



Editorial

Journal of Digestive Endoscopy: Year (2023) in Review

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In 2023, the *Journal of Digestive Endoscopy* published several articles in different categories. Here, we offer a concise overview of some of the contents in the journal in the last year.

In the original article category, Sonthalia et al showed that endoscopic ultrasound-guided celiac plexus block was useful to relieve pain in a subset of patients with chronic pancreatitis.¹ We strongly believe that though celiac axis block is not a standard of care for chronic pancreatitis, it may be useful to relieve pain of patients not suitable for other forms of treatment. Pemmada et al recognized that patient education is important to prevent pill esophagitis in developing countries, particularly in relation to the usage of over-the-counter medicines.² A pilot study by Bharadwaj et al showed that the use of rotational thromboelastometry reduced fresh frozen plasma requirement in patients without liver disease with deranged screening coagulation test, undergoing therapeutic endoscopic procedures without any increased risk of early/late rebleeding, and 30-day mortality.³ The study by Rana et al revealed that patients with walled-off necrosis and disconnected pancreatic duct, treated with lumen apposing metal stent and direct endoscopic necrosectomy had lower risk of pain recurrence or pancreatic fluid collections.⁴ Jamwal et al performed a comparative study to determine outcomes of endoscopic biliary drainage in postsurgical anatomy by single-balloon enteroscopy with endoscopic retrograde cholangiopancreatography (SBE-ERCP) and endoscopic ultrasound-guided bile duct drainage.⁵ They found that the mean duration of procedure, number of complications, technical success rate, switching over to alternative procedure, and number of sessions were significantly less in the endoscopic ultrasound hepaticogastrostomy as compared to SBE-ERCP.⁵ A single-blinded randomized study by Alayoubi et al expectedly found that re-reading capsule endoscopy was more cost-effective than repeating the test.⁶ A retrospective analysis by Shafiq reported the clinical, endoscopic, and histological characteristics of 132 patients with solitary rectal ulcer syndrome at a tertiary care center.⁷ Though this study lacks novelty, it is series of a large number

of patients with a not so common condition.⁷ Xu J et al described, developed, and assessed the potential of a low-cost gastroscope for early cancer screening and patient risk stratification.⁸ Afzalpurkar et al conducted a randomized crossover study to compare endoscopic ultrasound-guided fine-needle aspiration with fine-needle biopsy for solid gastrointestinal lesions and found the former to score higher with respect to sensitivity, diagnostic accuracy, and tissue yield for solid lesions.⁹ Sundaram et al reported that colonic self-expanding metal stent achieves good palliation of malignant colonic obstruction in patients.¹⁰ Katrevula et al determined potential role of optical diagnosis using endocytoscopy and endocytoscopy-computer-aided diagnosis to predict histopathological diagnosis of neoplastic diagnosis.¹¹ Another retrospective study from a tertiary care center reported a large number of children undergoing successful endoscopic retrieval of ingested foreign bodies.¹²

The journal also published a number of endoscopy images last year. Sharma et. al. reported accidental ingestion live ants by a 23 year old male patient, and successfully performed their endoscopic removal.¹³ The image by Cao et al showed submucosal hematoma of esophagus, which was caused by chewing betel nut.¹⁴ The endoscopic features of an unusual presentation of accidental rectal corrosive injury and its conservative management was reported by Patel et al.¹⁵ Tejerizo-Garcia et al illustrated the case of a patient with upper gastrointestinal bleeding caused by an atrioesophageal fistula secondary to radio-ablation for the treatment of refractory atrial fibrillation.¹⁶ Kothakota et al presented a rare case of metastatic Ewing's sarcoma in right colon.¹⁷

The endoscopic video by Pal et al described endoscopic seton placement for complex perianal fistula in Crohn's disease.¹⁸ Ishido et al developed a new jolting method, which can efficiently and completely remove a large number of cholesterol stones in a single procedure.¹⁹ A video by Zimmer et al illustrated the T-piece traction removal technique for buried bumper syndrome.²⁰ Gattani et al presented endoscopic management of a complex biliary problem.²¹

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A few interesting case reports were published last year in the journal. These included endoscopic submucosal dissection or early gastric cancer in a cirrhotic patient²²; peroral endoscopic myotomy in a pediatric patient with idiopathic achalasia²³; gastroduodenal intussusception due to gastrointestinal stromal tumor presenting with melena²⁴; a rare case of extramedullary plasmacytoma²⁵; and successful treatment of Plummer Vinson syndrome by use of circumferential endoscopic submucosal dissection.²⁶

Of the few review articles published last year, a narrative review on endo-hepatology is quite comprehensive.²⁷ A review article by Afzalpurkar et al discussing the impact of artificial intelligence (AI) on detection and characterization of colorectal polyp is quite timely.²⁸ A technical note on AI on detection and characterization of colorectal polyp further supplemented the above review by a comprehensive explanation of the concept AI.²⁹ Other reviews published last year worth mentioning include linear endoscopic ultrasound examination of the biliary system and its clinical applications,³⁰ capsule endoscopy in inflammatory bowel disease,³¹ environmentally sustainable endoscopy practices,³² efficacy of over-the-scope clips compared to standard therapy for nonvariceal upper gastrointestinal bleeding,³³ gastrointestinal subepithelial lesions,³⁴ pictorial essay depicting linear endoscopic ultrasound examination of pancreas anatomy,³⁵ application of endobiliary and pancreatic radiofrequency ablations.³⁶

The section on endoscopic news discussed timing of endoscopic transmural drainage for pancreatic necrosis,³⁷ risk factors for bleeding during endoscopic necrosectomy,³⁸ and role of AI for the detection of colonic polyp and adenoma.³⁹ The section on guidelines provided technical consensus details on endoscopic ultrasound-guided biliary drainage.^{40,41}

Though with the support from the authors, reviewers, readers, and the Society of Gastrointestinal Endoscopy of India, the journal did reasonably well last year, a lot remains to be done in years to come. Most important aims to bring the journal as one of the forefront journal of gastrointestinal endoscopy include publishing high-quality original articles, review articles, and consensus, increasing the citations of the published articles and raising the journal to a greater height. We once again solicit cooperation of authors, reviewers, and readers to support the journal.

Authors' Contributions

U.C.G. reviewed the paper and wrote the first draft of the paper. M.K.G. provided critical input and edited the manuscript.

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Conflict of Interest

None declared.

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