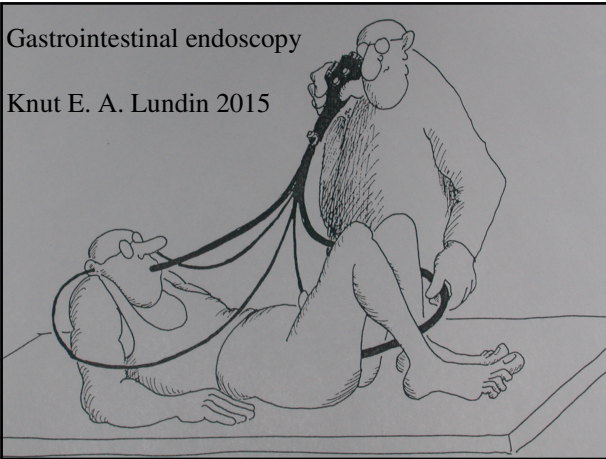


Gastrointestinal endoscopy

Knut E. A. Lundin 2015



A typical year at a gastrolab

Type	Regular	Our
• Gastroskopy	3000	1000
• Colonoskopy	2000	1000
• ERCP	100	600
• EUS	None	300
• Capsule endoscopy	50	50
• Balloon enteroscopy	None	50
• Balloon ERCP	None	50

Major problem

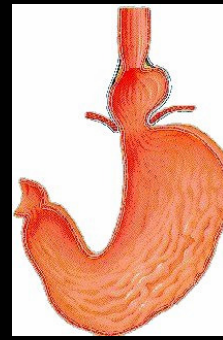
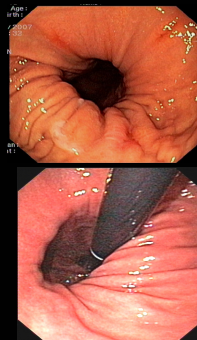
- Increasing distance between gastroenterologists and gastrosurgeons
- Increasing specialization og gastroscopy
- The gastrosurgeons flee the endoscopy rooms

