Alarm Signs in Gastroenterology

General GI Alarm Features

These symptoms warrant urgent evaluation as they may indicate serious underlying pathology:

1. Unintentional weight loss

2. Persistent vomiting

3. Progressive dysphagia (difficulty swallowing)

4. Odynophagia (painful swallowing)

5. Gastrointestinal bleeding

Hematemesis (vomiting blood)

Melena (black tarry stools)

Hematochezia (fresh blood per rectum)

6. Anemia (iron deficiency)

7. Palpable abdominal mass

8. Jaundice

9. Persistent diarrhea (>4 weeks)

10. Family history of GI malignancy

11. Age >50 years with new-onset GI symptoms

<u>Specific Alarm Signs by Symptom</u>

Dyspepsia

Age >55 with new symptoms

Family history of upper GI cancer

GI bleeding or anemia

Early satiety

Persistent vomiting

Unexplained weight loss

Reference: ACG Clinical Guideline: Management of Dyspepsia (Am J Gastroenterol. 2017)

Dysphagia

Progressive nature (suggests malignancy)

Associated weight loss

Odynophagia

Hoarseness or cervical lymphadenopathy

Reference: American College of Gastroenterology guidelines on esophageal disorders

Lower GI Bleeding / Change in Bowel Habits

Unintentional weight loss

Anemia

Family history of colorectal cancer

Nocturnal symptoms*

Palpable rectal/abdominal mass

Chronic Diarrhea

Nocturnal symptoms

Bloody diarrhea

Unexplained weight loss

Anemia or hypoalbuminemia

Age >50 years with new symptoms

Reference: AGA Technical Review on the Evaluation of Chronic Diarrhea in Adults (Gastroenterology 2020)

Jaundice

Associated with weight loss (suggests malignancy)

Painless (suggests pancreatic or biliary cancer)

Conjugated hyperbilirubinemia

Pruritus

Reference: AGA Institute Guideline on the Evaluation of Jaundice

Suggested Citation Format for Ebook

American College of Gastroenterology (ACG) guidelines

National Institute for Health and Care Excellence (NICE), UK

American Gastroenterological Association (AGA) guidelines

UpToDate: Clinical features of GI disorders

Clinical Examination in Patients with GI Alarm Features

1. General Examination

Vital Signs

Tachycardia: may indicate bleeding or hypovolemia.

Hypotension: late sign in significant blood loss or sepsis.

Fever: suggests infection or inflammatory conditions.

Pallor: suggests anemia (chronic blood loss or malabsorption).

Icterus: points toward hepatobiliary or pancreatic pathology.

Clubbing: may be associated with IBD, liver cirrhosis.

Lymphadenopathy: consider lymphoma or metastasis.

Edema: hypoalbuminemia (liver disease, protein-losing enteropathy).

2. Abdominal Examination

Inspection

Distension (ascites, obstruction).

Visible peristalsis (intestinal obstruction).

Scars or stomas indicating prior surgery or disease.

Palpation

Tenderness (localized or diffuse).

Guarding or rigidity (peritonitis).

Masses:

Epigastric (gastric tumor, pancreas).

Right hypochondrium (liver, gallbladder).

Left iliac fossa (colonic tumor).

Hepatosplenomegaly:

Chronic liver disease, hematologic malignancies.

Percussion

Shifting dullness (ascites).

Liver span.

Auscultation

Absent bowel sounds (ileus, peritonitis).

Hyperactive bowel sounds (obstruction).

3. Rectal Examination

Mandatory in all patients with:

Rectal bleeding

Altered bowel habits

Unexplained anemia

Look for:

Masses

Blood (fresh or altered)

Melena

Hemorrhoids or fissures

4. Other Relevant Systems

Oral cavity: Aphthous ulcers (Crohn's disease), pallor.

Skin:

Spider angiomas, palmar erythema (cirrhosis).

Pigmentation (Peutz-Jeghers syndrome).

Ecchymosis (coagulopathy).

Neurological exam: Asterixis in hepatic encephalopathy.

Clinical Pearls

A hard, irregular hepatomegaly suggests malignancy/metastasis.

Painless jaundice with a palpable gallbladder (Courvoisier's sign) points toward carcinoma of the head of pancreas.

Tender right hypochondrium with fever suggests cholangitis.

Cachexia and muscle wasting are signs of chronic malignancy or malabsorption.

