# BEST OF
# en endoscopie thérapeutique

20ème Journée de Gastro-entérologie de l'hôpital Cochin

Samedi 4 mai 2024

Dr Sarra OUMRANI


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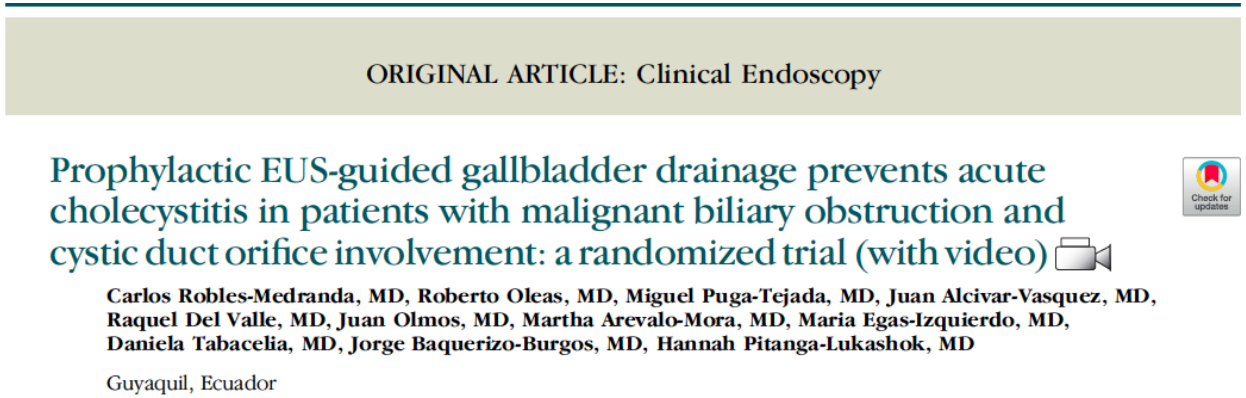
# Drainage prophylactique de la vésicule biliaire après stenting de la voie biliaire principale

- Risque de cholécystite après pose de stent métallique auto-expansible dans le cadre d'une obstruction biliaire maligne = 6,9%
  - 16,8% si obstruction tumorale du cystique
  - Jusqu'à 25% si stent totalement couvert



ORIGINAL ARTICLE: Clinical Endoscopy

Prophylactic EUS-guided gallbladder drainage prevents acute cholecystitis in patients with malignant biliary obstruction and cystic duct orifice involvement: a randomized trial (with video)

Carlos Robles-Medranda, MD, Roberto Oleas, MD, Miguel Puga-Tejada, MD, Juan Alcivar-Vasquez, MD, Raquel Del Valle, MD, Juan Olmos, MD, Martha Arevalo-Mora, MD, Maria Egas-Izquierdo, MD, Daniela Tabacelia, MD, Jorge Baquerizo-Burgos, MD, Hannah Pitanga-Lukashok, MD

Guyaquil, Ecuador

- Essai contrôlé randomisé unicentrique (Equateur) de 2018 à 2020
- Inclusion de patients consécutifs pris en charge pour obstruction biliaire distale maligne non résécable avec obstruction tumorale du cystique

*Nakai Y. et al., JGH 2014*
*Robles-Medranda C. et al., GIE 2023*

# Drainage prophylactique de la vésicule biliaire après stenting de la voie biliaire principale

| Characteristic | Overall (n = 44) | Intervention group (n = 22) | Control group (n = 22) | *P* value |
|---|---|---|---|---|
| Age, y, median (IQR) | 68 (61.5-76) | 62.5 (56.5-72) | 72 (63.5-80) | .146* |
| Tumor location, n (%) | | | | .609* |
| Proximal and middle portions of common bile duct | 12 (27.3) | 7 (31.8) | 5 (22.7) | |
| Mainly middle portion of common bile duct | 15 (34.1) | 6 (27.3) | 9 (40.9) | |
| Middle and distal portion of common bile duct | 17 (38.6) | 9 (40.9) | 8 (36.4) | |
| Size of lesion, mm, median (range) | 29 (15-50) | 30 (15-50) | 26.5 (18-45) | .974‡ |
| Cystic duct orifice compromised by tumor, n (%) | 44 (100.0) | 22 (100) | 22 (100) | n/a |
| Type of placed stent, n (%) | | | | .654* |
| Uncovered metal stent | 18 (40.9) | 8 (36.4) | 10 (45.5) | |
| Partially covered metal stent | 5 (11.4) | 2 (9.09) | 3 (13.6) | |
| Fully covered metal stent | 21 (47.7) | 12 (54.5) | 9 (40.9) | |
| Cystic duct superposed by covered stent,§ n (%) | 17/26 (65.4) | 10/14 (71.4) | 7/12 (58.3) | .683† |

- Pas de différence entre les groupes concernant
  - La localisation de la tumeur
  - Le type de stent mis en place

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*Robles-Medranda C. et al., GIE 2023*

