

Techniques to facilitate endoscopic identification of neoplasia

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Factors determining neoplasia detection

- Endoscopist
 - proper training and technique
 - adequate time reserved for procedure
- Patient
 - bowel preparation
 - sedation ?
- Special equipment ?
 - zoom, chromoendoscopy, high resolution, other

Training and selection of endoscopists

Endoscopist	1	2	3
Completion to caecum (%)	88	94	98
Diagnosis: normal colon (%)	72	48	25
Diagnosis: hyperplastic pol. (%)	8	14	25
Diagnosis: adenoma (%)	9	23	37
Diagnosis: cancer (in adenoma) (%)	0,63	0,35	1,39
Patients' satisfaction (2-5)	3,94	4,17	4,18

Special techniques for screening ???

- too sophisticated for mass screening (cost of equipment, time of procedure)
- potentially useful in high risk people
- may predict histology (& avoid polypectomy)
but: - **not** in 100%
 - lesions usually must be first spotted with
„naked” eye

Can zoom-colonoscope detect more lesions?

- 23 HNPPC patients, 14F:9M, mean age 44 yrs
- Olympus colonoscope CF Q160 ZI
- **Area caecum - hepatic flexure** assessed twice:
 - without and with zoom turned on

Zoom in HNPPC patients

	No zoom	Zoom (+)
Time of area examination (min)	6,7	11,9
- range (min)	2-14	6-21
Total time (mean; range)	42,8 (30-68)	
Number of lesions in area	32	+ 10
Number of adenomas in area	17	+ 2
Number of cancers in area	1	-

Conclusions

- Main current requirement of mass colonoscopic screening is training of existing and new colonoscopists
- Special neoplasia identification techniques may be useful in high risk groups but seem to be too sophisticated for present screening practices.