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Official Organ of the European Society of Gastrointestinal Endoscopy (ESGE) and Affiliated Societies



**Advancing endoscopy  
Forging connections**

**A HYBRID EVENT**

Convention Centre Dublin  
Ireland, April 20 - 22, 2023



**ESGE Days 2023**

*Abstract issue*

 **Thieme**

## ESGE Days 2023



### Date/Venue:

20.–22. April 2023, Dublin, Ireland

## Welcome message

Dear colleagues in endoscopy,

It is my honour to welcome you to the ESGE Days 2023 abstract supplement and invite you to browse the exciting research and developments in endoscopy that we are proud to present.

I am thrilled that we received 1,289 abstract submissions from 55 countries this year, breaking all previous submission records. After the success of ESGE Days last year in Prague there has been a sense of excitement in all our planning for Dublin, and we feel that this response confirmed to us that the 'Days' is an established global platform to share the best endoscopy research in Europe and beyond! A heartfelt THANK YOU to everyone who submitted. It is showcasing your research and clinical practice that is at the heart of our meeting and we remain indebted to you sharing your science with the ESGE Days community.

For ESGE Days 2023, we have encouraged the submissions of case reports and will be highlighting the best of these onsite in Dublin. These everyday practical scenarios complement the research provided by larger studies.

This year we will also be featuring Poster Tours in Dublin. In addition to those abstracts selected for oral presentations, the Poster Tours give exposure to additional abstracts of interest and an opportunity to engage with the authors in person.

'Behind the scenes' of this publication is a dedicated team. I am grateful to the Scientific Committee, whose work on the abstract review process, as well as the creation of the scientific programme is no easy feat! As we experience public sector strikes, the energy crisis, and ever-increasing strains on healthcare providers across Europe and beyond, for these physicians to continue to dedicate their precious time to further the field of endoscopy is deserving of gratitude from all of us.

At ESGE Days our mission is to advance endoscopy and forge connections, so I look forward to embracing the famous spirit of Irish hospitality and meeting you in person in Dublin to collaborate, network, and work towards a bright future for the field we share a passion for!

Your ESGE Scientific Committee Chair,  
Marianna Arvanitakis



Marianna Arvanitakis  
ESGE Scientific Committee Chair

## eP260 Efficiency of the capsule endoscopy in a single center, are the quality criteria of the ESGE met?

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**Aims** The European Society of Gastrointestinal Endoscopy (ESGE) published a guide with quality improvement initiatives in small bowel endoscopy in 2019. The aim of this study was to assess whether an endoscopy unit met the quality recommendations in capsule endoscopy procedures.

**Methods** A retrospective descriptive study. Review of capsule endoscopy procedures performed during 2021-2022 and comparison with minimum and objective quality standards.

**Results** We performed 143 capsule endoscopy examinations. Compliance with quality criteria and comparison with standards are summarized in Table 1.

**Conclusions** 1. The indication for capsule endoscopy should be adequate to increase efficiency and avoid work overload. Moreover, adequate indication prevents unnecessary procedures with the risk of complications. In our series, this criterion is not met, probably because some examinations due to anemia are not appropriate [1].

2. Currently, the assessment of preparation is based on subjective judgments. The use of purgatives is also unclear. In our center we use simethicone and we recommend maintaining 2 hours of fasting and 4 hours without solids after taking the capsule. 7 hours without solids after capsule ingestion could be evaluated to improve the cleanliness.

4. The capsule endoscopy is a diagnostic procedure. If lesions are found, the enteroscopy should be considered, and the recommendation should be included in the capsule report (► Table 1).

5. It is important to know the quality standards and analyze their compliance to make improvements in order to provide quality assistance.

**Conflicts of interest** Authors do not have any conflict of interest to disclose.

[1] Spada C, McNamara D, Despott EJ et al. Performance measures for small-bowel endoscopy: a European Society of Gastrointestinal Endoscopy (ESGE) quality improvement initiative. *United European Gastroenterol J* 2019; 7 (5): 614-641

Domain	Compliance	Minimum standard	Target standard	Compliance (yes/no)
Indication according to ESGE guideline	83.1% In anaemia 65.6%	≥95%	≥95%	No
Rate of adequate bowel preparation	64.97%	≥95%	≥95%	No
Lesion detection rate	63.9%	≥50%	≥50%	Yes
Appropriate referral for enteroscopy	31.15%	≥75%	≥90%	No

► Table 1

## eP261 Comparison of optical evaluation vs forceps biopsy for dysplasia/cancer detection in mixed and homogenous subtype of large granular laterally spreading tumors

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**Aims** To investigate the accuracy of dysplasia detection of the forceps biopsy versus optical evaluation method for mixed and homogenous subtype of large granular laterally spreading tumors (LST) by comparing them with the results of histopathology.

