

Sent on Saturday, 2011 Dec 17

Search "Endoscopy, Gastrointestinal"[Mesh] OR ("Endoscopy, Gastrointestinal/contraindications"[Mesh] OR "Endoscopy, Gastrointestinal/methods"[Mesh] OR "Endoscopy, Gastrointestinal/mortality"[Mesh] OR "Endoscopy, Gastrointestinal/standards"[Mesh] OR "Endoscopy, Gastrointestinal/statistics and numerical data"[Mesh] OR "Endoscopy, Gastrointestinal/trends"[Mesh] OR "Endoscopy, Gastrointestinal/utilization"[Mesh])  
Limits: added to PubMed in the last 60 days, published in the last 60 days

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## PubMed Results

Items 1 - 5 of 5

1 Gan To Kagaku Ryoho. 2011 Nov;38(11):1849-51.

[\[A case of recurrent lymph node metastases of advanced colon cancer with penetration of the gastric wall, treated effectively by cetuximab monotherapy as third-line treatment\].](#)

[Article in Japanese]

[Kawakami T](#), [Okuyama Y](#), [Enoki Y](#), [Yoshida N](#).

### Source

Dept. of Gastroenterology, Kyoto First Red Cross Hospital, Japan.

### Abstract

A 45-year-old man was first treated for lymph node metastases of colon cancer with FOLFIRI. After 13 courses, the lymph node metastases worsened, and he was treated with mFOLFOX6 plus bevacizumab as the second-line chemotherapy. After 8 courses, his anorexia and anemia became increasingly troublesome. We diagnosed this as the direct invasion of lymph node metastases to the gastric wall. As the third-line chemotherapy, cetuximab monotherapy was applied. The gastric ulcer lesion then began healing as a scar. In our progressive case, cetuximab monotherapy was effective as a third-line treatment.

PMID:

22083195 [PubMed - indexed for MEDLINE]

[Related citations](#)

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2 Br J Surg. 2011 Dec;98(12):1694. doi: 10.1002/bjs.7676.

**[Endoscopic and surgical management of serrated colon ic polyps \(Br J Surg 2011; 98: 1685-1694\).](#)**

[Pullan R.](#)

**Source**

Torbay Hospital, South Devon Healthcare NHS Trust, Torquay TQ2 7AA, UK.  
[rupert.pullan@nhs.net](mailto:rupert.pullan@nhs.net)

**Comment on**

- [Br J Surg. 2011 Dec;98\(12\):1685-94.](#)

PMID:

22034179 [PubMed - indexed for MEDLINE]

[Related citations](#)



3 Br J Surg. 2011 Dec;98(12):1685-94. doi: 10.1002/bjs.7654. Epub 2011 Aug 30.

**[Endoscopic and surgical management of serrated colonic polyps.](#)**

[Leonard DF](#), [Dozois EJ](#), [Smyrk TC](#), [Suwanthanma W](#), [Baron TH Sr](#), [Cima RR](#), [Larson DW](#).

**Source**

Division of Colon and Rectal Surgery, Department of Anatomic Pathology, Division of Gastroenterology, Mayo Clinic, Gonda 9 South, 200 First Street SW, Rochester, Minnesota 55905, USA.

**Comment in**

- [Br J Surg. 2011 Dec;98\(12\):1694.](#)

**Abstract**

**BACKGROUND:**

Serrated polyps are an inhomogeneous group of lesions that harbour precursors of colorectal cancer. Current research has been directed at further defining the histopathological characteristics of these lesions, but definitive treatment recommendations are unclear. The aim was to review the current literature regarding classification, molecular genetics and natural history of these lesions in order to propose

a treatment algorithm for surgeons to consider.

## **METHODS:**

The PubMed database was searched using the following search terms: serrated polyp, serrated adenoma, hyperplastic polyp, hyperplastic polyposis, adenoma, endoscopy, surgery, guidelines. Papers published between 1980 and 2010 were selected.

## **RESULTS:**

Sixty papers met the selection criteria. Most authors agree that recommendations regarding endoscopic or surgical management should be based on the polyp's neoplastic potential. Polyps greater than 5 mm should be biopsied to determine their histology so that intervention can be directed accurately. Narrow-band imaging or chromoendoscopy may facilitate the detection and assessment of extent of lesions. Complete endoscopic removal of sessile serrated adenomas in the left or right colon is recommended. Follow-up colonoscopy is recommended in 2-6 months if endoscopic removal is incomplete. If the lesion cannot be entirely removed endoscopically, segmental colectomy is strongly recommended owing to the malignant potential of these polyps. Left-sided lesions are more likely to be pedunculated, making them more amenable to successful endoscopic removal.

## **CONCLUSION:**

Even though the neoplastic potential of certain subtypes of serrated polyp is heavily supported, further studies are needed to make definitive endoscopic and surgical recommendations.

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PMID:

22034178 [PubMed - indexed for MEDLINE]

[Related citations](#)



4 Dtsch Med Wochenschr. 2011 Nov;136(44):2245-8. doi: 10.1055/s-0031-1292037. Epub . 2011 Oct 25.

[\[Endoscopic closure of a chronic colonic fistula using the over-the-scope clip \(OTSC\)\].](#)

[Article in German]

[Grossmann J](#), [Diening C](#), [Althoff C](#).

## **Source**

Medizinische Klinik, Evangelisches Krankenhaus Bethesda, Mönchengladbach.

## Abstract

### HISTORY AND ADMISSION FINDINGS:

A 64 year old male patient suffered from recurrent subphrenic abscesses following a complicated postoperative course after sigmoidectomy for chronic recurrent diverticulitis. Two previous attempts of abscess treatment by transcutaneous drainage had failed. Radiographic studies eventually showed a fistula of the descending colon leading to the abscess formation, which could be identified and confirmed endoscopically by installation of dye.

### TREATMENT AND COURSE:

Endoscopic application of an "over-the-scope clip" (OTSC) onto the anchor-retracted enteric fistula orifice led to complete closure of the fistula within four days as demonstrated by radiographic studies and repeat dye installation. Subsequently the transcutaneous drainage could be gradually retracted and eventually successfully removed within 14 days of OTSC application without recurrence of abscess formation.

### CONCLUSION:

The OTSC is a recently developed endoscopic tool, allowing the application of a large claw-like clip for endoscopic closure of full thickness enteric wall defects and cessation of large vessel bleeding within the gastrointestinal tract. It is a novel tool which can be safely and successfully employed to endoscopically close a fistula of the lower intestinal tract. Future controlled multicenter-studies should address the usefulness of OTSC in the conservative-endoscopic management of intestinal fistulizing disease.

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PMID:

22028289 [PubMed - indexed for MEDLINE]

[Related citations](#)



5 Anesth Analg. 2011 Nov;113(5):1284-5.

### [Esophagoscopy to confirm tracheal tube position in a patient with a large tracheoesophageal fistula.](#)

Truong A.

PMID:

22021804 [PubMed - indexed for MEDLINE]

[Related citations](#)

