

## Búsqueda de endoscopia

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1 Orv Hetil. 2011 Jun 26;152(26):1043-51.

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#### **[Safety of gastrointestinal endoscopy during pregnancy].**

[Article in Hungarian]

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#### **Source**

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#### **Abstract**

There are only few data of gastrointestinal endoscopy in pregnant patients. Only 0.4% of all procedures are carried out during pregnancy. Case reports and some small retrospective studies are available. Because of physiological changes in pregnancy there might be special risks of endoscopy. There might be complaints which can be physiologic during pregnancy, but can be signs of gastrointestinal disorders, too. Therefore, indications for endoscopy are not always clear and easy. Safety of the procedures is also not well studied. Besides the risks of endoscopy, medication given to the mother, electrocoagulation and radiation exposure from fluoroscopy during endoscopic retrograde cholangiopancreatography might be harmful to the fetus.

Endoscopy should only be done when indication is unquestionable and strong. Only FDA "A" and "B" category medication is allowed. Gastroscopy is necessary for bleeding and for patients with pyrosis going together with alarm signs. Nausea, vomiting, abdominal pain and fecal occult blood test positivity are not indications for endoscopy, only for gastroenterological consultation. Sigmoidoscopy is recommended for indication of lower gastrointestinal bleeding and sigmoid or rectal mass. Only therapeutic endoscopic retrograde cholangiopancreatography should be performed. Obstructive jaundice and biliary pancreatitis need immediate endoscopic intervention. The fetus must be shielded from radiation exposure.

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