

# Endoscopy in 2012

The science and practice of Gastro Intestinal - Endoscopy is fast advancing. It has become popular all over the world because of its minimally invasive nature and cost effectiveness. Diagnostic endoscopy has completely taken over barium examination and other indirect imaging modalities. Therapeutic endoscopy has clearly become the order of the day and is being preferred for various digestive diseases as the modality of choice.

There is compelling evidence that endotherapy is better than open surgical techniques or laparoscopy in certain areas. In areas of variceal bleed and non-variceal bleed, polypectomy, stricture dilation, foreign body retrieval etc., endotherapy has been shown to be far superior with lesser morbidity and complication rates as compared to standard surgical procedures or laparoscopy. Banding of esophageal varices and tissue glue injection of fundal varices have made portal hypertensive surgeries rare even in a busy surgical unit. Polypectomy, EMR and ESD have become a great boon for

patients with precancerous and early cancerous lesions of GI-tract.

Yet certain fields of digestive diseases appear to have considerable grey zones with each modality like endotherapy, laparoscopy and standard open surgical techniques claiming its own superiority. Achalasia cardia, CBD stone and pseudocyst management are some of them. These areas require focused and in depth studies comparing the merits and demerits of each modality. Moreover the specific indications of endotherapy, radiological modalities and surgery should be clearly chalked out.

We are glad to be the guest editors for this supplement issue of our journal in which a number of these problems have been addressed by experts in this field. We hope the contents of this issue will clear some of the clouds which persist in this area.

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