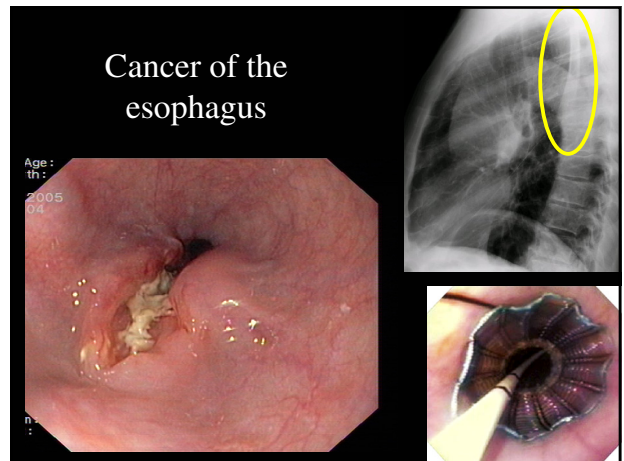
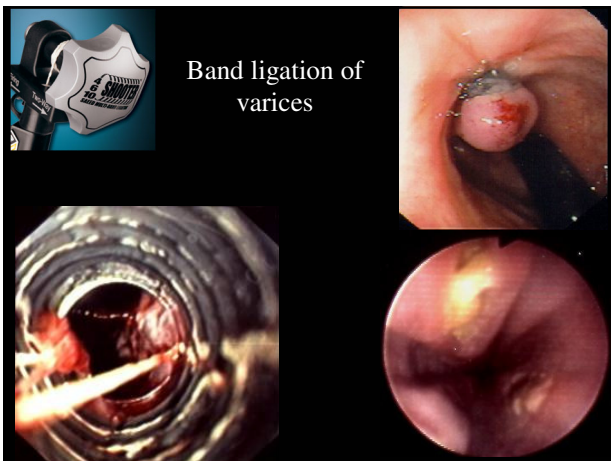
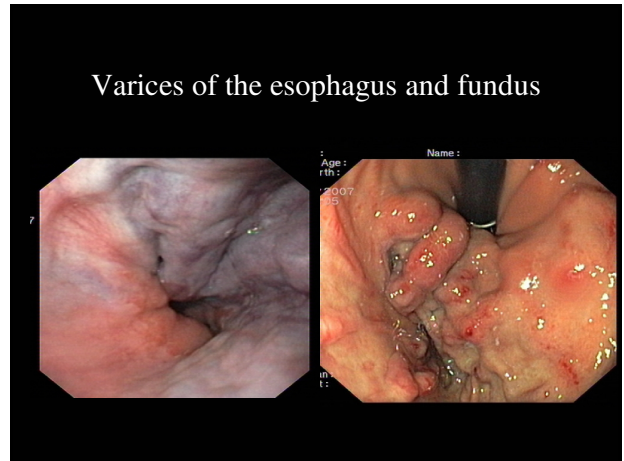
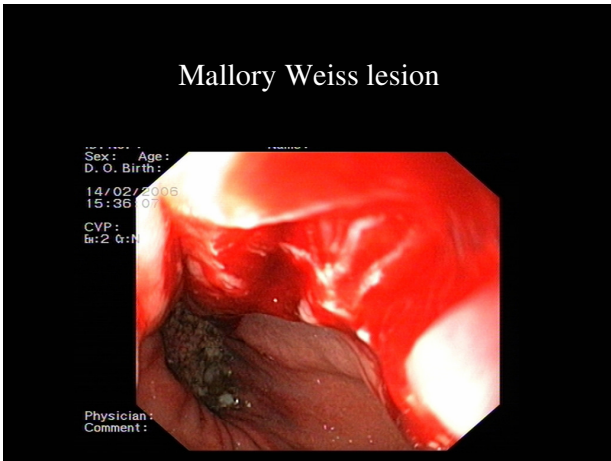
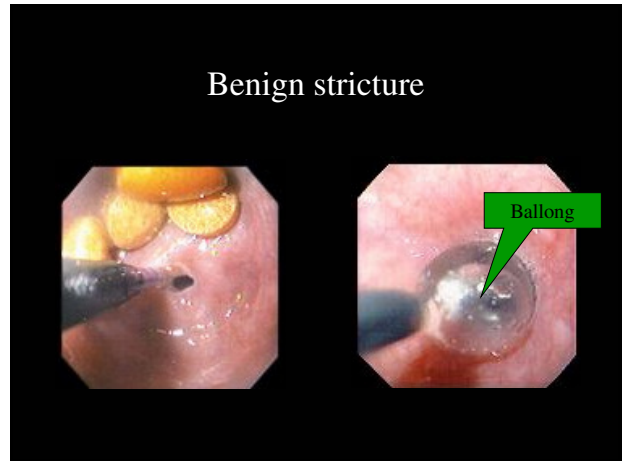
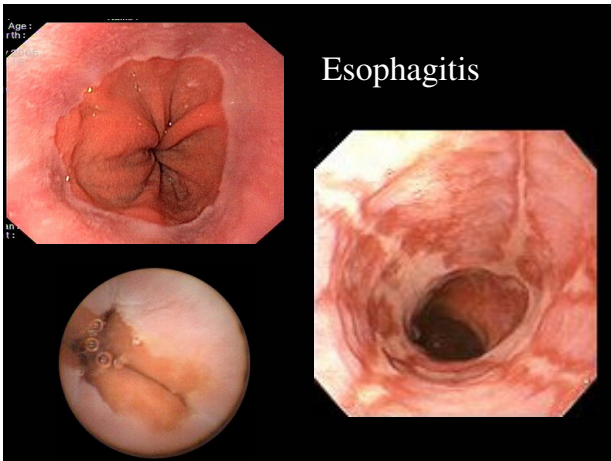
Some snapshots from the lab....



