

Foreword



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Bibliography

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Dear colleagues and friends,

We hope this issue of EIO will continue to arouse your interest.

We still do not know if fiducial placement using EUS to guide radiotherapy will become a standard of care and if it will be used worldwide. At least, the study by S. Chadran et al. from Australia suggests that this technique is feasible and safe in case of advanced gastric cancers.

The need, type and timing of bowel preparation for small bowel capsule endoscopy is still a matter of debate although numerous studies regarding this matter have been published. J. Goyal et al. suggest that this is partly due to the lack of a standardized grading system and thus, assess a previously published scale. The results were sub-optimal. The second and even more interesting part of this paper consists in a critical review of existing scores.

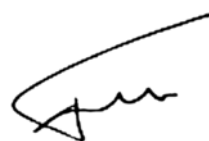
Differentiating sessile serrated lesions from hyperplastic polyps is challenging during endoscopy, as they are both included in the Kudo and NICE classifications. And histology is frequently erroneous, especially on biopsy specimens. Any attempt to distinguish these lesions is welcome. Shinmura et al. observed distinct molecular features. The question to be answered will be how to implement these observations in clinical practice.

To stop bleeding during ESD becomes difficult and takes time when the visibility is compromised by blood. V. Arantes et al. observed in a case report that polyethylene glycol is helpful to disperse blood and to improve the visibility. However, the question when PEG should be used is difficult to answer. For several reasons, and not only in Japan, beginning with linear or radial endoscope when performing biliopancreatic endoscopic ultrasound (EUS) is a matter of discussion. Kaneko et al. conducted a very interesting and well-illustrated study to compare the imaging capability of radial versus linear EUS at the level of the biliopancreatic region and to give some recommendations for the different areas. We have 2 studies from regional hospitals with unexpected or unusual results: the authors of the first one from New Zealand observed that suprathreshold anticoagulation with warfarin is associated with reduced mortality on nonvariceal upper gastrointestinal bleeding. The second one from Netherlands reports that prediction of colorectal polyp histopa-

thology is not satisfactory on a routine basis. The authors of both papers gave some clear explanations for these data and an editorial is attached to the last paper. Once again, studies performed on routine setting, even if the methodology might not be optimal, provide additional insight onto a topic and should therefore be published. This is clearly the role of EIO!

In this issue, two new technologies or procedures are presented: the use of endocystoscopy during endoscopic myotomy for achalasia, and the first evaluation of a sophisticated confocal LASER endomicroscope (CLE). Concerning the first procedure, to analyze the muscularis propria in vivo looks anecdotal unless it could help to better understand the pathophysiology and to predict the response to treatment. CLE, the more evaluated technology to obtain virtual biopsies, has gained popularity for some indications. However, one of the main disadvantages of CLE is that the tissue analysis is punctual: to analyze a large surface and to get a mapping of the lesions is impossible. Kang D. et al. from Boston, USA, developed a new system (Spectral-encoded confocal microscopy) for comprehensively imaging large segments of the esophagus at the microscopic level in vivo. In this study, large images of swine esophagus covering a surface of 33 cm² could be obtained by SCEM. It will then be easy to link these images with usual endoscopic images. Refinements are still necessary for clinical applications. Nakanishi T. et al. from Gifu University, Japan investigated pyrexia following gastric endoscopic submucosal dissection. They observed a high rate of 19.5% among 471 consecutive patients. In 34% of cases, pneumonia was associated. However in the majority of cases, large post-ESD wound and the healing process were the only suspected causes. Age, resection size and procedure duration are risk factors. Early diagnosis of pneumonia using CT is recommended. Antibiotic prophylaxis is debated by authors.

Enjoy reading!



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