

# CONTINUING MEDICAL EDUCATION (CME)/MOC ACTIVITIES

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Keith L. Obstein, Section Editor

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## CME/MOC Credits:

The American Gastroenterological Association Institute (AGA Institute) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The AGA Institute designates this educational activity for a maximum of *1.0 AMA PRA Category 1 Credit(s)*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the AGA's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

## Faculty Disclosure:

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## Instructions:

Category 1 credit can be earned by reading the relevant article and taking these CME examinations online at <https://www.gastrojournal.org/cme/home>. Answers to the questions are provided after taking the exams.

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## Exam 1: Severe Chest Pain, Odynophagia and Dysphagia in a Young Woman:

*Kilincalp S et al, Authors*

Test ID No.: gastro00431

Contact hours: 1.0

Expiration Date: October 31, 2022

## Learning Objective:

Upon completion of this CME activity, successful learners will be able to recognize drug-induced esophagitis.

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## Question 1:

A 28-year-old female was referred to the gastroenterology clinic from the emergency department for the evaluation of severe chest pain, odynophagia, and dysphagia that has been ongoing for several days. Past medical history is significant for acne vulgaris that has been treated with antibiotics. There is no history of irradiation, caustic ingestion, or use of other medications. Physical examination including the oropharynx was normal. The patient also had a normal chest radiograph, complete blood count, and complete metabolic profile. Esophagogastroduodenoscopy was performed and demonstrated large, circumferential, deep ulcerations with inflamed margins and normal surrounding mucosa in the mid-esophagus (Figure A). Otherwise, the endoscopic examination was normal. Which of the following is the *most likely* diagnosis?

- Lymphocytic esophagitis.
- Lichenoid esophagitis.
- Esophageal carcinoma.
- Drug-induced esophagitis.

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**Question 2:**

Which of following endoscopic findings is *not* seen in pill-induced esophagitis?

- a. Small discrete ulcers.
- b. Kissing ulcers.
- c. Esophageal mucosa erythema and erosions.
- d. Large ulcers with adjacent abnormal surrounding mucosa.

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**Question 3:**

Which of the following symptom is atypical for medication-induced esophagitis ?

- a. Retrocardiac chest pain.
- b. Odynophagia.
- c. Melena.
- d. Dysphagia.

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**Question 4:**

Which of the following statements about drug-induced esophagitis is *most accurate*?

- a. History and typical upper endoscopic findings confirm the diagnosis of pill esophagitis in almost all cases.
- b. Histologically, drug-induced esophagitis may show massive lymphocytic infiltrations.
- c. Esophageal biopsies should be taken to exclude esophageal carcinoma in all cases.
- d. Management of drug-induced esophagitis includes discontinuation of the causative medication and long-term treatment with proton pump inhibitors and oral sucralfate.