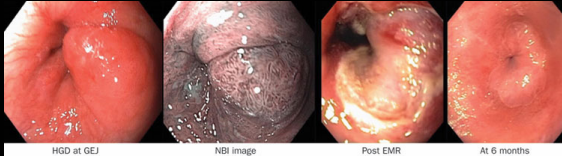
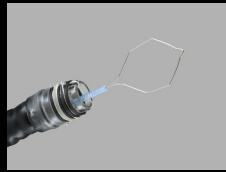
Esophagus

Hiatus hernia





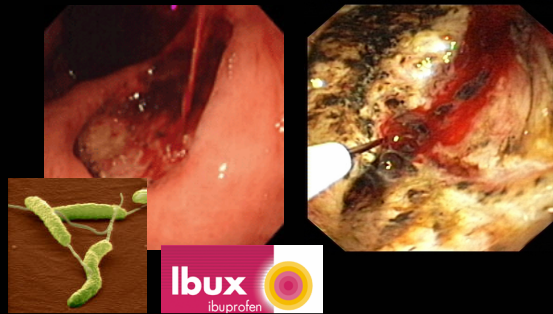
Endoscopic mucosa resection



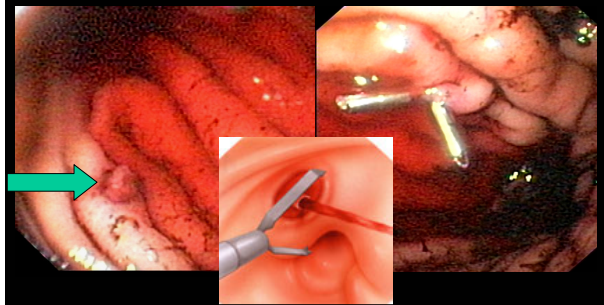
Call the gastroenterologist first, then a gastrosurgeon!

Gastroscopy - stomach

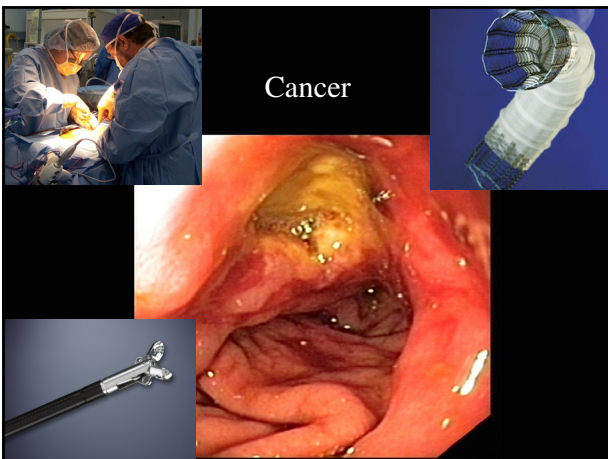
Bleeding ulcer - injection



Visible vessel –endoclip (Ulcer simplex)




Cancer

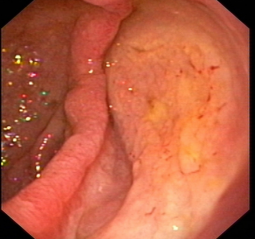
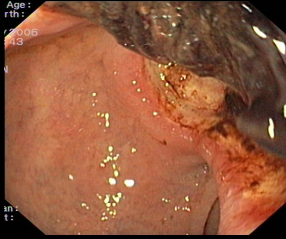



Foreign body!



