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TF clinic

FEASIBILITY OF COLONOSCOPIC DAY SURGERY WITH A MAGNIFYING COLONOSCOPY IN AN AMBULATORY CLINIC

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INTRODUCTION

In Japan, colonoscopic day surgery is still controversial. Endoscopic resection under or without hospitalization depends on the choice of each colonoscopist. Chromoendoscopy with magnification has been reported to be the best modality to establish the differential diagnosis of non-neoplastic or neoplastic lesions at colonoscopy.Therefore, endoscopic biopsies before endoscopic resection is not necessary while using this diagnostic method.

AIMS & METHODS

This study is conducted to clarify the feasibility of colonoscopic day surgery with a magnifying colonoscopy at an ambulatory clinic. Between July 2003 and April 2007, a total of 4857 patients underwent a total colonoscopy with a commercially available magnifying colonoscope (PCF240ZI, Olympus Japan) in TF clinic were enrolled in this prospective evaluation. The incidence of complications associated with diagnostic and therapeutic procedures and the outcome of cases resulted in complications were evaluated.

Results

Detection rate (polypoid, flat and depressed lesion) at colonoscopy
(54.6%;2653/4857)

- **Endoscopic resection at TF clinic (Case.1)** **2647/2653(99.4%)**
  - **Late bleeding** **18/2647(0.73%)**
  - **Micro perforation** **1/2647(0.04%)**
- **Endoscopic resection at other hospitals** **16/2653(0.6%)** **<ESD 8/2653(0.3%)>(Case.2)**

The details of cases referred for endoscopic resection at other hospitals

Number; 16 cases with 16 lesions
Mean age; 61 yrs
Gender; Male: 10, Female: 6
Mean size; 32mm（12-70mm）
Location; C* 4 ,T 6, S 3, RS 2 Rb 1
Endoscopic resection; ESD** 8, EMR 8 cases
Histology; hyperplastic polyp 1, adenoma 5, intramucosal carcinoma 7, submucosal carcinoma 3

* 3 out of 4 lesions were located on the appendix orifice
**; Endoscopic submucosal dissection

Complications associated with endoscopic resection

Late Bleeding；18 /2,647cases (0.73%)
Mean Age; 56 yrs（30-70 yrs）
Gender; Male 12, Female 6
Mean size；8mm（3-20mm）
Macroscopic type；Protruding 8, Flat 8, SMT (carcinoid) 2
Location；C 5*、A 3、T 3、S 4、Rb 3
Endoscopic resection；Hot biopsy 7、EMR 6、Polypectomy 3、ESMR-L** 2

Micro Perforation***；1/2,647cases（0.04%）
A 65 years-old-Female with a flat polyp, 10mm in size, in the transverse colon, which was removed by EMR.

*；4 out of 5 lesions were resected by hot biopsy
**;Endoscopic submucosal resection with a ligation device
*** The case was recovered by conservative treatment without surgery

CONCLUSION

Colonoscopic day surgery is feasible with a magnifying colonoscopy at an ambulatory clinic.