# Drainage prophylactique de la vésicule biliaire après stenting de la voie biliaire principale

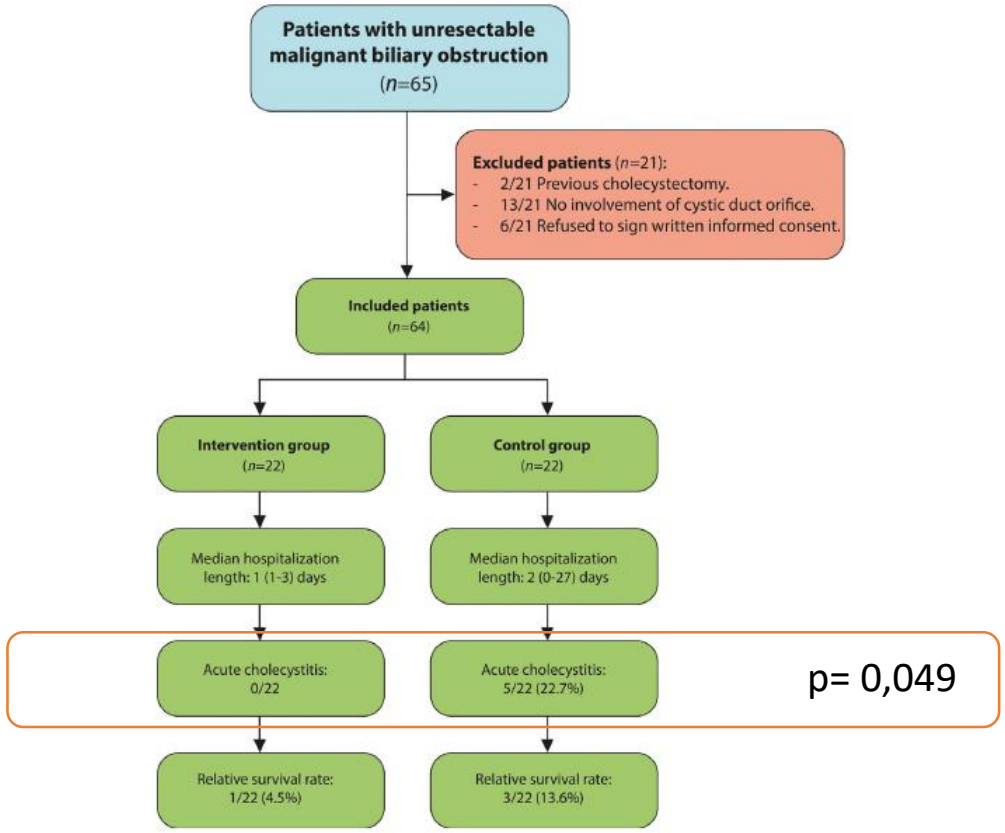


**Figure 1.** Study flowchart.

- Réduction significative du taux de cholécystite aigue
- Réduction significative du temps d'hospitalisation
- Pas d'évènements indésirables dans le groupe interventionnel
- Pas de différence de survie globale

MAIS

- Pas d'évaluation oncologique : possibilité/retard de chimiothérapie, ré hospitalisation ?

*Robles-Medranda C. et al., GIE 2023*

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# Drainage prophylactique de la vésicule biliaire après stenting de la voie biliaire principale

**TABLE 3. Univariate analysis of factors associated with acute cholecystitis**

| | HR (95% CI) | *P* value* |
|---|---|---|
| Age, y | 1.053 (.977-1.151) | .2 |
| Sex, f | .522 (.058-4.679) | .6 |
| Primary tumor (malignant pancreatic tumor) | .722 (.120-4.351) | .7 |
| Tumor stage (metastatic) | 3.176 (.343-29.3) | .3 |
| Tumor obstruction localization (middle and distal portion of common bile duct) | .873 (.299-2.553) | .8 |
| Size of lesion, mm | 1.044 (.944-1.155) | .4 |
| Type of placed stent (partially/fully covered metal stent) | 2.298 (.384-13.76) | .3 |
| Pus presence or bile retention | n/a | |
| Presence of cholelithiasis | 6.484 (1.081-38.91) | .02 |

HR, Hazard ratio; n/a, not available.
*Log-rank test

- Facteur de risque prédictif de survenue de cholécystite = présence de lithiase

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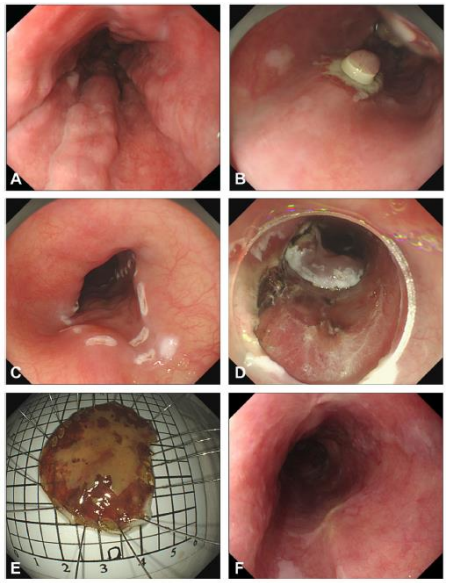
*Robles-Medranda C. et al., GIE 2023*