Gastroscopy duodenum

Duodenal ulcer 

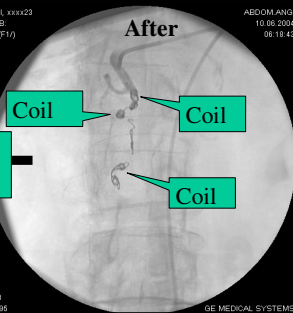
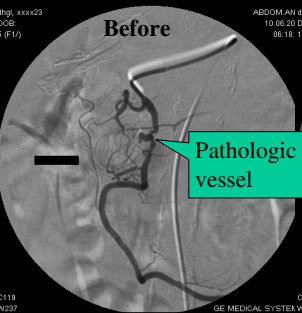


Age: rth: 73:06 7:5

Duodenal fistulation from aorta endoprothesis. Hb 2,9



Day after: severe bleeding - Angio

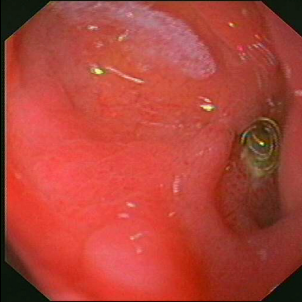


Before After

Pathologic vessel Coil Coil Coil

©110 W227 698 GE MEDICAL SYSTEMS W196 GE MEDICAL SYSTEMS

Dag 49: Visible coil



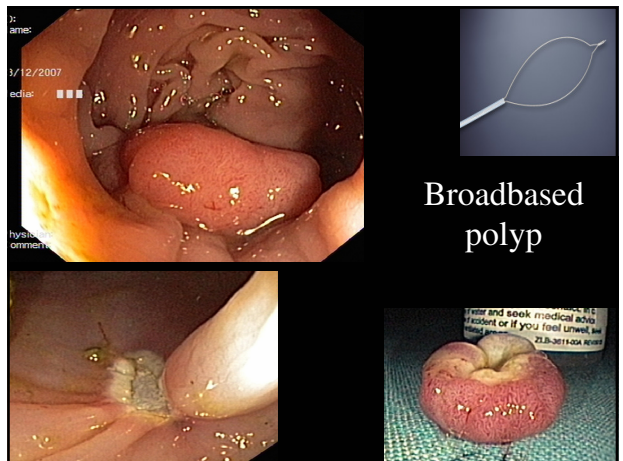
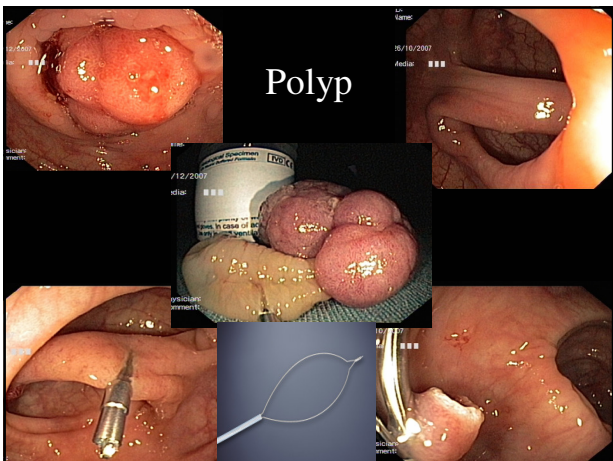
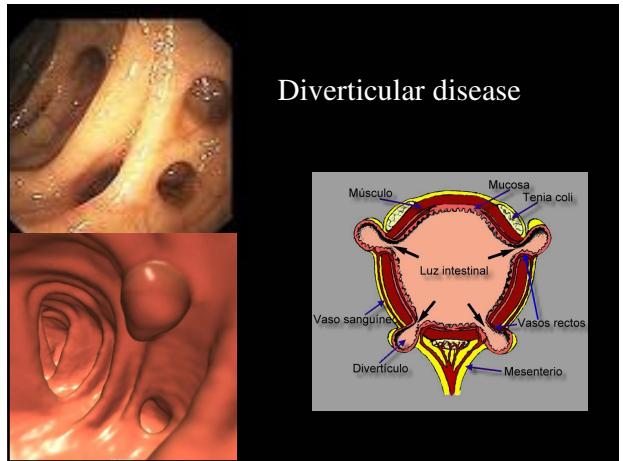
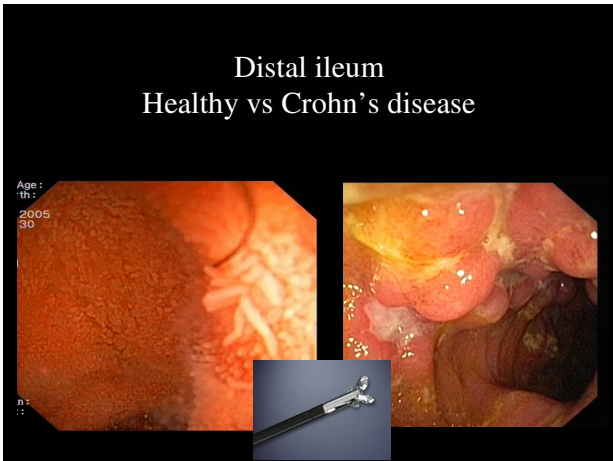
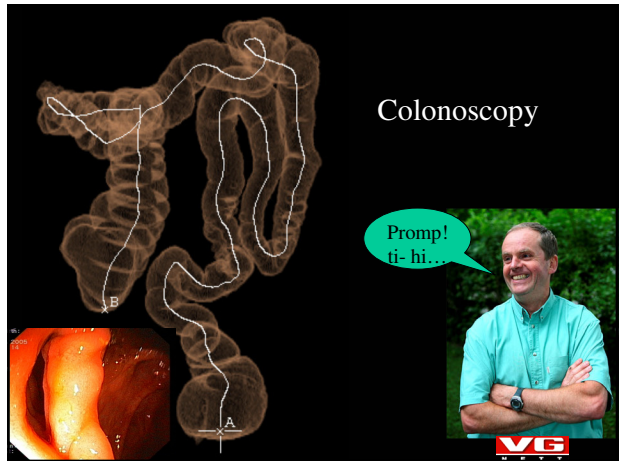
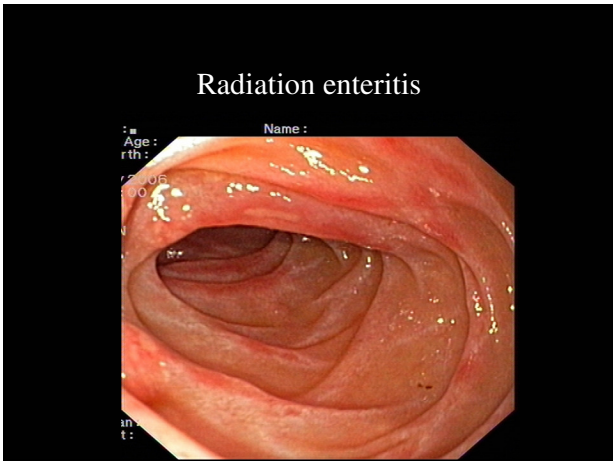
Celiac disease