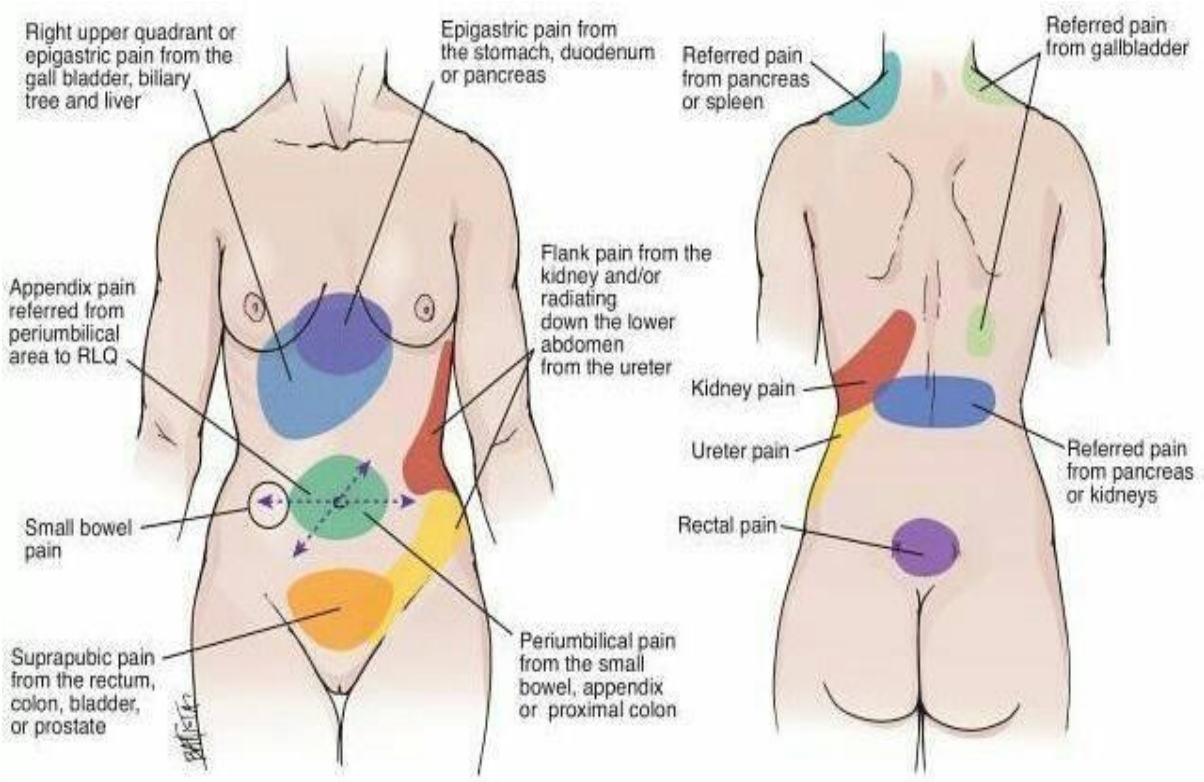
References for Clinical Examination

Talley & O'Connor's Clinical Examination (8th Edition)

Davidson's Principles and Practice of Medicine

Bailey & Love's Short Practice of Surgery – relevant for surgical GI cases

NICE & ACG guidelines on alarm features



Patterns and referents of abdominal pain.

Character of Abdominal Pain and Implications

Dull, Aching

Appendicitis
Acute hepatitis
Biliary colic
Cholecystitis
Cystitis
Dyspepsia
Glomerulonephritis
Incarcerated or strangulated hernia
Irritable bowel syndrome
Hepatocellular cancer
Pancreatitis
Pancreatic cancer
Perforated gastric or duodenal ulcer
Peritonitis
Peptic ulcer disease
Prostatitis

Burning, Gnawing

Dyspepsia
Peptic ulcer disease
Cramping ("crampy")
Acute mechanical obstruction
Appendicitis
Colitis
Diverticulitis
Gastroesophageal reflux disease (GERD)

Pressure

Benign prostatic hypertrophy
Prostate cancer
Prostatitis
Urinary retention

Colicky

Colon cancer

Sharp, Knifelike

Splenic abscess
Splenic rupture
Renal colic
Renal tumor
Ureteral colic
Vascular liver tumor

Variable

Stomach cancer

Laboratory and Imaging Workup for GI Alarm Signs

1. Laboratory Investigations

Basic Blood Tests

Test	Purposes
CBC	Anemia (GI bleeding) , Leukocytosis (inflammation/ Infection) / Thrombocytopaenia (Liver disease)
LFT	Jaundice / Hepato cellular injury/ cholestasis
RFT	Dehydration (vomiting / Diarrhea), Hepato renal syndrome.
Sr. Electrolyte	Vomiting, Diarrhoea, ileus
Esr / CRP	Inflammation (IBD, Infection, Malignancy)
Iron studies	Iron deficiency anaemia (Occult bleeding)
Coagulation profile PT/ INR	Liver dysfunction , risk stratification before biopsy or Endoscopy.

Stool for occult blood	Hidden GI bleeding
Stool culture/ Ova & Parasite/ Clostradium difficult toxin	Infective Diarrhea

---

2. Imaging Techniques

Basic Imaging

Modalities	**Indications**	**Key Findings**
Abd. X ray (erect/ supine)	Suspected perforation, obstruction	Free air under diaphragm, air fluid levels
Usg Abdomen	Hepato biliary Evaluation, mass,ascites	Gall stones, CBD dilation, Liver lesions
Chest xRay PA view	Aspiration, metastasis, perforation	Pleural efussion, free air, lung secondaries.

Advanced Imaging

Modalities	Indications	Key Findings
Contrast enhance CT (CECT) Abdomen	Tumors staging, abscess, obstruction, IBD	Mass lesions , Lymphadenopathy, bowel thickening.
MRI Abdomen (MRCP)	Detailed hepatobiliary and pancreatic Imaging	Biliary strictures, choledo -cholithiasis, pancreatic lesions.
CT enterography / MR enterography	Suspected Crohn's disease, small bowel bleeding	Wall thickening, strictures, fistulae.

Specialized Tests (Optional)

Elastography - to measure the stiffness of tissues and organs , particularly the Liver. In liver fibrosis

CEA / CA 19-9 / AFP: Tumor markers in colorectal, pancreatic, and hepatic malignancies.

Lactoferrin / Calprotectin (stool markers): Inflammatory bowel disease screening.

References

American College of Gastroenterology (ACG) Clinical Guidelines

European Society of Gastrointestinal Endoscopy (ESGE) Recommendations

NICE NG12 (Suspected Cancer: Recognition and Referral)

Harrison’s Principles of Internal Medicine

Bailey & Love’s Short Practice of Surgery