Ask the Expert:

Upper GI involvement in SSc

Wor Id Scleroderma Foundation

EUSTAR European Scleroderma Trials and Research Group

Q1 To what extent does upper GI involvement hinder the quality of life of scleroderma patients?

Dr. Elisabetta Zanatta
Department of Medicine DIMED, Rheumatology Unit, University of Padova, Italy

A1 The gastro-intestinal tract is affected in up to 90% of SSc patients. Symptoms vary based on location of involvement and degree of severity. Previous survey showed that more than 50% of unselected patients claim about gastroesophageal symptoms and including about 40% for nausea. In Eustar database, about 70% of the patients do have esophageal symptoms at the baseline visit. In the large survey we performed with Fesca 2 years ago with data from about 2000 worldwide patients, the upper GI was ranked as the second most disturbing organ involvement with regards to impairment of daily life. Several questionnaires and scores are available and should be used during systematic screening to measure and try to guide the management of GI symptoms.

Prof. Yannick Allanore
Rheumatology A dpt, Cochin Hospital & Cochin Institut, INSERM U1016 UMR 8104, Paris, France

Q2 **In which cases would you recommend to perform or repeat endoscopy in scleroderma, as it is known that chronic acid reflux may result in complications such as stricture formation, Barrett's metaplasia and carcinoma?**

A2 My practice is that almost all SSc patients are investigated by endoscopy in the first months when the diagnosis is established. Of course, it will be performed earlier in case of severe symptoms are abnormal blood tests but I think that all new SSc patients do have endoscopy in the first 6 months. Then, if there is no severe esophagitis and no endobrachy-esophagus, endoscopy will not be repeated systematically but only because of refractory symptoms or abnormalities like mainly anemia. If the first endoscopy reveals endobrachy-esophagus, the timelines are the following: new endoscopy every 3 years if dysplasia is not observed, new endoscopy one year later if low grade dysplasia is seen and in case of high grade dysplasia, an interventional procedure is required considering that high grade dysplasia is in situ cancer.