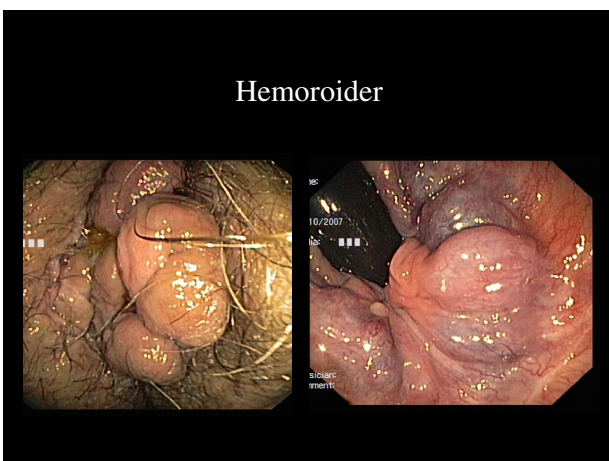
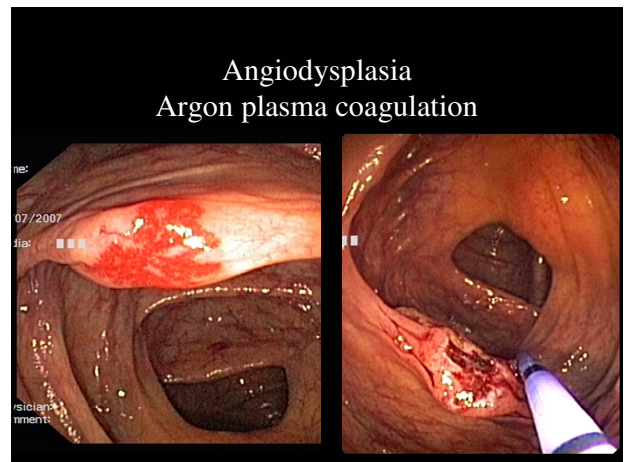
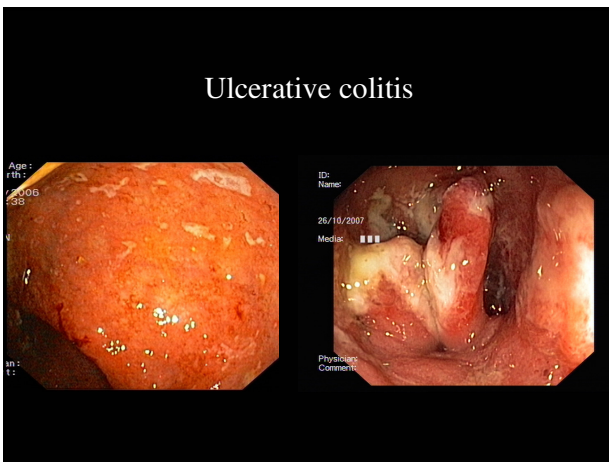
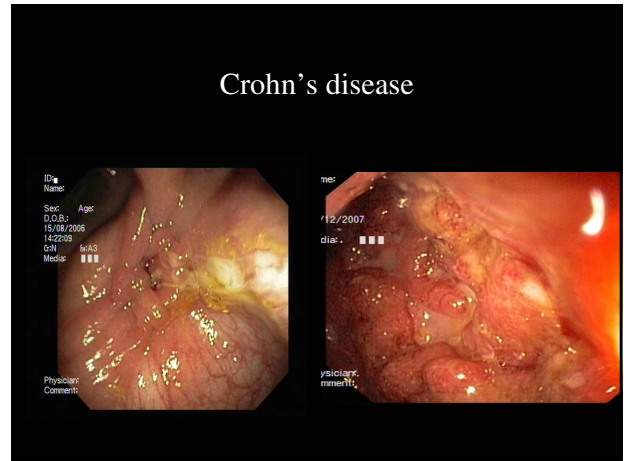
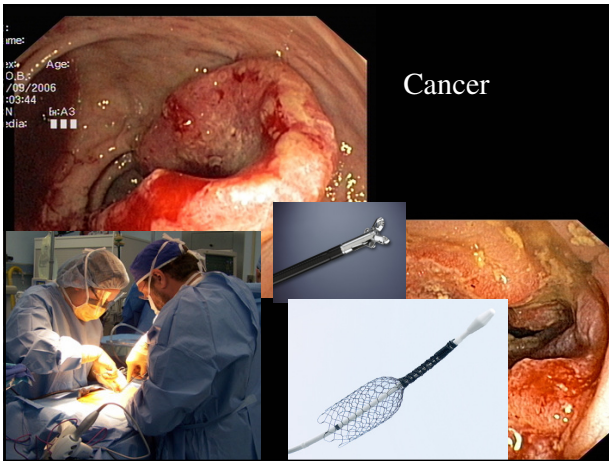


