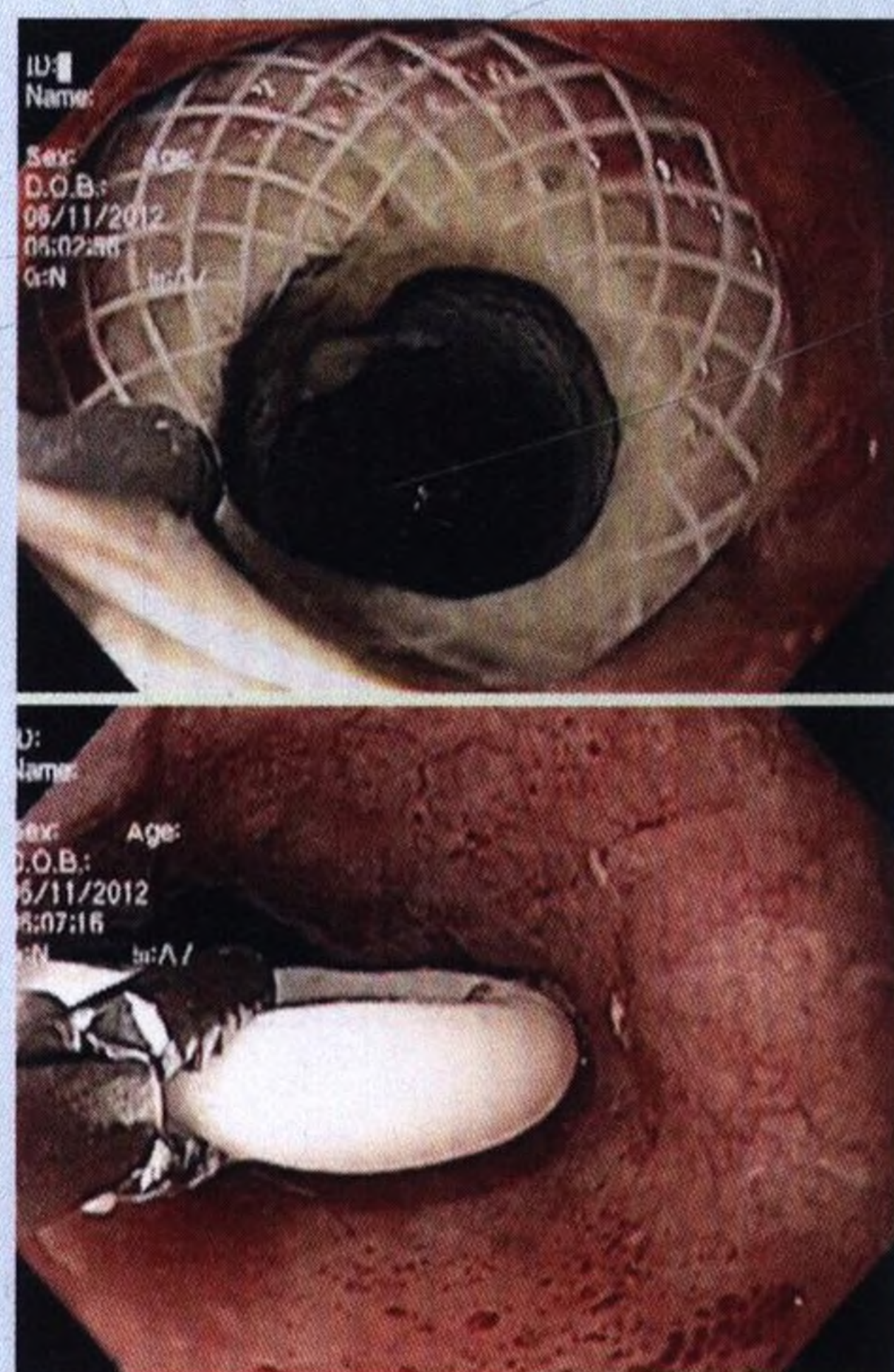


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Josemberg Marins Campos et al.
Endoscopic treatment of food intolerance after a banded gastric bypass: inducing band erosion for removal using a plastic stent (p. 516).