# Dissection sous-muqueuse et cirrhose




ORIGINAL ARTICLE: Clinical Endoscopy

## Endoscopic submucosal dissection for early cancers or precancerous lesions of the upper GI tract in cirrhotic patients with esophagogastric varices: 10-year experience from a large tertiary center in China

Shuai Zhang, MD,[1,2,*] Ying-Di Liu, MD,[1,*] Ning-Li Chai, MD,[1] Yi Yao, MD,[1] Fei Gao, MM,[1] Bo Liu, MM,[3] Zhan-Di He, MM,[1] Lu Bai, MM,[1] Xin Huang, MB,[2] Chao Gao, MB,[2] En-Qiang Linghu, MD,[1] Lian-Yong Li, MD[2]

Beijing, China

- Évaluation rétrospective, unicentrique
- 15 patients inclus
- Cirrhose Child-Pugh A ou B
- Traitement des varices oeso-gastriques avant (n=6), pendant (n=3) ou après la dissection (n=1) ou non traitées (n=5, petites varices sans signe rouge)
- Suivi médian de 27 mois
- Endoscopiste expert (> 300 procédures)

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*Zhang S. et al., GIE 2023*

# Dissection sous-muqueuse et cirrhose
# Caractéristiques des patients

1 patient < 30.000/mm³

**TABLE 1. Clinical and endoscopic characteristics of the 15 study patients**

| Characteristic | Value |
|---|---|
| Patients (lesions), n* | 15 (16) |
| Age, median (IQR), y | 55 (52-60) |
| Platelet count, median (IQR), 1000/mm³ | 86 (37-109) |
| INR, median (IQR) | 1.19 (1.12-1.25) |
| Child-Pugh classification (before ESD) | |
| A | 12 (80%) |
| B | 3 (20%) |
| Positional relationship between lesions and EGV | |
| Overlying the EGV | 2 (12.5%) |
| Beside the EGV | 6 (37.5%) |
| Far from the EGV | 8 (50%) |
| Size of lesions, median (IQR), mm | |
| Esophageal lesion | 18 (15-23.75) |
| Gastric lesion | 23 (16.25-33) |
| Pathologic findings | |
| Esophageal lesions | |
| HGD | 6 (37.5%) |
| DSCC | 2 (12.5%) |
| Gastric lesions | |
| HGD | 0 (0%) |
| DA | 8 (50%) |
| Submucosal varices were exposed during ESD | 5 (31.3%) |
| Procedure time, median (IQR), min | 52 (36.5-66.75) |
| R0 resection | 16 (100%) |
| Child-Pugh classification (after ESD) | |
| A | 12 (80%) |
| B | 3 (20%) |
| Adverse events | 4 (26.7%) |
| Fever | 2 (13.3%) |
| PB | 2 (13.3%) |
| Additional surgery | 1 (6.7%) |
| Follow-up, median (IQR), mo | 27 (15-36) |
| Recurrence | 1 (6.7%) |
| Overall death | 2 (13.3%) |

1 patient opéré


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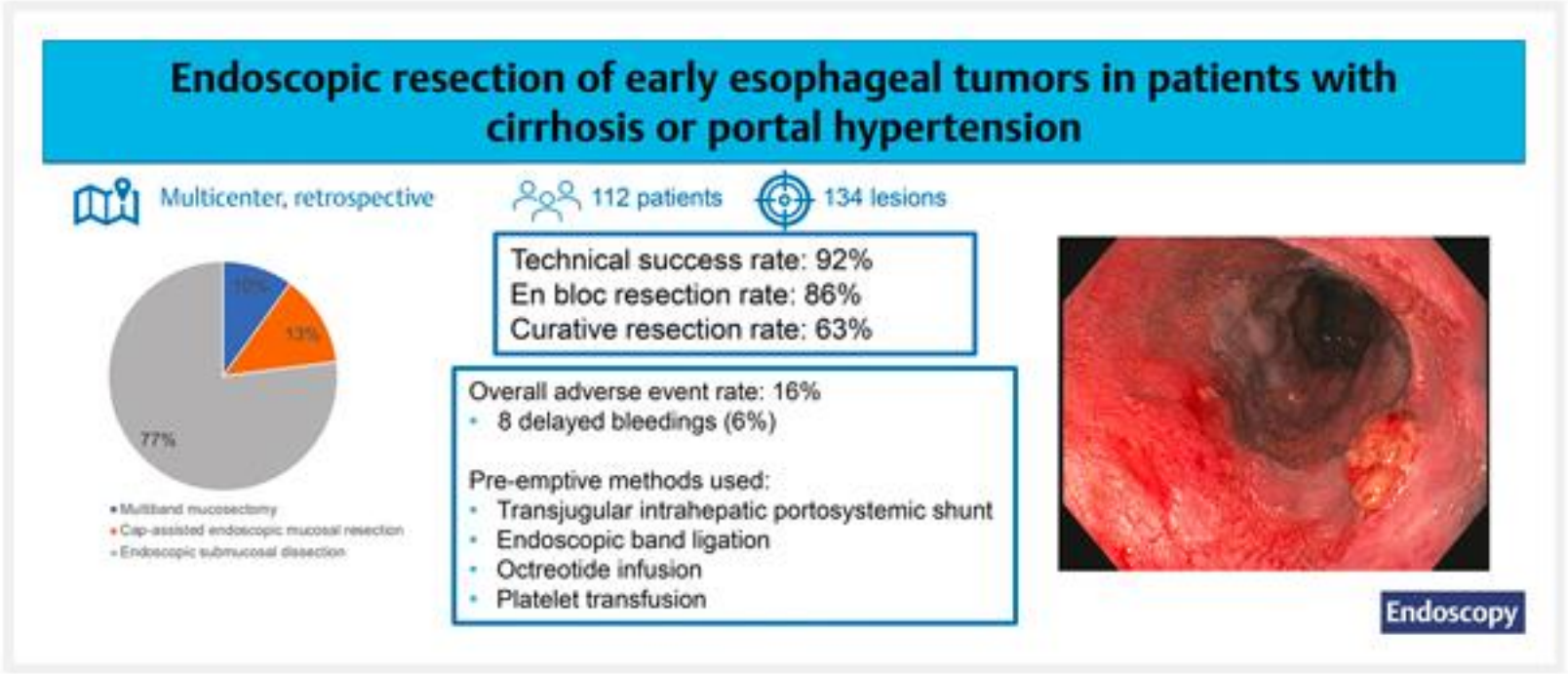
*Zhang S. et al, GIE 2023*