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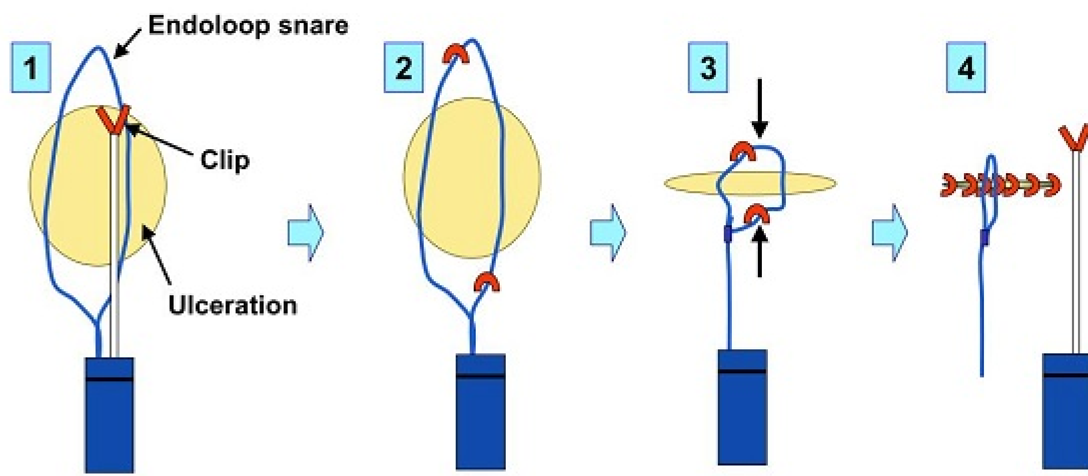
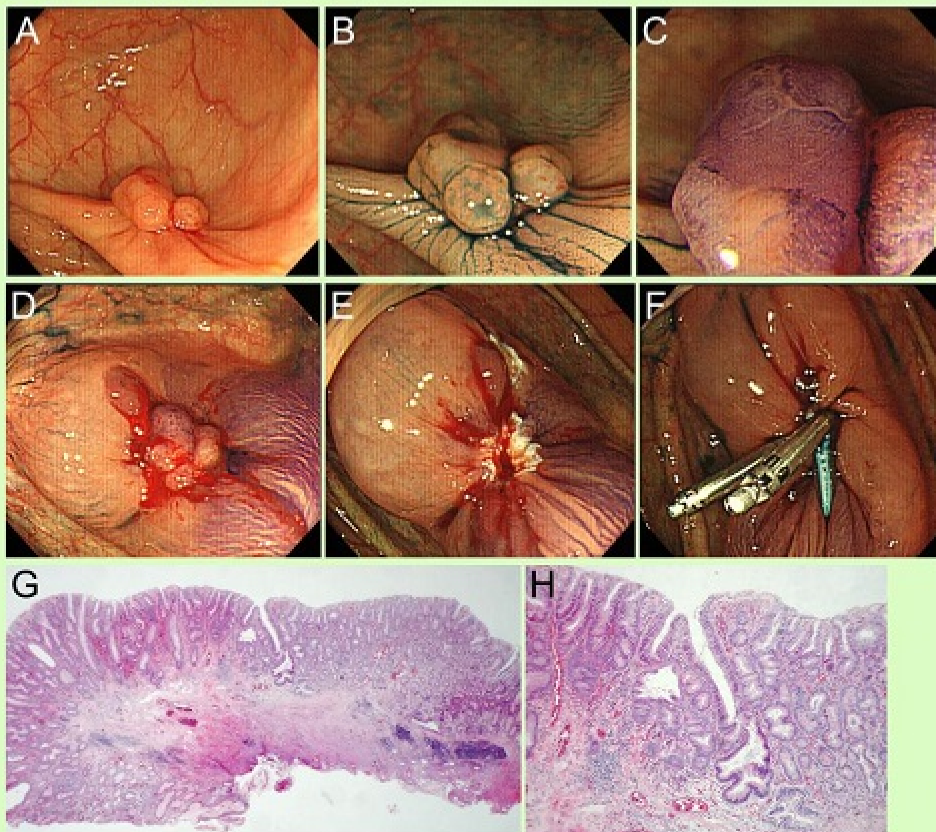
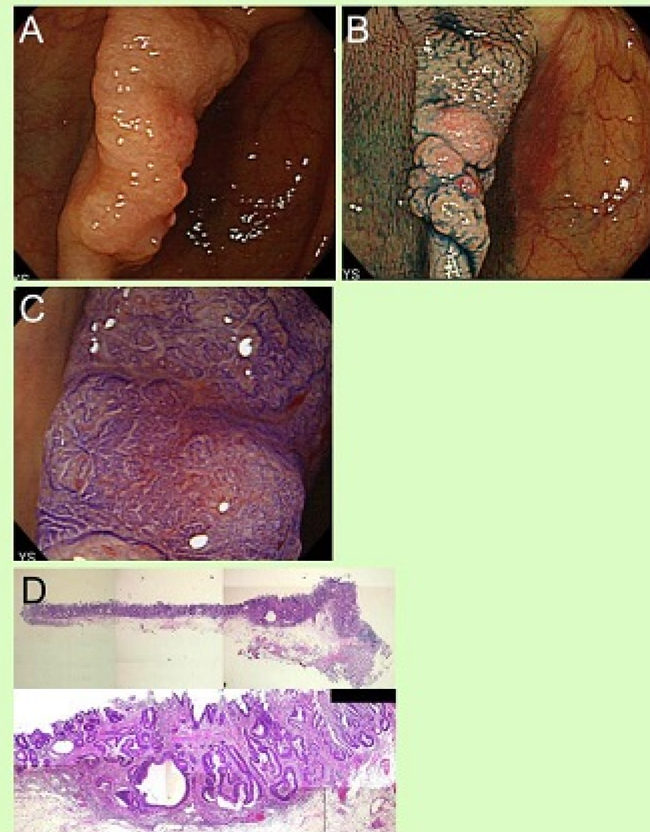


Case1 60M



This lesion was planned for surgical operation at another hospital, as non-lifting sign was considered positive at the initial endoscopic mucosal resection setting. The patient visited TF clinic for a second opinion. Although conventional view showed converging fold and depressed change, which suggested an invasive cancer (Fig. A, B), this lesion was finally diagnosed a non-invasive lesion with magnifying chromoendoscopy (Fig.C). Although, non-lifting sign was positive after submucosal injection (Fig.D), it was successfully removed en bloc with EMR (Fig.E). The resected ulceration was completely sutured by a 2-channel colonoscopy to avoid complication in delayed-fashion (Fig.F). Histologically, the resected specimen was a tubular adenoma with dense submucosal fibrosis probably caused by previous injection (Fig.G, H). This case was cured by EMR without surgical operation or hospitalization.

Case2 62M



This case was also planned for surgical operation at other hospital and visited TF clinic for a second opinion. In this lesion, a nodule in the depressed area (Fig.A,B) in which irregular shaped pits were seen with magnifying chromoendoscopy (Fig.C). As this lesion was diagnosed as a submucosal slight (sm1) or moderate invasive carcinoma (sm2), and it was considered too large to be removed by conventional EMR . Therefore, this case was decided to be a good candidate of ESD, and thus was referred to National Cancer Center for treatment. The lesion was completely resected en bloc with ESD. Histologically, it was a well differatiated adenocarcinoma with submucosal slight invasion (sm1) (Fig.D)

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