Editorials

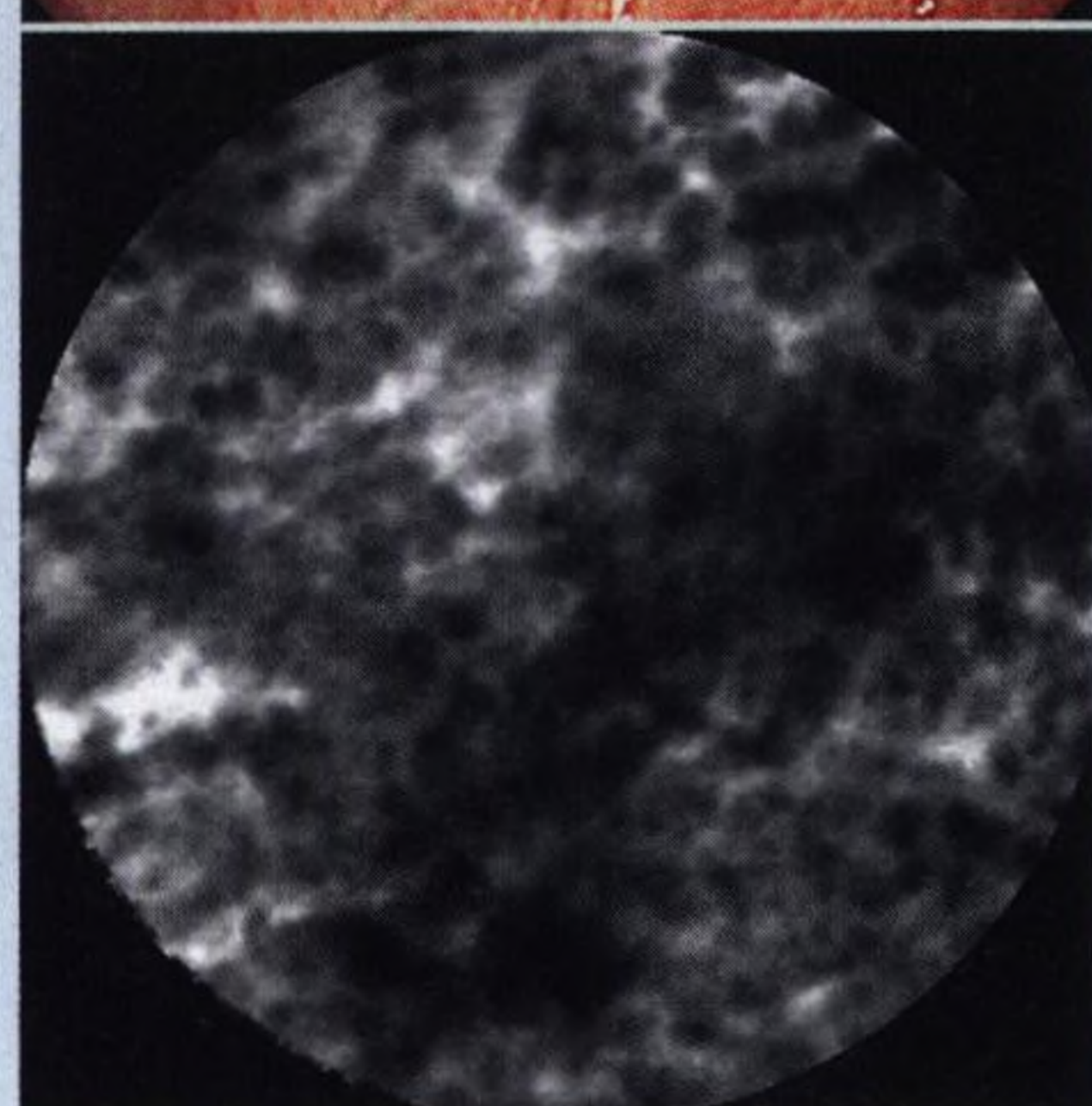
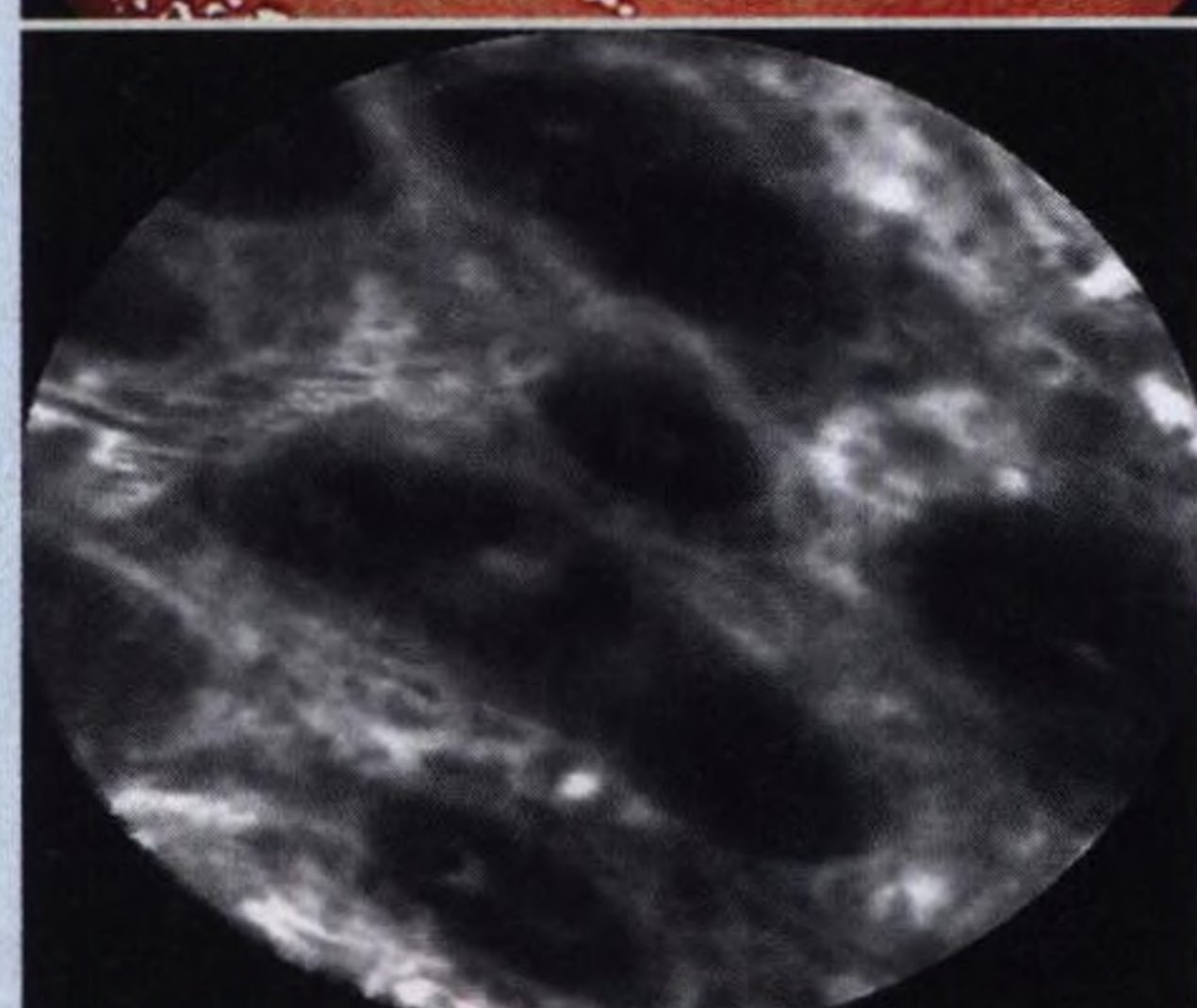
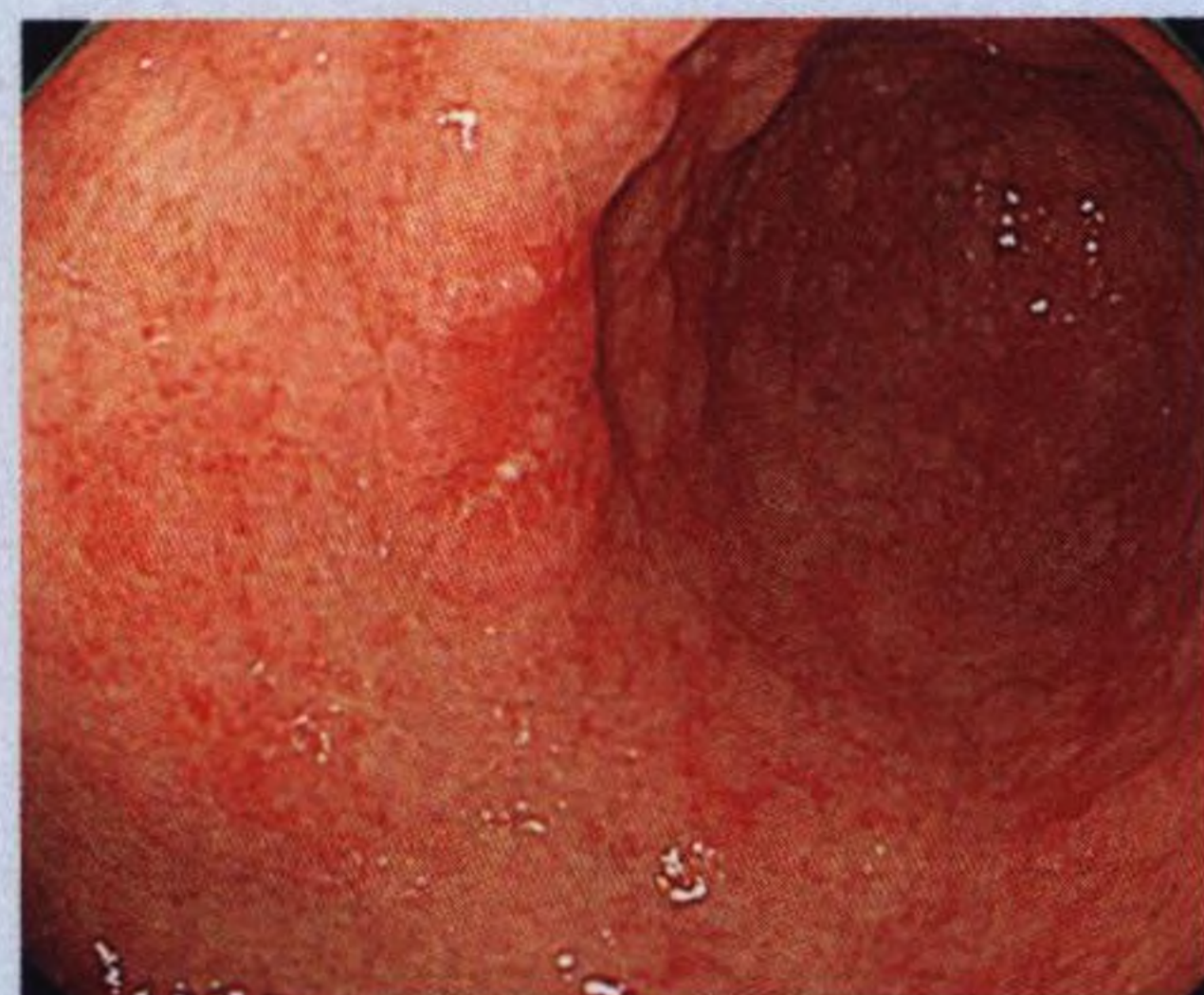
- 509 Endoscopic removal of bands in Roux-en-Y gastric bypass: ask your friendly surgeon what he did!
Daniel Blero, Jacques Deviere
- 511 Bypassing user error in optical diagnosis of diminutive colorectal polyps – at what cost?
Swati G. Patel, Sachin Wani
- 514 Adenoma risk score for surveillance of colorectal neoplasm – a step forward?
Sri P. Misra, Ravi Kant, Manisha Dwivedi