# Résection endoscopique oesophagienne et cirrhose ou hypertension portale

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*Simonnot M, … , Barret M., Schaefer M. et al., Endoscopy 2023*

# Fistule oeso-bronchique

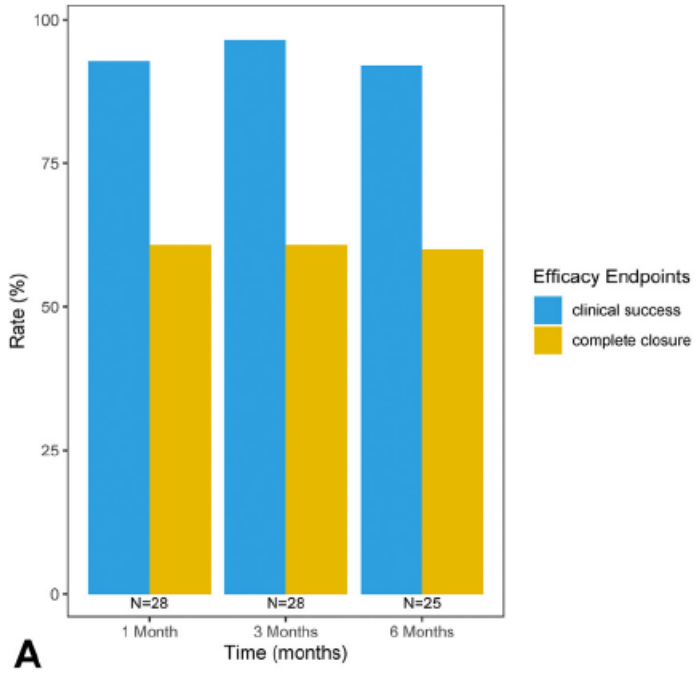
ORIGINAL ARTICLE: Clinical Endoscopy

## Endoscopic closure of refractory upper GI–tracheobronchial fistulas with a novel occluder: a prospective, single-arm, single-center study (with video)

Lurong Li, MD,[1,*] Yun Wang, PhD,[1,*] Chang Zhu, PhD,[1,*] Jianyu Wei, BS,[2] Weifeng Zhang, MD,[1] Huaiming Sang, MD,[1] Han Chen, MD,[1] Haisheng Qian, MS,[1] Miao Xu, MS,[1] Jiahao Liu, MS,[1] Shuxian Jin, MD,[3] Yu Jin, MD,[3] Wangjian Zha, MD,[3] Wei Song, MD,[3] Yi Zhu, MD,[3] Jiwang Wang, MD,[3] Simon K. Lo, MD,[4] Guoxin Zhang, PhD[1]

Nanjing, China; Los Angeles, California, USA

- Étude prospective unicentrique
- Patients en échec de traitement d'une fistule oeso-trachéale chronique (> 3 mois)
- Évaluation du taux de succès clinique (tolérance de l'alimentation orale et régression des précédents symptômes) et du taux de fermeture complète à 3 mois
- 28 patients inclus




- À 1 mois
  - Succès clinique 92.9%
  - Fermeture complète 60.7%
- À 3 mois
  - Succès clinique 96.4%
  - Fermeture complète 60.7%
- À 6 mois
  - Succès clinique 92%
  - Fermeture complète 60%

