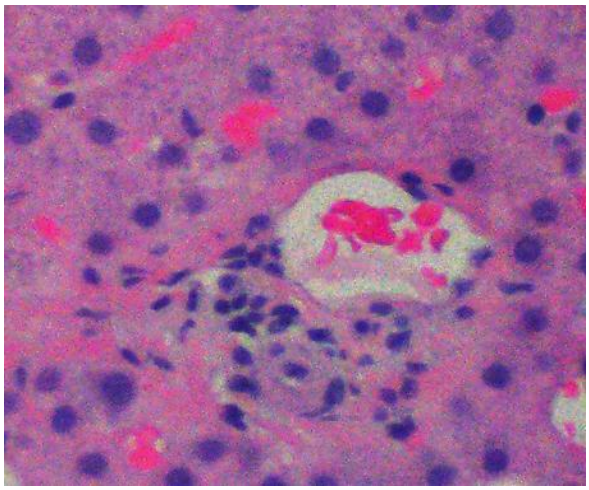


Figure 2: Liver biopsy H&E stain.

What is your diagnosis? What is missing in Figure 2?

If you have any interesting cases you would like to share or suggestions for this section, please contact us at: NCSCG@pacemedcom.com.

Stanford | MEDICINE

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Images in Clinical GI

(Solution and Discussion)

Solution:

Vanishing bile duct syndrome (VBDS)

Discussion

His liver biopsy showed periportal cholestatic effect, bile duct loss in the majority of portal tracts with no significant ductular reaction on CK7 stain. This supports vanishing bile duct syndrome, felt to be related to his CMV hepatitis, complicated by HIV/AIDS.

VBDS is a rare progressive cholestatic liver disease characterized by destruction and disappearance of the intrahepatic bile ducts, leading to cholestasis and ductopenia. It was first described in 1998 by Ludwig[1]. The cause of VBDS is broad and includes medications, infections, autoimmune disorders such as primary biliary cholangitis and primary sclerosing cholangitis, allograft rejection and graft-versus-host disease, and malignancy such as Hodgkin's lymphoma. Diagnosis is based on histology, defined by a loss of interlobular bile ducts in 50% or more portal tracts in a liver biopsy containing at least 11 portal tracts[2].

To date, there are less than 10 case reports of VBDS seen in HIV-infected adults. The pathophysiology is felt to be from drugs or its metabolites leading to direct damage or induction of an immune response against the biliary epithelium, destroying the intrahepatic bile ducts and resulting in cholestasis[3]. Medications that are commonly implicated in this group of patients include antibiotics such as penicillin, and nevirapine[3,4]. Infectious etiologies include HCV and CMV, and is reported to be the most common associated etiology in liver transplant recipients[3,5]. CMV infection in AIDS leading to VBDS has also been reported in AIDS patient[6]. Resolution can be both spontaneous and in association with immunosuppressants and ursodeoxycholic acid. In cases of drug/toxin induced injury, withdrawal of the culprit medication is recommended; however, in patients receiving anti-viral therapy for HIV, the risks and benefits need to be discussed. Management of CMV related etiologies include treatment for CMV. In many cases of VBDS, ductopenia and damage can become permanent, leading to progressive cholestasis, and ultimately cirrhosis[7].

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Northern California Society for Clinical Gastroenterology

About the NCSCG

The Northern California Society for Clinical Gastroenterology ("NCSCG") is a 501(c)(3) non-profit organization devoted to the pursuit of clinical excellence in Gastroenterology and Hepatology, primarily through continuing medical education. By providing a forum for the exchange of ideas, the NCSCG aims to encourage professional growth, stimulate intellectual curiosity, and further patient outcomes by expanding access to up-to-date information of interest to practitioners.

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Membership

The NCSCG is comprised of gastroenterologists and hepatologists from private practices and academic institutions throughout Northern California. Members of NCSCG are offered complimentary registration to our spring and winter educational dinner meetings and discounted registration fees at the GI and Liver symposia. Complimentary membership is offered for fellows.

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