Apresentamos uma seleção de três artigos publicados recentemente que consideramos relevantes. Seguem abaixo:

High-Definition Colonoscopy vs Endocuff vs EndoRings vs Full-Spectrum Endoscopy for Adenoma Detection at Colonoscopy

Gastrointest. Endosc. 2018 Mar 09;[EPub Ahead of Print], DK Rex, A Repici, SA Gross, C Hassan, PL Ponugoti, JR Garcia, HM Broadley, JC Thygesen, AW Sullivan, WW Tippins, SA Main, GJ Eckert, KC Vemulapalli

BACKGROUND

Devices used to improve polyp detection during colonoscopy have seldom been compared with each other.

METHODS

We performed a 3-center prospective randomized trial comparing high-definition (HD) forward-viewing colonoscopy alone to HD with Endocuff to HD with EndoRings to the Full Spectrum Endoscopy (FUSE) system. Patients were age ?50 years and had routine indications and intact colons. The study colonoscopists were all proven high-level detectors. The primary endpoint was adenomas per colonoscopy (APC) RESULTS: Among 1,188 patients who completed the study, APC with Endocuff (APC Mean ± SD 1.82 ± 2.58), EndoRings (1.55 ± 2.42), and standard HD colonoscopy (1.53 ± 2.33) were all higher than FUSE (1.30 ± 1.96,) ($p<0.001$ for APC). Endocuff was higher than standard HD colonoscopy for APC ($p=0.014$) . Mean cecal insertion times with FUSE (468 ± 311 seconds) and EndoRings (403 ± 263 seconds) were both longer than with Endocuff (354 ± 216 seconds) ($p=0.006$ and 0.018, respectively).

CONCLUSIONS

For high-level detectors at colonoscopy, forward-viewing HD instruments dominate the FUSE system, indicating that for these examiners image resolution trumps angle of view. Further, Endocuff is a dominant strategy over EndoRings and no mucosal exposure device on a forward-viewing HD colonoscope.

Comentários:

- No artigo, os autores apresentam os dados de um trial multicêntrico, randomizado, comparando colonoscopia de alta definição (HD), alta definição + Endocuff (HD Endocuff), alta definição + EndoRings (HD EndoRings) e endoscopia de espectro ampliado (full-spectrum endoscopy - FUSE). Foram incluídos 1188 pacientes, idade ?50 anos, submetidos a colonoscopia de rotina.
- Uso do Endocuff obteve a maior taxa de detecção de adenomas por colonoscopia (APC), com valores significativamente maiores que uso de EndoRings e também colonoscopia padrão de alta definição, se traduzindo potencialmente na melhor técnica de aumento de exposição mucosa dentre as apresentadas.
- O sistema FUSE parece levar a maior tempo de intubação cecal sem evidente benefício no APC

quando comparado as outras técnicas.

LINK

Feasibility and Safety of Micro-Forceps Biopsy in the Diagnosis of Pancreatic Cysts

Gastrointest. Endosc. 2018 Mar 03;[EPub Ahead of Print], O Basar, O Yuksel, D Yang, J Samarasena, D Forcione, CJ DiMaio, MS Wagh, K Chang, B Casey, C Fernandez-Del Castillo, MB Pitman, WR Brugge

BACKGROUND AND AIM

The tissue acquisition and diagnostic yield of cyst fluid cytology is low-to-moderate and rarely provides a specific diagnosis. The aim of this study was to compare the tissue acquisition and diagnostic tissue yield of micro-forceps biopsy (MFB) with cyst fluid cytology.

PATIENTS AND METHODS

The data of 42 patients, whose cysts were aspirated by EUS-guided fine needle aspiration (EUS-FNA) and then biopsied with MFB device in this multicenter study, were collected. Cytological analysis of cyst fluid and histological analysis of biopsy samples were processed. Acquisition yield was defined as percentage of patients with tissue present in the aspirate or biopsy. Diagnostic tissue yield was evaluated at 3 levels: the ability of differentiation between mucinous/non-mucinous cysts; detection of high-risk for malignancy; and specific cyst type diagnosis.

