Histology confirmed gastrointestinal stromal tumor (GIST) with metastasis to the liver.

Conclusion: In the course of iron deficiency anemia, GI bleeding may not be detected by FOBT even when multiple tests are done. Case 1 and 2 highlight the utility of CE in diagnosing small bowel malignancy. Case 3 however attenuates the infallibility of CE. Although only a few studies have reported clinically significant lesions identified by enteroscopy but missed by CE, both test modalities are better optimized when complemented.

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Nitazoxanide for the Treatment of SIBO-Related Gastrointestinal Symptoms

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Purpose: Small intestinal bacterial overgrowth (SIBO) is a clinical condition defined as an abnormally high bacterial population in the small intestine. SIBO symptoms are variable, with abdominal pain or discomfort, bloating, diarrhea, and flatulence being the most common. Nitazoxanide (NTZ) is a first in class thiazole antibiotic with a targeted anaerobic antibacterial activity, placebo-like safety profile, and high gastrointestinal (GI) concentration. To date no studies have evaluated the empiric use of NTZ for the treatment of GI related symptoms in SIBO patients. The purpose of this paper is to report on practice experience utilizing NTZ for the treatment of SIBO-related GI symptoms in a community setting.

Methods: A chart review was performed on eleven consecutive patients treated with NTZ for the diagnosis of SIBO. The diagnosis of SIBO was made by the attending physician based on the patient’s symptoms and positive lactulose breath test. Patients meeting this criteria were prescribed NTZ 500 mg twice daily for 4 weeks after the end of therapy; repeat lactulose breath tests were not performed. The primary markers for resolution included: abdominal pain, diarrhea, bloating, and/or flatulence.

Results: Of the eleven patients treated with NTZ, seven were available for follow-up evaluation. The four remaining patients have not returned to the clinic with any GI related complaints. A complete resolution of symptoms was reported in five out of the seven patients treated with NTZ. Of the two patients that did not respond to therapy, one patient was not able to tolerate the medication due to an unknown reason. The other nonresponder had failed patients that did not respond to therapy, one patient was not able to tolerate the medication due to an unknown reason. The other nonresponder had failed

Conclusion: The empiric use of nitazoxanide 500 mg twice daily appears to the liver.

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Magnetic Resonance Imaging (MRI) of the Small Intestine: Utility of This Modality in a Large Urban Community Hospital

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Purpose: Evaluation of the small bowel is difficult. Current modalities include computed tomography scan, capsule endoscopy, enteroscopy, enteroclysis, angiography, small bowel follow through, and surgery. However, each technique has limitations. Small bowel MRI is an efficient and tolerable technique with limited availability nationally. This technique is not invasive, does not involve radiation, and provides detailed information regarding mucosal and transmural inflammation and wall thickness. The purpose of this study is to determine the application of small bowel MRI in a large urban community teaching hospital.

Methods: Small bowel MRI with gadolinium involves administration of psyllium fiber as an intraluminal agent taken in advance over a 3 hour period, and the use of glucagon during the examination. This is a retrospective chart review to determine the indications, results, therapy, and management for 40 patients undergoing small bowel MRI at a large urban community teaching hospital from January 2006 to January 2007.

Results: Indications for small bowel MRI included abdominal pain (22 patients), suspected Crohn’s disease (12 patients), anemia (3 patients), gastrointestinal bleed (1 patient), and abnormal CT abdomen (2 patients). Small bowel MRI was abnormal in 14 patients: small bowel thickening (8 patients), stricture (3 patients), and small bowel obstruction (3 patients). In 17 patients there had been previous small bowel imaging including capsule endoscopy,