Original articles

- 516 ▶ Endoscopic treatment of food intolerance after a banded gastric bypass: inducing band erosion for removal using a plastic stent
Josemberg Marins Campos, Rena C. Moon, Galeno E. J. Magalhães Neto, Andre F. Teixeira, Muhammad A. Jawad, Lyz Bezerra Silva, Manoel Galvão Neto, Álvaro Antônio B. Ferraz
This prospective study of 41 patients with banded Roux-en-Y gastric bypass (RYGB) demonstrated the feasibility of endoscopic removal of the ring by using temporary placement of a self-expandable plastic stent to induce intragastric erosion. Successful ring removal was possible in the majority of patients. Nine patients (22 %) required endoscopic dilation for a fibrotic stricture after stent removal.
- 521 ▶ Influence of reviewers' clinical backgrounds on interpretation of confocal laser endomicroscopy findings
Masakuni Kobayashi, Helmut Neumann, Shoryoku Hino, Michael Vieth, Seiichiro Abe, Yousuke Nakai, Kiyokazu Nakajima, Ralf Kiesslich, Shinichi Hirooka, Kazuki Sumiyama
This multicenter study from Germany and Japan investigated the variability in recognizing superficial gastric lesions with probe-based confocal laser endomicroscopy (pCLE) as compared to white light endoscopy (WLE). Expert gastroenterologists performed better than pathologists, as did Japanese compared with German reviewers.
- 530 ▶ Early precut sphincterotomy for difficult biliary access to reduce post-ERCP pancreatitis: a randomized trial
Alberto Mariani, Milena Di Leo, Nicola Giardullo, Antonella Giussani, Mario Marini, Federico Buffoli, Livio Cipolletta, Franco Radaelli, Paolo Ravelli, Giovanni Lombardi, Vittorio D'Onofrio, Raffaele Macchiarelli, Elena Iiritano, Marco Le Grazie, Giuseppe Pantaleo, Pier Alberto Testoni
This randomized trial from Italy investigated the efficacy of early precut sphincterotomy in preventing post-ERCP pancreatitis (PEP) in difficult ERCPs. Early precut decreased the risk of PEP from 12.1 % to 5.4 %.

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Masakuni Kobayashi et al.
Influence of reviewers' clinical
backgrounds on interpretation
of confocal laser endomicroscopy
findings (p. 521).

- 536 ► Risk factors for recurrent biliary obstruction following placement of self-expandable metallic stents in patients with malignant perihilar biliary stricture
Shin Miura, Atsushi Kanno, Atsushi Masamune, Shin Hamada, Seiji Hongou, Naoki Yoshida, Eriko Nakano, Tetsuya Takikawa, Kiyoshi Kume, Kazuhiro Kikuta, Morihisa Hirota, Hiroshi Yoshida, Yu Katayose, Michiaki Unno, Tooru Shimosegawa

In this retrospective cohort study it is shown that the risk for recurrent obstruction after placement of a self-expandable metal stent (SEMS) in patients with perihilar biliary strictures is associated with cholangitis before SEMS insertion, left-sided drainage compared with bilateral drainage, and perihilar stricture due to gallbladder cancer.