Name :

11:49:42
CVP :
Ent:4 Gr:N



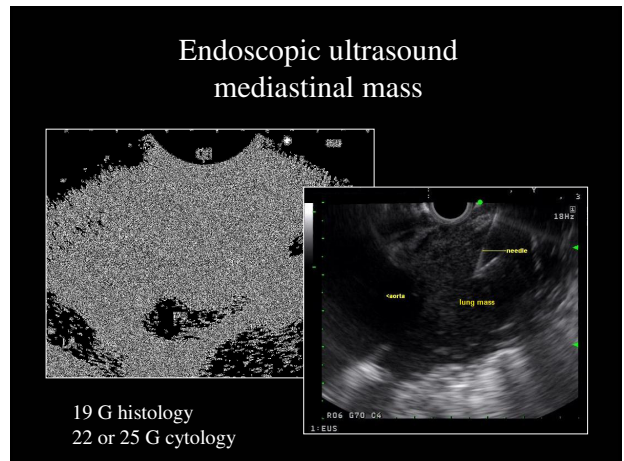
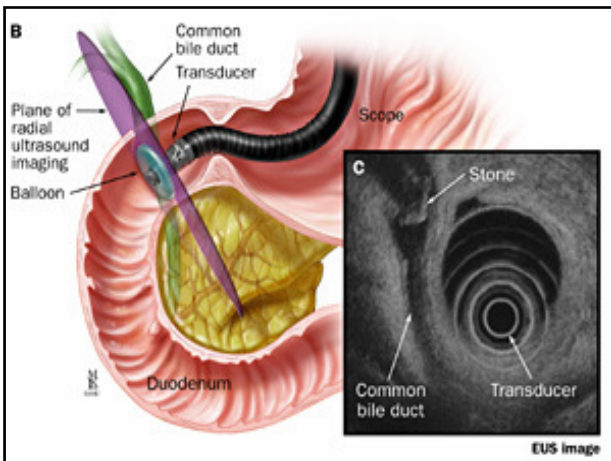
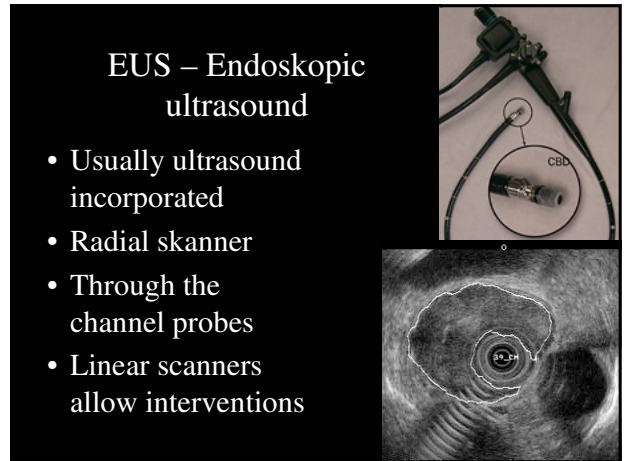
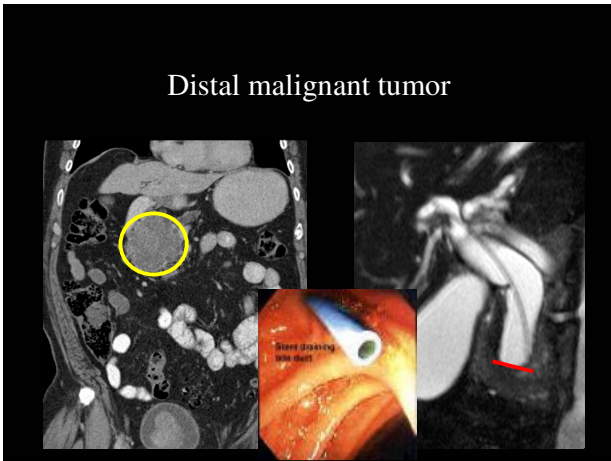
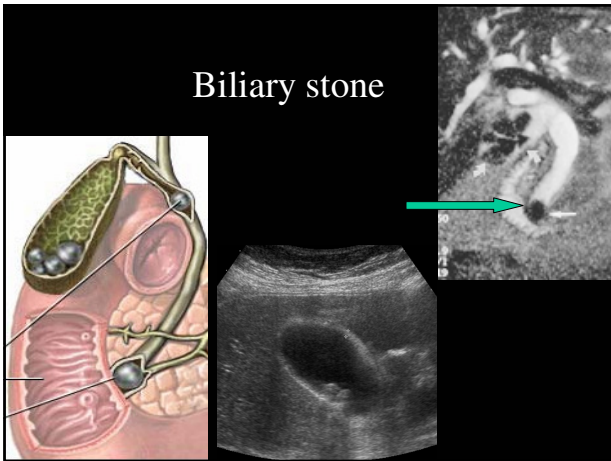




