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PubMed Results

Items 1 - 4 of 4

1 N Z Med J. 2011 Nov 4;124(1345):74-6.

**[Colonoscopy--a rare cause of pancreatitis.](#)**

[Khashram M](#), [Frizelle FA](#).

**Source**

Department of Surgery, Christchurch Hospital, PO Box 4345, Christchurch 8014, New Zealand. [manar.khashram@gmail.com](mailto:manar.khashram@gmail.com)

PMID:

22072170 [PubMed - indexed for MEDLINE]

[Related citations](#)

2 Dis Colon Rectum. 2011 Dec;54(12):1578-84.

**[Usefulness of an intensive bowel cleansing strategy for repeat colonoscopy after preparation failure.](#)**

[Ibáñez M](#), [Parra-Blanco A](#), [Zaballa P](#), [Jiménez A](#), [Fernández-Velázquez R](#), [Fernández-Sordo JO](#), [González-Bernardo O](#), [Rodrigo L](#).

**Source**

Endoscopy Unit, Department of Gastroenterology, Asturias Central University Hospital, Oviedo, Spain.

**Abstract**

**BACKGROUND:**

No consensus exists regarding the optimal bowel preparation regimen for patients with poor bowel cleansing at a previous colonoscopy.

**OBJECTIVE:**

We investigated the usefulness of an intensive cleansing regimen for repeat colonoscopy after previous failure of bowel preparation.

### **DESIGN AND SETTING:**

A prospective observational study was performed in patients undergoing colonoscopy at a university-based, tertiary referral hospital.

### **PATIENTS AND INTERVENTION:**

Outpatients with inadequate preparation at an index colonoscopy were offered a repeat colonoscopy and instructed to follow an intensive preparation regimen consisting of a low-fiber diet for 72 hours, liquid diet for 24 hours, bisacodyl (10 mg) in the evening of the day before the colonoscopy, and a split dose of polyethylene glycol (1.5 L in the evening before and 1.5 L in the morning on the day of the colonoscopy).

### **MAIN OUTCOME MEASURES:**

The adequacy of bowel cleansing was assessed according to the Boston Bowel Preparation Scale (0 or 1 on any colon segment = inadequate bowel preparation). Procedural variables, detection rates for polyps and adenomas, compliance, and tolerability of the regimen were assessed. Satisfaction with the regimen was assessed with a 10-point visual analog scale.

### **RESULTS:**

Of 83 patients with inadequate bowel preparation at colonoscopy, 51 underwent a second colonoscopy and were analyzed; 46 patients (90.2%) had adequate bowel cleansing at the second colonoscopy, with a mean (SD) total Boston Bowel Preparation Scale score of 7.43 (1.5) and scores of 2.31 (0.6) for the right colon, 2.49 (0.6) for the transverse colon, and 2.63 (0.6) for the left colon. Polyps, flat lesions, or flat lesions proximal to the splenic flexure were found in significantly more patients at the second colonoscopy than at the index colonoscopy. The global satisfaction score was 6.6 (2.7).

### **LIMITATIONS:**

The study was limited because of its open observational design, possible patient learning effect for bowel preparation at the repeat colonoscopy, and the inclusion of only outpatients.

### **CONCLUSIONS:**

An intensive regimen consisting of a low-fiber diet, bisacodyl, and a split dose of polyethylene glycol can achieve good colon preparation with an improved detection rate for polyps and adenomas in most patients who have had poor bowel cleansing at a previous colonoscopy.

PMID:

22067188 [PubMed - indexed for MEDLINE]

[Related citations](#)

**Different bowel preparation schedule leads to different diagnostic yield of proximal and nonpolypoid colorectal neoplasm at screening colonoscopy in average-risk population.**

Chiu HM, Lin JT, Lee YC, Liang JT, Shun CT, Wang HP, Wu MS.

**Source**

Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan.

**Abstract**

**BACKGROUND:**

Accumulating evidence indicates that the timing of bowel preparation is crucial, but its impact on the diagnostic yield of proximal or nonpolypoid colorectal neoplasm remains unclear.

**OBJECTIVE:**

This study aimed to investigate the impact of the timing of bowel preparation on the adenoma detection rate for nonpolypoid colorectal neoplasm at colonoscopy.

**DESIGN:**

This study is a retrospective analysis of a screening colonoscopy cohort database.

**SETTING:**

The investigation was conducted at a screening colonoscopy unit in an university hospital.

**PATIENTS:**

A consecutive series of 3079 subjects who received primary screening colonoscopy with different timing of bowel preparation was analyzed.