**Methods** The study included 64 patients with granular LST-G with a diameter ≥20mm, type 0-Is, 0-IIa or 0-IIa + Is according to the Paris Classification. Cases with deep submucosal invasion were not included. Group I comprised 43(67,2%) patients with a mixed subtype LST-G(LST-G-M) and Group II 21(32,8%) patients with a homogenous LST-G(LST-G-H). Optical evaluation with chromoscopy and NBI was performed by expert endoscopist, followed by endoscopic resection. Obtained results were compared with the specimen histopathology. Data were analysed using Chi-sq, ROC-curve and descriptive statistic by SPSS version 26.0 [1-5].

**Results** Median age was 65(IQR, 60-71) and 65(IQR, 57-75) years, median lesion size was 40(IQR, 25-50) and 20(IQR, 20-38) mm for Group I and Group II respectively. The majority of lesions were removed by EMR 50(78.1%), of which 28(56,0%) underwent piecemeal resection. The remaining 11(17.2%) and 3(4.7%) underwent ESD and hybrid ESD, respectively. Sensitivity of forceps biopsy was 63,2%(95%CI, 47,3%-77,3%) versus 65,8%(95%CI, 50,0%-79,5%) optical evaluation in LST-G-M group and 88,9%(95%CI, 69,5%-98,1%) versus 83,3%(95%CI, 62,3%-95,6%) in LST-G-H group, respectively. Specificity was 100% and  $p < 0,05$  in all cases.

**Conclusions** Considering the comparable sensitivity of the optical evaluation and biopsy, the routine biopsy sampling in the LST-G is not recommended.

**Conflicts of interest** Authors do not have any conflict of interest to disclose.

[1] Iwatate M, Sano Y, Tanaka S, Kudo Se, Saito S, Matsuda T et al. Validation study for development of the Japan NBI Expert Team classification of colorectal lesions. *Dig Endosc* 2018; 30: 642-51

[2] Sidhu M, Tate D, Desomer L, Brown G, Hourigan L, Lee E et al. The size, morphology, site, and access score predicts critical outcomes of endoscopic mucosal resection in the colon. *Endoscopy*. 2018; 50: 684-92

[3] Pimentel-Nunes P, Pioche M, Albéniz E, Berr F, Deprez P, Ebigbo A et al. Curriculum for endoscopic submucosal dissection training in europe: European society of gastrointestinal endoscopy (ESGE) position statement. *Endoscopy*. 2019; 51: 980-92

[4] Bonniaud P, Jacques J, Gonzalez JM, Dray X, Coron E, Leblanc S et al. Endoscopic characterisation of colorectal neoplasia with the different published classifications: comparative study involving Conect classification. *Endosc Int Open* 2022; 10 (1): E145-E153. doi:10.1055/a-1613-5328

[5] Brule C, Pioche M, Albouys J et al. The Colorectal neoplasia endoscopic classification to choose the treatment classification for identification of large laterally spreading lesions lacking submucosal carcinomas: A prospective study of 663 lesions. *United European Gastroenterol J* 2022; 10: 80-92

## eP262 Recurrent non-variceal upper gastrointestinal hemorrhage, what could the endoscopist do to prevent it?

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**Aims** The aim of this study is to analyse the cases of recurrent NVUGIH in our centre to identify its relation with factors associated to the upper endoscopy.

**Methods** Retrospective descriptive study of the cases of NVUGIH in which upper endoscopy was performed in our centre in the last 15 months.

**Results** A total of 216 cases of NVUGIH were recorded, of which 16 (7.4%) presented rebleeding. Rebleeding was early (<7 days) in all of them.

The time between the beginning of the hemodynamic resuscitation and the upper endoscopy was <6 hours in 9 patients (56.3%), 6-12h in 4 (25%) and 12-24h in 3 (18,8%). The association between the timing of the first endoscopy and rebleeding was statistically significant ( $p = 0.019$ ) (► Fig. 1).

In 6 patients (37.5%) the first endoscopy was performed with a nursing staff without technical expertise (nights/weekends/holidays) and in 10 (62.5%) with an experienced staff (working mornings/afternoons). The association between rebleeding and the experience of the nursing team was not significant ( $p = 0.16$ ) [1, 2].