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*Li L. et al., GIE 2023*

# Fistule oeso-bronchique

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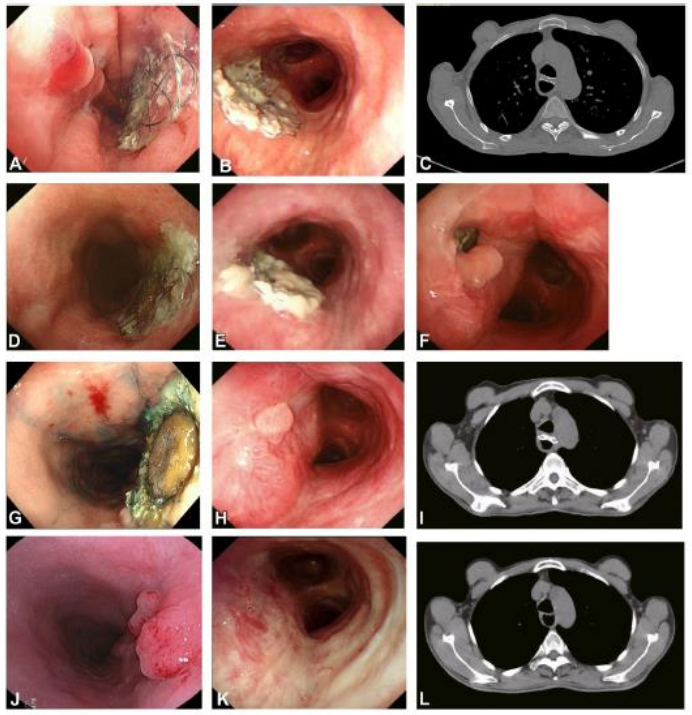


