

4th International Conference on Gastroenterology

July 20-22, 2015 Orlando, USA

Diagnostic performance of computed tomographic colonography with limited cathartic preparation in detection of colorectal polyps; Comparison with conventional colonoscopy

Mohammed Farghally Amin and Ayman Hassanin
ElMinia University, Egypt

Purpose: To prospectively evaluate the diagnostic performance of Computed Tomographic Colonography with limited bowel preparation for the depiction of colorectal polyps, by using conventional colonoscopy as the gold standard technique.

Material and Methods: Study included forty five consecutively registered patients referred for conventional colonoscopy for colorectal cancer screening or for evaluation of colorectal symptoms; they were scheduled to undergo MDCT examination on the same day at Radiology Department in our institution, before the conventional colonoscopy examination. All patients underwent limited preparation.

Main outcome measures: Sensitivity, specificity, positive and negative predictive value of CTC versus CC in each group and overall.

Results: A total of 60 polypoid lesions were detected with colonoscopy in 45 patients over all sensitivity of CTC in polyp detection was 85.71%, specificity 71.24, PPV 96.77 and NPV 33.33, as regarding CTC performance in each group.

Conclusion: This study proved that CTC with limited cathartic bowel preparation and iodinated agents for faecal tagging can obtain high sensitivity and PPV values results for <5 mm polyps comparable to those obtained with conventional preparation with laxatives. Furthermore, this method could really improve the acceptance of CTC for colorectal cancer screening.

Mohammed_amin37@yahoo.com

Endoscopic treatment of chronic pancreatitis in children: Long term follow up

Ivo Boskoski¹, Matteo Napoleone¹, Andrea Tringali¹, Pietro Familiari¹, Massimiliano Mutignani², Vincenzo Perri¹ and Guido Costamagna¹

¹Catholic University of Rome, Italy

²Niguarda Hospital, Italy

Background: Chronic Pancreatitis (CP) in children is rare and experience of ERCP in children with CP is limited.

Aim: Safety and efficacy of ERCP for the treatment of CP in children were evaluated

Patients & methods: Retrospective identification of CP pediatric patients who underwent ERCP. Indications, findings, treatment modalities, adverse events/outcomes were recorded during long term follow-up

Results: Of the 125 children that underwent ERCP, 35 (28%) had CP (16 boys, mean 11.6 yrs [2.5-17]). Indications for ERCP were recurrent bouts of pancreatitis/pain. 19 (54.3%) had pancreatic stones/plugs, 10 (28.5%) had pancreas divisum, 6 (17.1%) had dominant Santorini duct anatomy, 17 (48.5%) had gene mutations related CP. Minor papilla sphincterotomy was done in 14 children; pancreatic Extracorporeal Shock Wave Lithotripsy had 3 children. Plastic stents were placed in 5 for duct strictures. ERCP complications (bleeding/pancreatitis) occurred in 2 (5.7%). Mean follow-up 8 yrs (0.7-21). 14 (40%) had only one ERCP and were pain-free during 6 yrs (0.7-15) of follow-up; 21 (60%) had recurrence of pain after mean 4.6 yrs (0.8-20.4) and had additional ERCPs (75 re-interventions [1-14; 3.5/pt]). 13 children had re-sphincterotomy for sphincterotomy structure, and were pain-free on follow-up (mean 3.6 yrs [0.3-5.6]). 16 had plugs on re-interventions; 1 boy had postre-sphincterotomy bleeding. Re-interventions were higher in females ($p < 0.01$), and in younger than 8 yrs ($p < 0.01$). Pain recurrences were not related to MPD anatomy or genetic mutations ($p = 0.2$ & $p = 0.3$ respectively).

Conclusion: ERCP in pediatric patients with CP is a safe and effective. In more than 1/3 of cases only 1 ERCP can be resolved. Symptom recurrences can be easily managed with ERCP without major complications.

ivoboskoski@yahoo.com