

# Foreword



Thierry Ponchon

## Bibliography

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## Dear colleagues and friends,

Thanks to a growing success, we increase the number of papers to be published per issue. Flexibility is one of the main advantages of the open access formula. Thus, this larger second issue helps us to cover several topics, from the rather simple but necessary diagnosis to the more advanced therapeutic procedures.

The number of colorectal neoplasms missed at colonoscopy is a hot topic and the subject of many recent studies. The meta-analysis of Menon et al. from UK recalls us that lesions are also missed at the level of the upper gastrointestinal tract and identifies the related risk factors. Despite certain limitations, which are due to the heterogeneity of the 10 analyzed studies, this meta-analysis has the principal advantage of raising awareness on this risk. Several explanations are given, but there is no doubt that lack of meticulous examination of the gastric mucosa, especially in occidental countries, is the main explanation.

Endoscopic treatment of dysplastic Barrett's esophagus is roughly based on ablation for non visible lesions or resection for visible lesions. For resection, stepwise piece-meal mucosectomy and endoscopic submucosal resection are 2 options nowadays in competition. Komeda et al. from the Netherlands conclude from a review of 16 studies that EMR does not carry a higher risk of recurrence (and morbidity) than ESD and is a valid option. An editorial by P. Deprez, a well known European champion for ESD, aims to balance this observation.

The publication of A. Mori (Japan) draws special attention to L-methol, a local agent that is an anti-spasmodic and, at the same time, enhances mucosal gastric pattern. In case of upper gastrointestinal bleeding, scores based on clinical, biological and endoscopic parameters help to better predict the risk of re-bleeding. The study of Girardin et al. from Switzerland demonstrates in a prospective, comparative manner that the Glasgow-Blatchford score can also help to reduce cost and hospital stay duration and therefore can be implemented to organize an outpatient management. Naidu et al. from USA have reviewed the different treatments of GAVE (gastric antral vascular ectasia), including the non endoscopic ones and the more recent endoscopic ones such as radiofrequency.

Minute small-bowel lesions (vascular, erosions) pose a certain number of problems during capsule endoscopy: they are frequently missed or,

on the opposite, over-diagnosed, and their clinical relevance is questionable, as explained by J. C. Saurin in an attached editorial. At least, their diagnosis should be more precise, and the study of Sato et al. from Japan suggests electronic chromoendoscopy as helpful.

There is no consensus on when enteroscopy should be performed in case of overt-obscure GI bleeding. The study by Aniwon et al. from Thailand shows a benefit when enteroscopy is performed within 72 hours after the last bleeding episode.

A prospective randomized study from India by S. Mahiuddin Ahammed et al. observed that the rate of ileal intubation (within 6 minutes) during colonoscopy is rather low (67%) and that patient posture (supine position > left lateral) and ileocecal valve morphology influence this success rate.

Which will be the future test for colorectal cancer mass screening is a matter of debate. Blood based testing is frequently cited as the favorite procedure for several reasons (less invasiveness and higher compliance). Plasma methylated septin 9 DNA is one of these available blood-based markers. A modelling study conducted by Ladabaum et al. aims to compare the cost-effectiveness of this test to current strategies used in Germany. It appears that according to this model, the current strategies are still more efficient and that the cost of the test itself should be dramatically reduced. Enthusiasm for NOTES has declined, but research in this field is still going on. The development of flexible platforms to allow stability and preciseness is an essential step. Moreover, these platforms would be helpful for endoluminal advanced procedures. Patel et al. from UK have reviewed all the platforms currently under development. Another important step is to close firmly the defects created during NOTES or during endoluminal surgery. Goto et al. from Japan demonstrate a new technique which seems simple and effective, provided it is realized with a double channel endoscope.

Enjoy reading!

Thierry Ponchon, MD  
Editor-in-Chief, *Endoscopy International Open*