Endoscopy

Supplement

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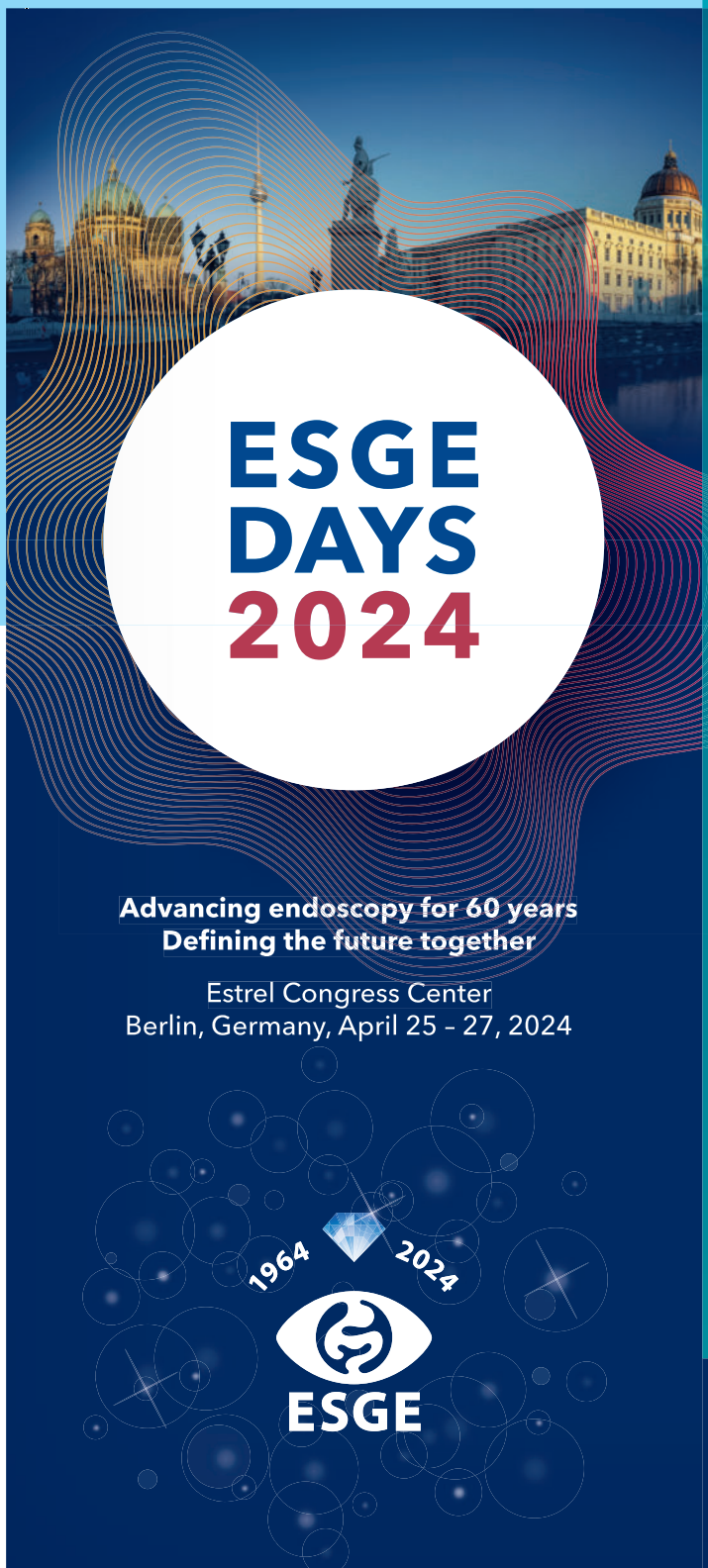

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Abstract issue

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Thieme

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OP223V Transstomal EUS-guided ileocolostomy for relief of malignant small-bowel obstruction

Authors G. Vanella[1], P. Biamonte[1], G. Di Cosmo[2], L. Archibugi[1], M. Tacelli[1], E. Ortolano[2], P. Arcidiacono[1]
Institutes **1** Pancreatobiliary Endoscopy and EUS Division, IRCCS San Raffaele Scientific Institute, Milan, Italy; **2** San Raffaele Hospital, Milan, Italy
DOI 10.1055/s-0044-1782936
Abstract Text A 53-years-old man with bladder carcinoma underwent radical cystectomy in 2018 and Hartman's procedure with left colostomy in 2022 due to recurrent disease. He was admitted in 2023 for complete intestinal obstruction. The patient was deemed unfit for surgery, hence endoscopic recanalization was proposed as an alternative. Thus, the cecum was reached using a standard colonoscope and a guidewire was released as a reference. The echoendoscope was therefore advanced via the colostomy up to the cecum, using fluoroscopy and the guidewire. Under endosonographic view, a dilated loop with buildup of intestinal material was immediately visible and a ileocolonic anastomosis was performed with fecal material backflow upon LAMS release.
Video http://data.process.y-congress.com/ScientificProcess/Data//106/474/1197/cd319def-1665-4cf4-990f-9be4291f6d06/Uploads/13821_Video_ESGE%2023-24.mp4
Conflicts of interest Authors do not have any conflict of interest to disclose.