ERCP

Endoskopisk
Retrograd
Cholangio
Pancreatikografi

S-bilirubin	5 - 25	231 H
Enzymer		
S-ASAT	15 - 35	141 H
S-ALAT	10 - 45	102 H
S-ALP (alk. fosfatase)	35 - 105	497 H
Proteiner Lipider Alle		
S-CRP	0.0 - 10.0	41.1 H



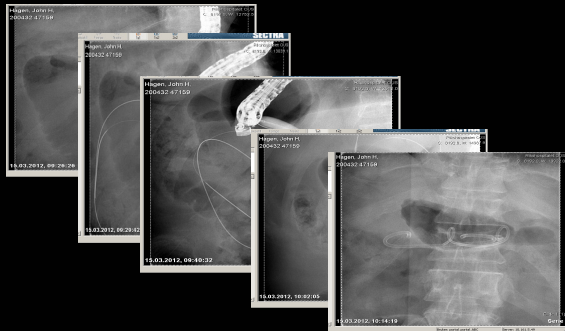
Endoscopic ultrasound

- First choice in mediastinal mass (close to esophagus)
- Staging of esophageal cancer
- Any submucosal lesion (GIST lipomas etc)
- Any pancreatic lesion (solid – cystic)
- Pancreatic pseudocyst drainage if indicated

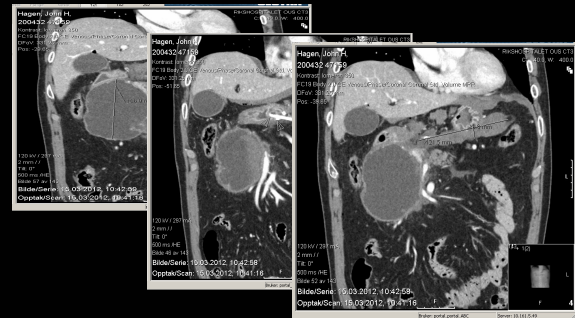
Pancreatic pseudocyst



Endoskopisk ultralyd



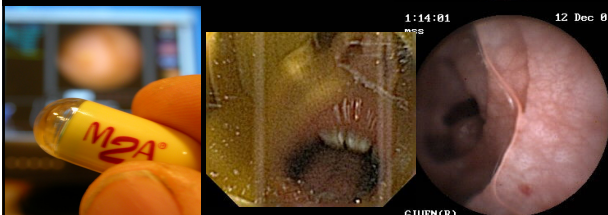
Poor result!



Capsule endoscopy

Main indication:

- GI bleeding not detectable by gastroscopy and colonoscopy



Balloon enteroscopy

In theory (and Japan) complete enteroscopy

Technique

“You take the higher way and I take the lower”

75 year old man with subileus
Negative ileocolonoscopy

Histology: Crohn's disease

12 kg weight loss and vomiting in 34 year old man

Adenocarcinoma in jejunum

- Dilatation of small intestinal stenosis – Crohn's

21/10/2006 17:17:10

