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PubMed Results

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1 N Engl J Med. 2012 Feb 2;366(5):463-8.

[Clinical problem-solving. Worth a second look.](#)

[Berzin TM](#), [Greenberger NJ](#), [Levy BD](#), [Loscalzo J](#).

Source

Clinical Pathological Conference Series, Department of Medicine, Brigham and Women's Hospital, and Harvard Medical School, Boston, MA 02115, USA.

PMID:

22296081 [PubMed - indexed for MEDLINE]

[Related citations](#)



2 Ann Thorac Surg. 2012 Jan;93(1):e11-2.

[A diagnostic consideration for all ages: pseudoachalasia in a 22-year-old male.](#)

[Stone ML](#), [Kilic A](#), [Jones DR](#), [Lau CL](#), [Kozower BD](#).

Source

Division of Thoracic and Cardiovascular Surgery, Department of Surgery, University of Virginia Health System, Charlottesville, Virginia 22908-0679, USA.

Abstract

Pseudoachalasia is a rare clinical diagnosis with diverse manifestations. We present the case of a 22-year-old male with esophageal adenocarcinoma who was initially diagnosed with achalasia. This unfortunate presentation reinforces the importance of a careful preoperative workup for dysphagia irrespective of age.

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PMID:

22186482 [PubMed - indexed for MEDLINE]

[Related citations](#)

3 Ann Thorac Surg. 2012 Jan;93(1):313-5.

[Successful repair of an atrioesophageal fistula after catheter ablation for atrial fibrillation.](#) [Haggerty KA](#), [George TJ](#), [Arnaoutakis GJ](#), [Barreiro CJ](#), [Shah AS](#), [Sussman MS](#).

Source

Division of Cardiac Surgery, The Johns Hopkins Medical Institutions, Baltimore, Maryland 21224, USA.

Abstract

Catheter ablation of arrhythmias can result in the rare but devastating complication of an atrioesophageal fistula. This complication can be associated with significant neurologic morbidity and high mortality and requires a high index of suspicion to facilitate life-saving surgical intervention. Herein, we report the successful repair of an atrioesophageal fistula after catheter ablation for atrial fibrillation.

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PMID:

22186458 [PubMed - indexed for MEDLINE]

[Related citations](#)

4 Dis Colon Rectum. 2012 Jan;55(1):72-8.

[One-stage segmental colectomy and primary anastomosis after intraoperative colonic irrigation and total colonoscopy for patients with obstruction due to left-sided colorectal cancer.](#)

[Sasaki K](#), [Kazama S](#), [Sunami E](#), [Tsunohashi NH](#), [Nozawa H](#), [Nagawa H](#), [Kitayama J](#).

Source

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Abstract

BACKGROUND:

Intraoperative colonic irrigation and intraoperative on-table colonoscopy may be useful for a more accurate diagnosis of colorectal cancer before colectomy in patients with obstructive left-sided colorectal cancer, but the clinical benefit of this technique has not

been investigated in large-scale studies.

OBJECTIVE:

The aim of this study was to evaluate the usefulness of intraoperative colonic irrigation with a Y-shaped irrigation device and intraoperative colonoscopy in the management of obstructive colorectal cancer in patients undergoing elective surgery.

DESIGN AND SETTING:

This was a retrospective cohort study of patients undergoing surgical treatment at a single tertiary care institution in Japan.

PATIENTS AND INTERVENTION:

Among 715 consecutive patients with left-sided colorectal cancer, 101 patients (14.1%) with obstructing tumor received intraoperative colonic irrigation and intraoperative colonoscopy before colectomy and primary anastomosis, and 614 patients with nonobstructive colorectal cancer underwent preoperative colonoscopy with mechanical bowel preparation.

MAIN OUTCOME MEASURES:

Detection rates of proximal synchronous lesions, occurrence of postoperative complications, and changes in the surgical procedure prompted by the results of the intraoperative colonoscopy were evaluated.

RESULTS:

Intraoperative colonoscopy detected synchronous adenomatous polyps in 27 patients (26.8%), carcinoma in 4 patients (4%), and obstructive colitis in 2 patients (2%). Findings of the intraoperative colonoscopy prompted changes in surgical procedure in 9 patients (8.9%). The overall morbidity in the intraoperative group was 17%, with anastomotic leakages in 3 patients, wound infection in 5, and postoperative ileus in 3 patients. The risk of these complications was not increased in patients with intraoperative colonoscopy with intraoperative colonic irrigation compared with those receiving preoperative colonoscopy with mechanical bowel preparation. The operation time was 28 minutes longer in the intraoperative than in the preoperative group, but neither the time to start of oral intake nor the length of postoperative hospital stay was significantly different between the 2 groups.

LIMITATIONS:

The study is limited by its retrospective nature.

CONCLUSIONS:

: In patients with obstructive colorectal cancer, intraoperative colonic irrigation with intraoperative colonoscopy is a useful strategy for detecting synchronous lesions located

proximally to the obstructing tumor, without increasing patient morbidity.

PMID:

22156870 [PubMed - indexed for MEDLINE]

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