RESULTS

The mean patient age was 69 years. Sixteen (38.1%) cysts were localized in head, 17 (40.5%) body, and 9 (21.4%) in tail. The mean cyst size was 28.2 mm (12-60 mm); 25 of 42 (60%) were septated. EUS-FNA tissue (fluid) acquisition yield was 88.1% (37/42). MFB tissue acquisition yield was 90.4% (38/42). The diagnostic cytology yield to differentiate between mucinous/non-mucinous cyst was 47.6% (20/42) and MFB histological yield o differentiate between mucinous/non-mucinous cyst was 61.9% (26/42) (p=0.188). The percentage of cysts at high-risk for malignancy by cytology was 54.7% (23/42) and MFB was 71.5% (30/42) (p=0.113). However, the ability of MFB to provide a specific cyst type diagnosis was 35.7% (15/42) and cytology was 4.8% (2/42) (p=0.001). Surgical histology was concordant with MFB in 6 of 7 (85%) patients and with cytology in 1 of 7 (15%) patients.

CONCLUSION

The cyst tissue acquisition yield for the MFB was 90%. Although cytology of cyst fluid and MFB were comparable in distinguishing mucinous and non-mucinous cysts and detecting cysts at high-risk for malignancy, the MFB was far superior to cytology for providing a specific cyst diagnosis.

Comentários:

- Nessa coorte retrospectiva, os autores descreveram a aquisição de tecido e o valor diagnóstico com uso de biópsias por micropinças em cistos pancreáticos
- De um total de 42 pacientes com cistos pancreáticos submetidos a ecoendoscopia com punção por agulha fina e biópsias por micropinça (MFB), a capacidade de aquisição global de tecido foi de 90.4% (38/42) com MFB e 88.1% (37/42) com citologia do fluído.
- A capacidade de diferenciar entre cistos mucinosos x não mucinosos foi de 47.6% (20/42) com citologia e 61.9% (26/42) com MFB
- Um diagnóstico específico para os cistos foi apresentado em 35.7% dos casos (15/42) com MFB e 4.8% casos (2/42) com citologia, levando a conclusão sobre potencial a superioridade diagnóstica do uso de micropinça.

LINK

Outcomes of Endoscopic Balloon Dilation vs Surgical Resection for Primary Ileocolic Strictures in Patients With Crohn's Disease

Clin. Gastroenterol. Hepatol. 2018 Mar 02;[EPub Ahead of Print], N Lan, L Stocchi, JH Ashburn, TL Hull, SR Steele, CP Delaney, B Shen

BACKGROUND & AIMS

Few studies have compared endoscopic balloon dilation (EBD) with ileocolic resection (ICR) in the treatment of primary ileocolic strictures in patients with Crohn's disease (CD).

METHODS

We performed a retrospective study to compare post-procedure morbidity and surgery-free survival among 258 patients with primary stricturing ileo (colic) CD (B2, L1, or L3) initially treated with primary EBD (n=117) or ICR (n=258) from 2000 through 2016. Patients with penetrating disease were excluded from the study. We performed multivariate analyses to evaluate factors associated with surgery-free survival.

RESULTS

Post-procedural complications occurred in 4.7% of patients treated with EBD and salvage surgery was required in 44.4% of patients. Factors associated with reduced surgery-free survival among patients who underwent EBD included increased stricture length (hazard ratio [HR], 2.0; 95% CI, 1.3-3.3), ileocolonic vs. ileal disease (HR, 10.9; 95% CI, 2.6-45.4), and decreased interval between EBD procedures (HR, 1.2; 95% CI, 1.1-1.4). There were no significant differences in sex, age, race, or CD duration between EBD and ICR groups. Patients treated with ICR were associated with more common post-operative adverse events (32.2%, P<.0001), but reduced need for secondary surgery (21.7%, P<.0001) and significantly longer surgery-free survival (11.1±0.6 years vs. 5.4±0.6 years, P<.001).

CONCLUSION

In this retrospective study, we found that although EBD is initially successful with minimal adverse events, there is a high frequency of salvage surgery. Initial ICR is associated with a higher morbidity but a longer surgery-free interval. The risks and benefits should be balanced in selecting treatments for individual patients.

Comentários:

- Os autores apresentaram um estudo retrospectivo comparando dilatação endoscópica com balão (EBD) versus ressecção ileocolônica (ICR) no tratamento de estenoses ileocolônicas primárias em 258 pacientes com doença de Crohn (CD).
- Comparada a EBD, os pacientes tratados com ICR apresentaram mais eventos adversos pós operatórios (32,2%).
- Pacientes submetido a ICR contudo, tiveram menor necessidade de uma segunda cirurgia (21,7%) e tempo livre de cirurgia significativamente maior (11,1 x 5,4 anos).

LINK