- 546 Endoscopic management with multiple plastic stents of anastomotic biliary stricture following liver transplantation: long-term results
Andrea Tringali, Federico Barbaro, Margherita Pizzicannella, Ivo Boškoski, Pietro Familiari, Vincenzo Perri, Giovanni Gigante, Graziano Onder, Cesare Hassan, Raffaella Lionetti, Giuseppe Maria Ettore, Guido Costamagna

This single-center study with 51 patients investigates long-term effectiveness of multiple plastic stents for anastomotic biliary stricture after liver transplantation. The treatment was initially effective in 98% of cases, with 6% of patients experiencing recurrence during a median 5.8 years' follow-up. ERCP-related adverse events occurred in 5.4% of patients.

- 552  Outcomes of double-balloon enteroscopy-assisted direct percutaneous endoscopic jejunostomy tube placement
Badr Al-Bawardy, Emmanuel C. Gorospe, Jeffrey A. Alexander, David H. Bruining, Nayanara Coelho-Prabhu, Elizabeth Rajan, Louis M. Wong Kee Song

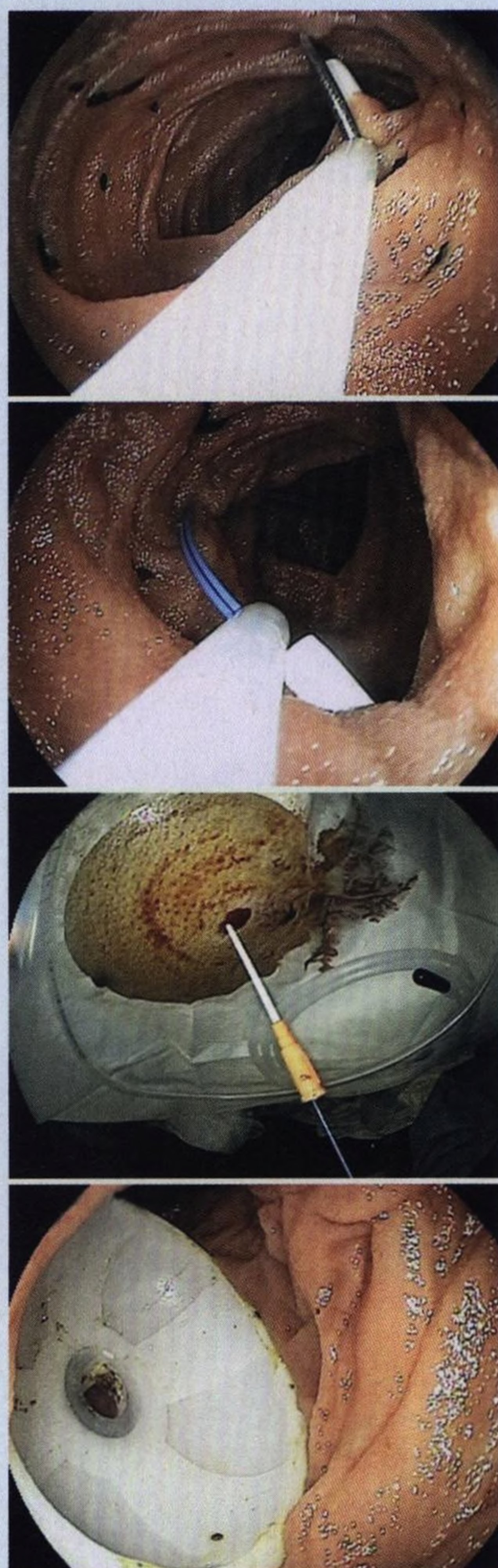
Direct percutaneous endoscopic jejunostomy (DPEJ) tube placement using conventional endoscopes is known to fail in approximately one-third of patients. In a large cohort study comprising 94 patients, double-balloon enteroscopy (DBE)-assisted DPEJ tube placement was technically successful in 93% of patients. Post-procedural adverse events occurred in 9% of patients, with one serious adverse event.

