

Gastrointestinal Infection and the Risk of Microscopic Colitis

To examine the relationship between gastroenteritis and the risk of microscopic colitis (MC), a case-controlled study was carried out of 5 adult patients with MC diagnosed between 1990 and 2016 in Sweden, matched up to 5 general population controls according to age, sex, calendar year and county. Cases of MC were identified using systematized nomenclature of medicine codes from the ESPRESSO study, a cohort of gastrointestinal pathology reports from all 28 pathology centers in Sweden. Logistic regression modeling that was used to estimate adjusted odds ratio (aORs), and 95% confidence intervals (CIs).

Through December 2016, 13,466 MC cases were matched to 64,479 controls. The prevalence of previous diagnosed gastrointestinal infection was 7.5% among patients with MC, which was significantly higher than controls (3%). After adjustment, gastroenteritis was associated with an increased risk of MC (aOR 2.63). Among specific pathogens, *Clostridioides difficile* (aOR 4.39), Norovirus (aOR 2.87), and *Escherichia* species (aOR 3.82), but not *Salmonella* species, were associated with an increased risk of MC.

The association between gastrointestinal infections and risk of MC was stronger for the collagenous subtype (aOR 3.23), as compared with lymphocytic colitis (aOR 2.51). The associations remain significant after adjustment for immune-mediated conditions and polypharmacy than when compared with unaffected siblings.

It was concluded in a nationwide study that gastrointestinal infection, particularly *C. difficile*, is associated with an increased risk of subsequent MC.

Khalili, H., Axelrad, J., Roelstraete, B., et al. "Gastrointestinal Infection and Risk of Microscopic Colitis: A Nationwide, Case-Control Study in Sweden." *Gastroenterology* 2021; Vol. 160, pp. 1599-1607.

EGD Observation Time and Neoplasm Detection

To evaluate an institutional policy of EGD observation time and the detection rate of upper gastrointestinal neoplasm (UGI), all endoscopists

from July 2010 to March 2019 were requested to follow institutional policy extending more than 3 minutes of observation time in every screening EGD. Observation time was defined as the time from when the endoscope reached the duodenum to when it was withdrawn and neoplasm detection rate (NDR) was obtained during this period and was compared with a baseline period from 2009 to 2015.

During the study period, 30,506 EGDs were performed. The mean subject age was 49.9 and 56.5% were men. All endoscopists achieved an average EGD observation time of more than 3 minutes during the period. Mean observation time was 3.35 and was significantly longer than the baseline at was 2.38. NDR was 33%, which was higher than the baseline (23%). Even after adjusting for subjects' age and gender, smoking history and endoscopists' biopsy sampling rate, prolonged EGD observation time of more than 3 minutes increased the NDR of UGI neoplasms (odds ratio 1.51).

It was concluded there was evidence that implementing a period of prolonged observation time could increase NDR and that should be an important quality indicator of the EGD examination.

Park, J., Kim, S., Shin, G., et al. "Implementation Effect of Institutional Policy of EGD Observation Time on Neoplasm Detection." *Gastrointestinal Endoscopy* 2021; Vol. 93, pp. 1152-1159

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