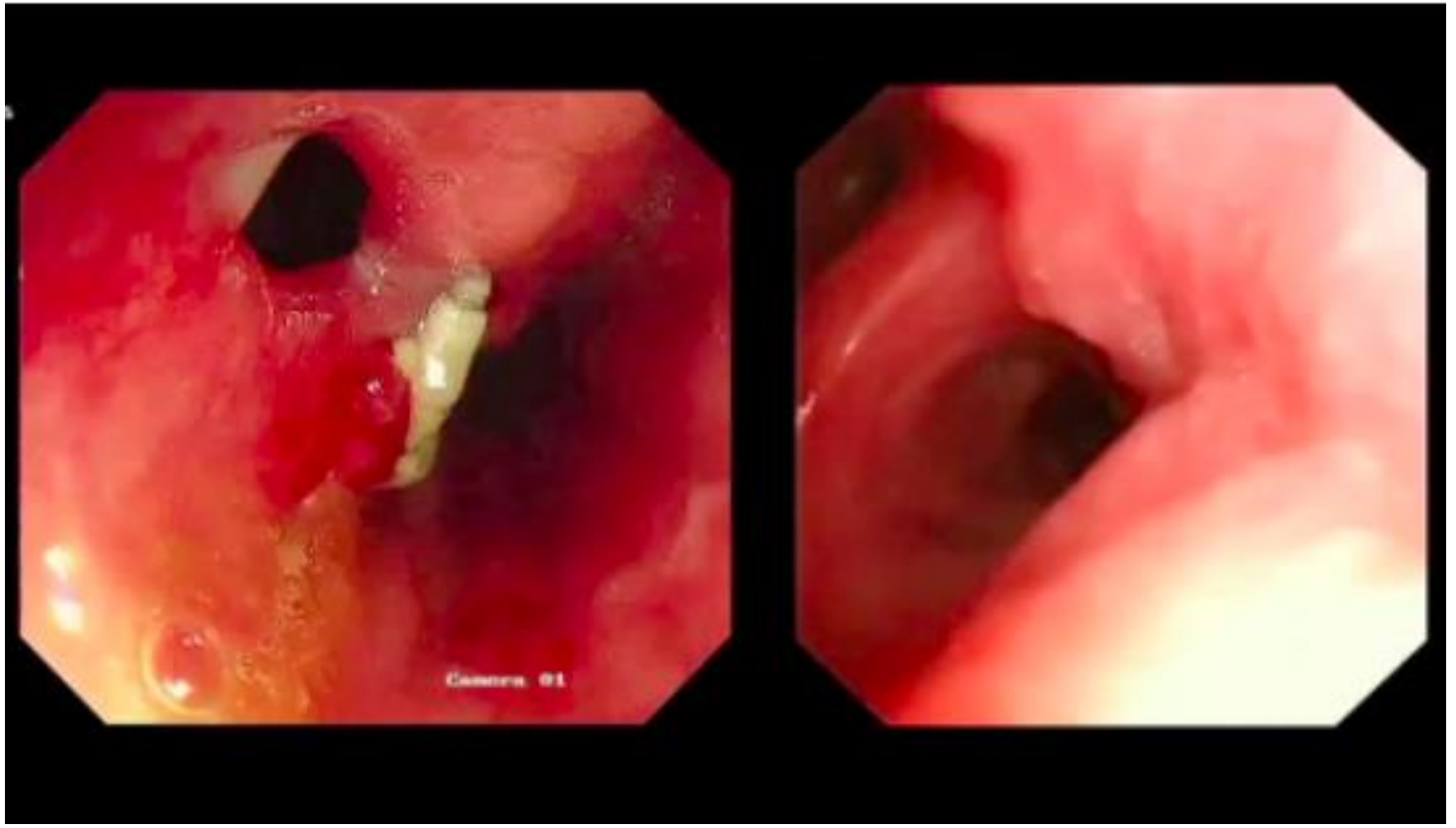


Vidéo

*Li L. et al., GIE 2023*

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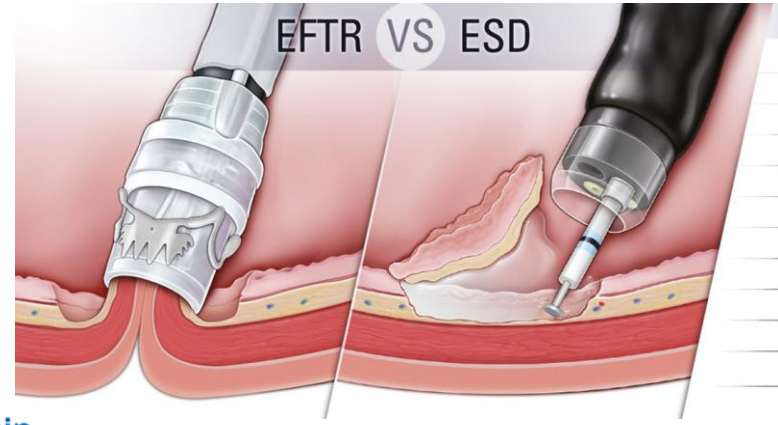
# eFTR (*endoscopic Full Thickness Resection*) *vs* Dissection sous-muqueuse

- Étude multicentrique, prospective, randomisée, dans 4 centres de références italiens
- Patients consécutifs adressés pour résection de lésions difficiles
  - Récidive d'adénome
  - LST non granulaire
  - Lésions ne se soulevant pas <30 mm
- Critère de jugement principal
  - Résection R0 et résection en bloc
- 90 patients inclus




| Study patients: Outcomes | EFTR | ESD | P value |
|---|---|---|---|
| En bloc resection, n (%) | 43 (95.5) | 42 (93.3) | 0.44 |
| R0 resection, n (%) | 42 (93.3) | 36 (80) | 0.06 |
| Specimen diameter, average (SD), mm | 21.6 (8.3) | 28.7 (8) | <0.001 |
| Time of procedure, average ± SD (intervallo), min | 25.6 (10.6) | 76.7 (26.4) | <0.001 |
| Speed of procedure (mm²/min) | 16.8 (11.8) | 11.9 (9.2) | 0.03 |
| Area (mm²), average (SD) | 412.1 (239) | 698.1 (449) | <0.01 |
| Complications n (%) | 2 (4.4) | 7 (15.5) | 0.04 |
| Perforation | 0 | 3 (6.6) | |
| Late Bleeding | 2 (4.4) | 1 | |
| Post-resection electrocoagulation syndrome | 0 | 3 | |
| Recurrence, n (%) | 2(4.4) | 1(2.2) | |

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*Andrisani G. et al., GIE 2023*

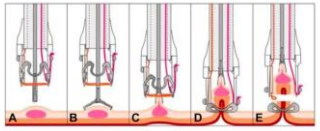
# Évènements indésirables et eFTR

ORIGINAL ARTICLE: Clinical Endoscopy

Adverse events of endoscopic full-thickness resection: results from the German and Dutch nationwide colorectal FTRD registry

Liselotte W. Zwager, MD,[1,2,3] Julius Mueller, MD, PhD,[4] Bettina Stritzke, MSc,[5] Nahid S. M. Montazeri, PhD,[6] Karel Caca, MD, PhD,[7] Evelien Dekker, MD, PhD,[1,2,3] Paul Fockens, MD, PhD,[1,2,3] Arthur Schmidt, MD, PhD,[4] Barbara A. J. Bastiaansen, MD[1,2,3] on behalf of the Dutch eFTR Working Group and German collaborating centers*

Amsterdam, the Netherlands; Freiburg, Tuebingen, Ludwigsburg, Germany




- Registre de Juillet 2015 à Mars 2021
- 11.3% d'évènements indésirables dont 2.2% sévères (nécessitant chirurgie)
- Mortalité nulle
- Facteurs de risque de complications
  - Sexe féminin
  - Problèmes techniques

