

# Foreword



Thierry Ponchon

## Bibliography

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## Dear colleagues and friends,

In this issue we have 21 original articles with 4 attached editorials, and 1 case report. The following topics were addressed:

- ▶ A review of emerging biophotonic techniques in endoscopy (= a combination of endoscopic technology and disease biomarkers which could help to better detect, characterize and target high risk lesions). Their respective advantages and cons are discussed such as the clinical experience already reported.
- ▶ Endoscopist-directed nurse-administered Propofol sedation evaluated in 33 539 procedures: a medical team was only called 23 times for rescue, mainly for gastroscopy and in case of high ASA scores.
- ▶ Another advocacy for the use of ultrathin caliber endoscopes in routine (from a series of 1028 patients) even if the image quality is sub-optimal in comparison to regular endoscope due to the difference in CCD size.
- ▶ 2 cases of endoscopic injection of AUTOLOGOUS fibrin glue to treat esophageal leaks.
- ▶ The bacteremia rate following endoscopic variceal therapy: a meta-analysis from 19 prospective studies shows a 13% rate, lower for ligation (6%) than for sclerosis (17%) and higher in case of emergency procedures. The authors conclude these data are consistent with the current ASGE guidelines
- ▶ The circumferential distribution of Mallory-Weiss tears: 190 cases (including 100 occurring during endoscopic procedures) were analyzed. Location along the lesser curvature of the stomach and the right lateral angle of the esophagus (2- to 4-o'clock position) was the most frequent. 5.8% required blood transfusion
- ▶ A new strategy to approach the lesions for gastric endoscopic submucosal dissection (ESD) which helps to reduce the procedure duration for less-experienced endoscopist, as demonstrated in a series of 238 lesions.
- ▶ A robot made of 2 articulated arms mounted on a double-channel endoscope to help for ESD: using a model of ex-vivo porcine stomach, even non endoscopists succeeded to perform an ESD.
- ▶ Two versatile devices for all ESD steps: the first one, already commercialized and called the clutch cutter can grasp, pull, coagulate, and incise. An en-bloc resection rate of 99.7% and a R0 resection rate of 95.3% were observed in a prospective series of 375 patients with superficial gastric carcinoma. Another instrument made of an active wire can present with different shapes depending on the steps of the ESD procedure and has been tested in 8 pigs.
- ▶ The performance of narrow band imaging (NBI) and confocal laser endomicroscopy (CLE) to examine the duodenum of patients with familial adenomatous polyposis (FAP). The high accuracy rates of NBI and CLE for the diagnosis of duodenal adenoma observed in 26 patients suggest that these technologies will soon replace classical chromoendoscopy with Indigo-carmin during FAP patient surveillance.
- ▶ A laparoscopy-guided transgastric approach to perform ERCP in patients with Roux-en-Y gastric bypass surgery as an alternative to enteroscopy assistance: Cannulation was successful in all 23 cases. Advantages and disadvantages (for example: if ERCP should be repeated) are discussed.
- ▶ A loop-type guidewire to less traumatize the intra-ampullary pancreatic and biliary ducts during ERCP and to thus facilitate duct cannulation: a randomized study on 320 patients demonstrates a lower rate of ERCP-induced acute pancreatitis.
- ▶ EUS-guided tissue acquisition comparing two different 19-gauge core biopsy needles in a multicenter, randomized study: a new fine needle biopsy had a higher accuracy (88% vs. 62%) and required less crossover biopsies than a conventional tru-cut biopsy (2% vs. 65%).
- ▶ The potential role of molecular pathology to predict malignancy within pancreatic neoplastic cyst, as shown in a Markov decision model.
- ▶ The feasibility and safety of portable inhaled Methoxyflurane for colonoscopy in patients with morbid obesity and/or obstructive sleep apnea. Compared with anesthesia-assisted deep sedation, Methoxyflurane was associated with a lower incidence of respiratory desaturation, a faster recovery and a lower cost.

## License terms

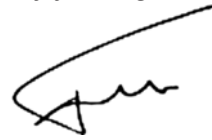


- ▶ The role of the time of the day on caecal intubation rate and adenoma detection rate when colonoscopy is performed in an extended three-session day (8 h – 20 h). In a retrospective study, colonoscopy quality parameters did not depend on time of day and especially on queue position.
- ▶ A software application to analyze and rate bowel cleansing during colonoscopy: the interobserver agreement between the software and 4 endoscopists was 0.87 (0.84 – 0.90).
- ▶ Cold snare polypectomy for large duodenal and colonic lesions: 30 polyps more than 1 cm (10 – 60 mm!) (15 duodenal and 15 colonic) were resected and only one bleeding required rehospitalization.
- ▶ Another application of the cap attached at the distal tip of the endoscope: to stabilize and increase the quality of images obtained by probe based confocal LASER endomicroscopy
- ▶ A comparison between band ligation and clipping for the treatment of colonic diverticular hemorrhage. Long term out-

comes were analyzed in a series of 100 patients. Cumulative incidence of rebleeding was higher with clips (68% vs 41% at 3 years).

- ▶ Rebleeding rate after endoscopic band ligation for colonic diverticular hemorrhage: 14% of rebleeding was observed among 101 cases and was linked to younger age, initial active bleeding and left-sided diverticulum. Enjoy reading!

Enjoy reading!



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Editor-in-Chief, *Endoscopy International Open*