- 557 ► In vivo real-time assessment of colorectal polyp histology using an optical biopsy forceps system based on laser-induced fluorescence spectroscopy
Timo Rath, Gian E. Tontini, Michael Vieth, Andreas Nägel, Markus F. Neurath, Helmut Neumann

This feasibility study examines a novel laser-induced fluorescence spectroscopy system, integrated into a biopsy forceps, for real-time automated prediction of the histology of diminutive polyps. The study, including 137 polyps (115 of them hyperplastic), showed good test characteristics with an accuracy of 84.7% and a negative predictive value for distal polyps of 100% (68 polyps in 19 patients).

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Cover: Badr Al-Bawardy et al. Outcomes of double-balloon enteroscopy-assisted direct percutaneous endoscopic jejunostomy tube placement (p. 552).

- 563 ► Developing a score chart to improve risk stratification of patients with colorectal adenoma
Else-Mariëtte B. van Heijningen, Iris Lansdorp-Vogelaar, Frank van Hees, Ernst J. Kuipers, Katharina Biermann, Harry de Koning, Marjolein van Ballegooijen, Ewout W. Steyerberg, for the SAP Study Group

The authors developed and validated a score chart to identify adenoma patients who were at risk for advanced neoplasia. Size, proximal location, villous histology, and number of adenomas were identified as predictors and incorporated in the score chart. A model taking into account this score chart, and age, sex, and time between surveillance colonoscopies, performed marginally better (c-statistics 0.71) compared with previous models. The score chart has been integrated into the Dutch Surveillance guideline allowing estimates of absolute risk of advanced colorectal neoplasia through an online calculator.

- 571 Rationale and design of the European Polyp Surveillance (EPoS) trials
Rodrigo Jover, Michael Bretthauer, Evelien Dekker, Øyvind Holme, Michal F. Kaminski, Magnus Løberg, Ann G. Zauber, Miguel A. Hernán, Iris Lansdorp-Vogelaar, Annike Sunde, Eleanor McFadden, Antoni Castells, Jaroslaw Regula, Enrique Quintero, Maria Pellisé, Carlo Senore, Mette Kalager, Mario Dinis-Ribeiro, Louise Emilsson, David F. Ransohoff, Geir Hoff, Hans-Olov Adami

The number of patients referred for surveillance after colonoscopic polyp removal is rapidly increasing; however, current guidelines for surveillance are mostly based upon consensus opinion rather than high-quality evidence. The EPoS trials constitute two large-scale randomized controlled trials aiming to establish evidence-based surveillance intervals after removal of low- and high-risk adenomas, and an observational study to elucidate the natural history of serrated polyps. The results – expected in 10 years – are likely to impact future clinical practice.