**TABLE 2. Overview of all 1892 cases with AEs**

| AEs | Overall | Mild | Moderate | Severe |
|---|---|---|---|---|
| Overall AEs | 213 (11.3) | 104 (5.5) | 67 (3.5) | 42 (2.2) |
| All bleeding | 117 (6.2) | 54 (2.9) | 62 (3.3) | 1 (.1) |
| Direct bleeding | 31 (1.6) | 30 (1.6) | 1 (.1) | — |
| Delayed bleeding | 86 (4.5) | 24 (1.3) | 61 (3.2) | 1 (.1) |
| All perforations | 47 (2.5) | 16 (.8) | 1 (.1) | 30 (1.6) |
| Direct perforation | 27 (1.4) | 14 (.7) | — | 13 (.7) |
| Delayed perforation | 20 (1.1) | 2 (.1) | 1 (.1) | 17 (.9) |
| Appendicitis | 13 (.7) | 6 (.3) | — | 7 (.4) |
| Postpolypectomy syndrome | 15 (.8) | 13 (.7) | 2 (.1) | — |
| Diverticulitis | 2 (.1) | 2 (.1) | — | — |
| Infection/inflammation | 5 (.3) | 5 (.3) | — | — |
| Stenosis | 9 (.5) | 5 (.3) | 2 (.1) | 2 (.1) |
| Other* | 5 (.3) | 3 (.2) | — | 2 (.1) |

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*Zwager L et al., GIE 2023*
*Ovesco Endoscopy AG*

# Ergonomie

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musculoskeletal disorders endoscopist

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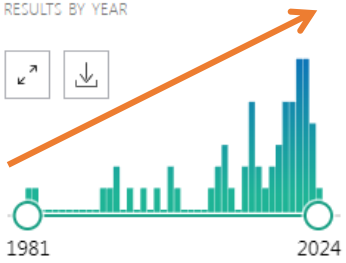
RESULTS BY YEAR




1 Upper limb **musculoskeletal disorders** in healthcare personnel.

Occhionero V, Korpinen L, Gobba F.

Cite

Ergonomics. 2014;57(8):1166-91. doi: 10.1080/00140139.2014.917205. Epub 2014 May 20.

PMID: 24840049 Review.

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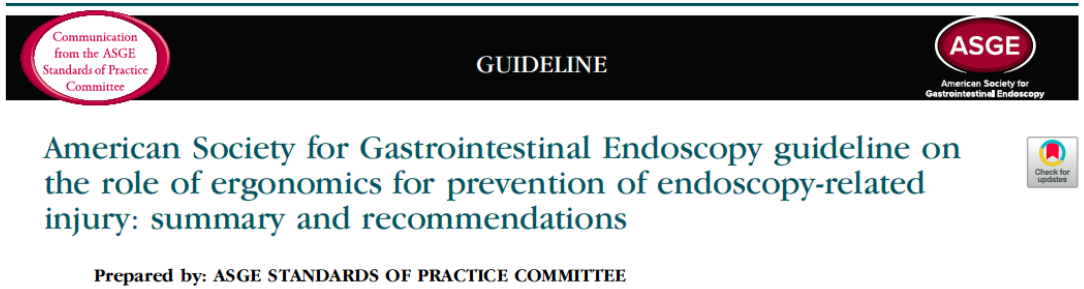
The literature on upper limb **musculoskeletal disorders** (UL-MSD) in different groups of healthcare workers was reviewed: 65 relevant studies were collected. ...Practitioner Summary: Published studies support the hypothesis of a significant risk of upper limb **muscu** ...

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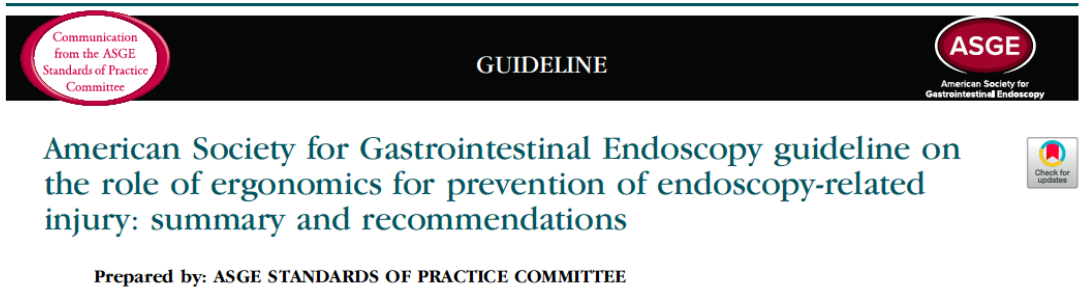
*Pawa S. et al., GIE 2023*

# Ergonomie




- *ERI = Endoscopy-Related Injuries* / Traumatismes ou blessures liés  l'endoscopie
- Méta-analyse identifiant 57.7% de taux d'ERI
- Principaux sites touchés
  - Mains et doigts : 35.8%
  - Dos : 35.3%
  - Haut du dos et cou : 32.6%
  - Pouce : 29.2%
  - Cou : 26.1%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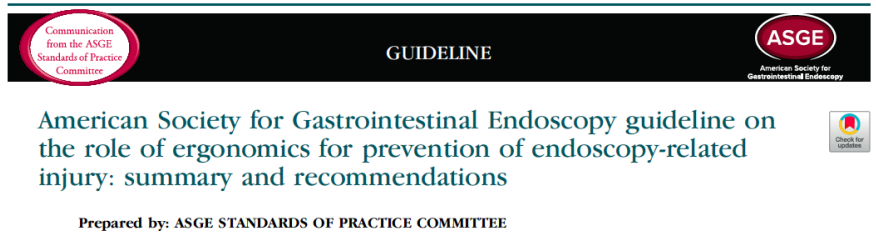
*Pawa S. et al., GIE 2023*

