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# NEWS

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## UNIVERSITY HOSPITAL RECEIVES NEW INSTRUMENTS TO BETTER DIAGNOSE PROBLEMS OF THE SMALL INTESTINE AND PHARYNX

Boston, Mass.--Physicians at The University Hospital (UH) are the first in the Northeast to use an enteroscope--a state-of-the-art diagnostic tool--to identify the source of chronic gastrointestinal bleeding. The enteroscope allows physicians to determine the precise location of bleeding in the small intestine due to abnormal blood vessels, ulcers, cancer, polyps or Crohn's disease. It is the first time researchers have been able to look directly into the small intestine without surgery.

In addition to the enteroscope, physicians at UH are using an oropharyngeal pressure sensor to examine and measure the movement of food in the pharynx. This diagnostic tool is useful in identifying Parkihson's patients, stroke victims or other patients who are more likely to choke or be at risk for pneumonia, because food has gone down the trachea and not the esophagus.

Both the enteroscope and the pharangeal pressure sensor offer patients and physicians less invasive options for the diagnosis and treatment of gastrointestinal problems and problems of the pharynx.

The enteroscope is a long fiber-optic tube that is fed through the stomach into the small intestine. A balloon at the tip of the enteroscope is then inflated, which allows the intestine to move the tube through the small intestine. As the scope is withdrawn, it produces a magnified image of the small intestine on a television screen that allows doctors to specifically pinpoint blood vessels that may be the cause of the bleeding.

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According to David Cave, M.D., Ph.D., the director of the Endoscopy Laboratory at UH and an associate professor of medicine at Boston University School of Medicine (BUSM), the use of the enteroscope is now the technique of choice for observing the small intestine. "Traditional barium small bowel studies don't work well because they can't pick up the subtle bleeding, which often results in anemia," says Cave. "In addition, the use of the enteroscope requires little or no hospitalization and is much more efficient and less invasive than the surgery that has been used to view the small intestine."

Cave says that by helping to define sources of obscure bleeding, the enteroscope will help physicians direct specific treatment and will reduce the need for blood transfusions and hospital stays.

The oropharyngeal pressure sensor, used in combination with x-rays, allows researchers to look at how the muscles tighten and contract to move food into the esophagus. Oropharyngeal motility studies are performed by inserting a small cathether into the pharynx. Once in place, patients swallow foods of different consistencies while measurements are taken of their swallowing contractions. The measured pressure patterns are then compared to normal measurements. By comparing the measurements and studying barium x-rays, the researchers are able to determine which muscles are tightening normally and which are not.

"This device will allow us to look at the swallowing mechanism in the back of the mouth as well as the upper part of the esophagus in great detail," says Ciaran Kelly, M.D., the director of the Motility Lab at UH and an assistant professor of medicine at BUSM. "Using this instrument in conjunction with x-rays will give us a better understanding of where problems arise. Once that is determined, we will be better able to advise the patient on ways to optimize food intake yet minimize risk."

According to Kelly, the pharyngeal motility studies will help optimize nutrition intake without the risk of choking on food and may reduce the need for tube feedings. These studies are part of UH's multi-disciplinary team approach to the management of patients with swallowing disorders.

The University Hospital, founded in 1855, is a principal teaching hospital of Boston University School of Medicine and a member of Boston University Medical Center.