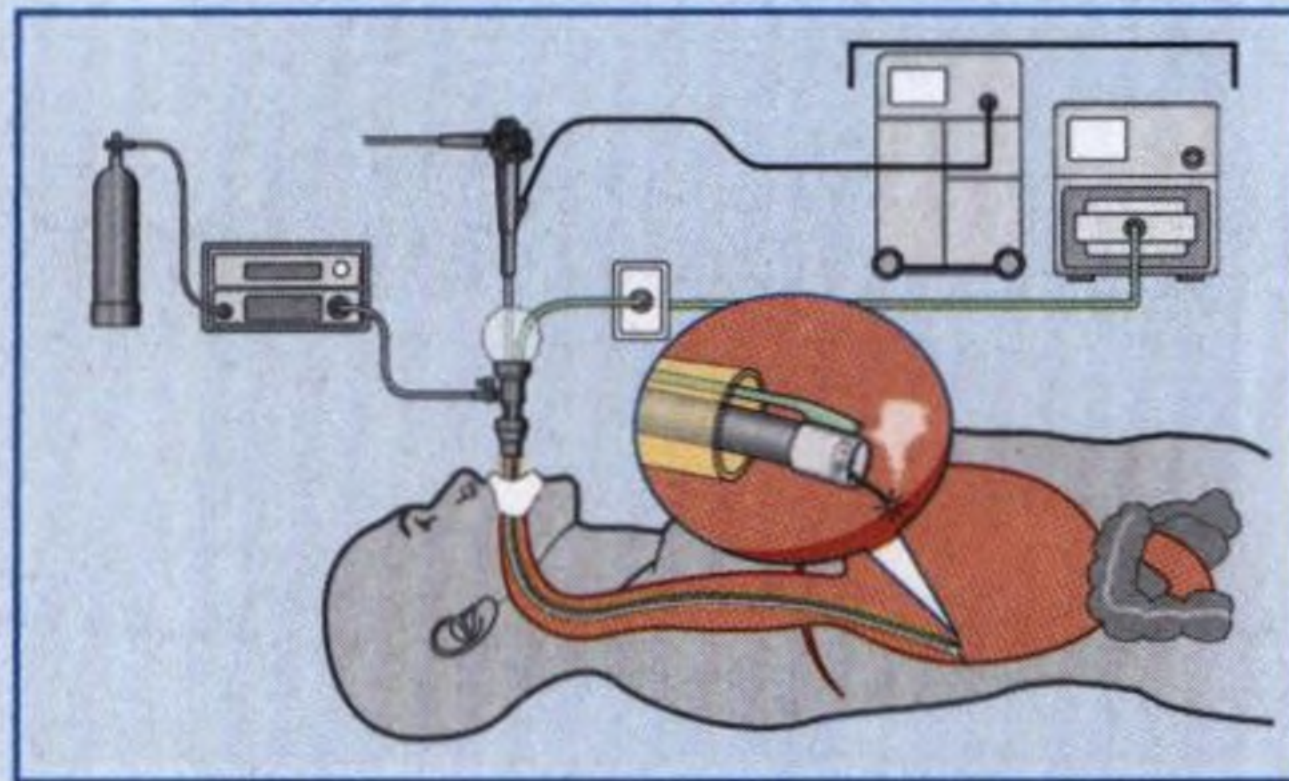
Innovations and brief communications

- 579 ► Simultaneous automatic insufflation and smoke-evacuation system in flexible gastrointestinal endoscopy
Hidekazu Takahashi, Masashi Hirota, Tsuyoshi Takahashi, Makoto Yamasaki, Yasuhiro Miyazaki, Tomoki Makino, Yukinori Kurokawa, Shuji Takiguchi, Masaki Mori, Yuichiro Doki, Kiyokazu Nakajima

In this animal study, in which steady pressure automatically controlled endoscopy (SPACE) technology was used during mucosal ablation, the authors demonstrated that the surgical smoke generated from ablation is potentially hazardous to endoscopists. Automated smoke evacuation and steady maintenance of insufflation with SPACE technology could serve as a solution during advanced endoscopic interventions, but human studies are required to demonstrate this.

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Hidekazu Takahashi et al.
Simultaneous automatic insufflation
and smoke-evacuation system
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(p. 579).

- 584 Continuous negative external pressure (cNEP) reduces respiratory impairment during screening colonoscopy: a pilot study

Susan S. Kais, Kenneth B. Klein, Richard M. Rose, Sarah Endemann, Walter J. Coyle

Sedative drugs used for gastrointestinal endoscopy may increase the collapsibility of the upper airway leading to respiratory impairment and apnea. This small, open-label, comparative pilot study examines the utility of a device that provides continuous negative external pressure (cNEP) to the upper airway for the prevention of respiratory impairment. The device, a cNEP collar, significantly reduced the number of episodes of respiratory impairment compared with the control group, but a large randomized trial would be needed to confirm this.

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