# Principaux facteurs de risque




- Sexe féminin
  - ERI 62.4% (95% CI, 46.7% to 75.9%)
  - Versus 45.5% (95% CI, 28.1 to 64%)
- Temps passé à faire des endoscopies et haut volume de procédure
  - > 20 cas/semaine,
  - > 16h de procédure/semaine,
  - > 15 ans de pratique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*Ridtitid et al.,GIE 2015*
*Morais et al., EIO 2020*

# Ergonomie

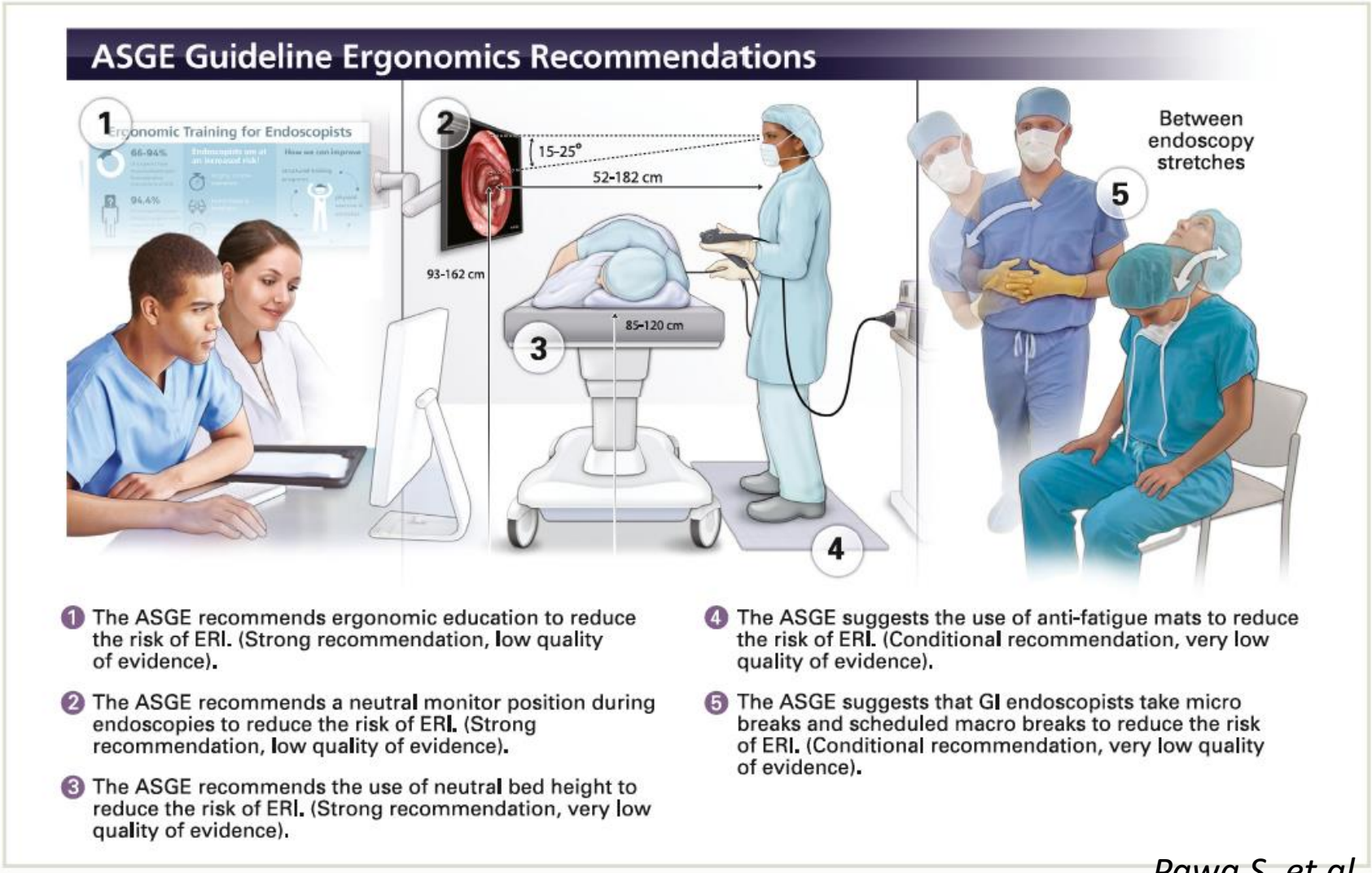
Communication from the ASGE Standards of Practice Committee

GUIDELINE

ASGE American Society for Gastrointestinal Endoscopy

American Society for Gastrointestinal Endoscopy guideline on the role of ergonomics for prevention of endoscopy-related injury: summary and recommendations

Prepared by: ASGE STANDARDS OF PRACTICE COMMITTEE




Pawa S. et al., GIE 2023

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# Merci pour votre attention


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