British Society for Digestive Endoscopy

The spring meeting of the British Society for Digestive Endoscopy was held at the Middlesex Hospital, London, on 26 March 1976. Four papers were read, abstracts of which are given below. This was followed by a symposium on ‘Medication in endoscopy’ at which the following papers were read: ‘Infection hazards and antibiotics’ (Dr S. Eykyn, St. Thomas’s Hospital Medical School); ‘Current practice in sedation’ (Dr P. R. Salmon, Bristol Royal Infirmary); ‘The pharmacology of diazepam’ (Professor R. G. Spector, Guy’s Hospital Medical School); and ‘Available forms of sedation and anaesthesia’ (Dr J. A. Bennett, Bristol Royal Infirmary).

Endoscopic Assessment of Gastric Ulcers, a Prospective Study


A prospective study of patients with gastric ulcers referred to one endoscopy clinic was made over a two-year period commencing 1 January 1974. During this period 1631 gastroscopies were performed, normally as part of a combined endoscopic examination of the oesophagus, stomach, and proximal duodenum. Of these, 190 examinations were carried out on 147 patients with a gastric ulcer and multiple biopsies and brush cytology performed. All the gastric ulcers studied were either previously considered as unequivocally benign, probably benign, or were undiagnosed on previous barium meal examination. As a result of endoscopy, 11 ulcers were found to be the site of invasive cancer, while a further 31 cases showed histological or cytological evidence of premalignant change—for example, atrophic gastritis, intestinal metaplasia, epithelial dysplasia. An analysis of the patients with malignant gastric ulcers was made as regards sex, age, clinical presentation, radiology, site and size of the ulcer, and postoperative follow-up. The results confirmed those of Grossman (1971)1 that size but not site was related to malignancy, and also demonstrated the value of endoscopy and biopsy and cytology in all patients with apparently benign gastric ulcers.


Combined Endoscopic Retrograde Pancreatography (ERP) and Pancreatic Ultrasonography (PUSG) for the Diagnosis of Chronic Pancreatitis

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Results are given and comparison made between ERP and PUSG investigations in 13 patients affected by chronic pancreatitis, undoubtedly diagnosed, in four cases complicated by surgically confirmed cysts. ERP was carried out with an Olympus JFB 2 duodenoscope and the morphological changes of the pancreatic secretory system were classified into major and minor, according to the criteria suggested by Liguori et al. (1975).1 PUSG was carried out with Sonolayergraph Toshiba and Echoview B (with EDC) Picker apparatus; the method followed and the criteria of evaluation of the results were discussed in a recent article (Fontana et al., 1976).4 In 10/13 cases ERP showed alterations of reliable diagnostic value. Eight of these were included among the major alterations and two among the minor. In three out of four patients with cysts, the presence of these was revealed by ERP. In two patients it was not possible to opacify the pancreatic duct and in one case the pancreatogram appeared to be normal. PUSG showed an enlargement of the pancreas in eight of 13 patients; severe in three, moderate in four, and slight in one. Cysts were found in three of four patients. In two cases it was not possible to visualize the pancreatic zone because of the presence of air in the gastrointestinal tract, and in two cases no alteration was found. Comparing the results obtained by the two techniques, these were in agreement in eight cases; in two the diagnosis was arrived at only by ERP owing to lack of success with PUSG, and in one by PUSG because of lack of success with ERP. No correlation was discovered between the seriousness of the alterations revealed by the two techniques. In the case of cysts they gave confirmatory data in two cases. One voluminous cyst was evident on PUSG but was missed by ERP, while a contrary result was obtained in one case of a cyst of the body of the pancreas. We concluded that each procedure provided supplementary information that would be missed using either procedure alone.


The Double Contrast Barium Meal: correlation with Endoscopy

H. HERLINGER, J. N. GLANVILLE, AND L. KREEL

Fifty full double contrast barium meals were compared with endoscopy findings, the examinations being performed by one radiologist and one endoscopist, and each examination was performed in ignorance of the findings of the other examination. The findings of each examination were considered separately and scored separately. Using the endoscopy findings as 100%, the diagnostic accuracy of the double contrast barium meal was 91.4% prospectively and 95.7% retrospectively.

Complications in 12683 Endoscopic or Biop tic Gastrointestinal Investigations—a Lesson from a 10-year Experience in a Teaching Hospital

F. HALTER

Major complications in gastrointestinal investigations such as cardiovascular incidents, pulmonary aspiration, visceral perforations, massive haemorrhage, septicaemia, or necrotizing pancreatitis are well known to the gastroenterologist but rarely reported. In the decade 1966-76 12683 investigations were performed under the supervision of the author and all the major complications were systematically registered. There was a significant (r = 0.902) correlation between the number of investigations per year and the number of complications amounting to a total of 24/12683—10 lethal. The number of complications per year was also correlated highly (r = 0.920) with the number of investigators. Visceral perforations were observed in oesophagogastrscopy (9/5580) and in rectosigmoidocoloscopy (5/4432). Three of the six oesophago-gastric but none of the five colonic perforations had a fatal outcome. Three of four cardiovascular incidents were
fatal. All these, as well as one lethal pulmonary aspiration and one non-lethal massive haemorrhage after biopsy, occurred at oesophagogastroscopy. Massive haemorrhage was further observed in three cases (two fatal) in 784 laparoscopic and 1304 blind liver biopsies. One lethal septicaemia occurred in 275 ERCPs. All the 10 lethal complications and all except one of the 14 non-lethal complications occurred in inpatients, although more than half of the patients were investigated as outpatients. The mean age of the patients with complications was 67.4 years, that of those with fatal complications 76.1 years. It was concluded that the risk of major complications in endoscopic-bioptic gastrointestinal investigations in a large teaching hospital could not be neglected. Old and debilitated patients were at risk.