

Talking Posters

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SeHCAT scan as an investigation for chronic diarrhoea; a single trust experience

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Introduction: Recent published (British Society of Gastroenterology) guidelines strongly recommended investigating unexplained chronic loose stools with SeHCAT scans when available rather than empirical treatment. SeHCAT scan was introduced at our trust in 2015. We aimed to audit this locally.

Methods: All SeHCAT scans that were done at our trust from Jan 2015 to March 2020 were included. Patient demographics along with risk factors and duration of symptoms were documented as well as the referred speciality.

Results: 55 patients were identified. Average age at time of diagnosis was 50y (18-70y). M:F was 1:3.2. Most scans were requested by the oncology team as part of the “pelvic radiotherapy late effects service” (n = 25), followed by the gastroenterology team (n = 22) and general surgery team (n = 8). The mean duration of symptoms was 4 years. 73% of the scans showed evidence of bile acid malabsorption (BAM) (n = 40) with bile retention <15%, with the majority of them (n = 30) having severe BAM (retention <5%). 60% of the patients had at least one lower GI endoscopy as part of their workup. The majority of patients were found to have type 3 BAM (n = 37). 60% of patients had symptom improvement on either diet alone or with bile-acid sequestrants (n = 23) and were discharged.

Conclusion: SeHCAT scan is a useful test to investigate unexplained chronic diarrhoea. It is important to identify patients at risk of developing bile acid malabsorption. It is currently underutilized by our trust, which might be because of funding issues and awareness among clinicians.