**INTERVENTION:**

Different timing of bowel preparation (same day vs prior day) was studied.

**MAIN OUTCOME MEASURES:**

The main outcomes measured were patient demographics, timing of bowel preparation, colon-cleansing levels, diagnostic yields of colonoscopy, including adenoma, advanced

adenoma, and nonpolypoid colorectal neoplasm.

## RESULTS:

There were a total of 1552 subjects in the morning group and 1527 in the evening group. More subjects had proximal adenoma (175, 11.3% vs 138, 9.0%,  $P = .04$ ), advanced adenoma (68, 4.4% vs 46, 13.0%,  $P = .044$ ), nonpolypoid colorectal neoplasm (98, 6.3% vs 67, 4.4%,  $P = .018$ ), proximal nonpolypoid colorectal neoplasm (71, 4.6% vs 40, 2.6%,  $P = .004$ ), and advanced nonpolypoid colorectal neoplasm (25, 1.6% vs 12, 0.8%,  $P = .036$ ) detected by same-day preparation. On multivariate regression analysis, the adenoma detection rate was significantly higher in the same-day group regarding overall and proximal adenoma (OR 1.23, 95% CI: 1.00-1.50; OR 1.35, 95% CI: 1.05-1.74), advanced adenoma (OR 1.53, 95% CI: 1.04-2.28), overall, proximal, and advanced nonpolypoid colorectal neoplasm (OR 1.48, 95% CI: 1.06-2.08; OR 1.82, 95% CI: 1.20-2.75; OR 1.96, 95% CI: 1.12-3.37). The adenoma detection rate was also significantly different among endoscopists.

## LIMITATION:

This was a single-center, nonrandomized trial.

## CONCLUSIONS:

Improving bowel preparation quality by same-day preparation may lead to enhanced detection of overall, proximal, and advanced nonpolypoid colorectal neoplasm.

PMID:

22067187 [PubMed - indexed for MEDLINE]

[Related citations](#)



4 Dis Colon Rectum. 2011 Dec;54(12):1547-51.

## [Peutz-Jeghers syndrome: intriguing suggestion of gastrointestinal cancer prevention from surveillance.](#)

[Latchford AR](#), [Neale K](#), [Phillips RK](#), [Clark SK](#).

## Source

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[andy.latch@doctors.org.uk](mailto:andy.latch@doctors.org.uk)

## Abstract

### BACKGROUND:

Peutz-Jeghers syndrome is characterized by GI polyps and mucocutaneous pigmentation and carries an increased risk of GI cancer. GI polyps may bleed or cause intussusception. Luminal GI surveillance is recommended, but there are few data detailing outcomes from GI surveillance in Peutz-Jeghers syndrome.

**OBJECTIVE:**

This study aimed to assess outcomes from GI surveillance in patients with Peutz-Jeghers syndrome.

**DESIGN:**

This study is a retrospective review, using hospital and registry notes and endoscopy and histology reports.

**SETTING:**

The investigation was conducted at a tertiary referral center.

**PATIENTS:**

All patients with Peutz-Jeghers syndrome who were followed up at St Mark's hospital were included.

**MAIN OUTCOME MEASURES:**

The primary outcomes measured were surveillance procedures performed, complications, and long-term outcomes.

**RESULTS:**

Sixty-three patients from 48 pedigrees were included; the median age when patients were first seen was 20 years (range, 3-59). Only baseline investigations were performed in 12 patients. The remaining patients were followed up for 683 patient years, a median of 10 years (range, 2-41). Seven hundred seventy-six procedures were performed to assess the GI tract. These led to 5 double-balloon enteroscopies, 1 push enteroscopy, and 71 surgical procedures. Of the surgical procedures, 20 were performed as a result of baseline investigations, 12 arose from investigations of symptoms, and 39 were due to surveillance of asymptomatic patients. No emergency surgical interventions were performed. No luminal GI cancers were diagnosed. Of the 2461 polypectomies performed, 6 polyps contained atypia or dysplasia. Six complications arose from endoscopy or surgical intervention, requiring 5 laparotomies to manage these complications.

**CONCLUSION:**

GI surveillance in Peutz-Jeghers syndrome is relatively safe and avoids the need for emergency surgery for small-bowel polyps. The lack of GI cancers may reflect that surveillance and polypectomy have prevented cancer from developing, although the detection of neoplasia or dysplasia is uncommon.

PMID: 22067184 [PubMed - indexed for MEDLINE]

[Related citations](#)