OP224 Endoscopic Management of Retrorectal Cystic Hamartoma

Authors O. Kiosov[1], V. Tkachov[1], S. Gulevskyi[2]
Institutes **1** Zaporizhzhia State Medical and Pharmaceutical University, Zaporizhzhia, Ukraine; **2** University Clinic of Zaporizhzhia State Medical and Pharmaceutical University, Zaporizhzhia, Ukraine
DOI 10.1055/s-0044-1782937
Abstract Text An extremely rare retrorectal cystic hamartoma, linked to embryonic hindgut remnants, often benign and asymptomatic, primarily affects middle-aged women. Complications involve infections causing fistulas and potential malignancy. Complete surgical removal is advised due to these risks. We detail a successful endoscopic approach for a forty-five year old woman with a 2cm retrorectal tumor, incidentally found on CT, devoid of symptoms or familial gastrointestinal history. Endoscopy revealed a smooth bulge on the rectal wall. Endoscopic ultrasound depicted a 25x13mm oval tumor near the rectal wall. Considering its location and characteristics, retrorectal extraluminal endoscopic resection was performed in STER-like manner under general anesthesia. Histology confirmed a cystic hamartoma (tailgut cyst). This case highlights the first example of effective endoscopic management for such lesions. [1–3]
Conflicts of interest Authors do not have any conflict of interest to disclose.
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OP225 Differential Diagnosis between Crohn's Disease and Intestinal Tuberculosis Using an Artificial Intelligence Algorithm

Authors J. S. Byeon[1], K. Park[2], J. Lim[1], N. Kim[1]
Institutes **1** Asan Medical Center, Seoul, Republic of Korea; **2** Nowon Eulji Medical Center, Eulji University, Seoul, Republic of Korea
DOI 10.1055/s-0044-1782938
Aims Differential diagnosis between Crohn's disease (CD) and intestinal tuberculosis (ITB) is challenging. This study aimed to investigate the potential for employing a convolutional neural network (CNN)-based model, utilizing colonoscopy images, to facilitate the differential diagnosis between CD and ITB.
Methods We conducted a retrospective review of medical records of patients diagnosed with CD or ITB at a tertiary center between January 2010 and May 2020. The dataset of colonoscopy images comprised the training (801 CD images and 762 ITB images), validation (263 CD images and 219 ITB images), and test (68 CD images and 64 ITB images) datasets. A separate external dataset containing 67 CD images and 63 ITB images from other institutions was used for simulation of clinical applicability of the developed model. The CNN model for training and validation of the algorithm was a UNet model with a ResNet50 encoder. The developed model was tested on the test dataset. Then, the clinical applicability was assessed by using the external dataset. The accuracy and area under the receiver operating characteristic curve (AUROC) were calculated. Finally, the performance of the CNN model was compared with expert endoscopists and trainee endoscopists.
Results The developed model exhibited an accuracy of 0.977 in the differential diagnosis between CD and ITB within the test dataset. The AUROC was 0.997 in the test dataset. The model showed an accuracy of 0.815 in the external dataset. The AUROC was 0.877 in the external dataset. The diagnostic performance of CNN model was inferior to the expert endoscopists whereas it was slightly superior to trainee endoscopists. [1–3]
Conclusions The CNN-based model using colonoscopy images showed the potential to help the differential diagnosis between CD and ITB, especially for less experienced endoscopists.
Conflicts of interest Authors do not have any conflict of interest to disclose.
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OP226 Virtual reality as an alternative to anaesthesia during colonoscopy: a prospective equivalent study in Nancy

Authors M. Schaefer[1], E. neuville[2], C. Baumann[2], A. Luc[2], M. Francois[2], S. Daude[2], B. Caron[2], M. Vinson[2], M. Simonnot[2], M. Bensenane[2], J. B. Chevaux[2]
Institutes **1** CHRU de Nancy – Hôpitaux de Brabois, NANCY, France; **2** CHRU de Nancy – Hôpitaux de Brabois, Vandœuvre-lès-Nancy, France
DOI 10.1055/s-0044-1782939
Aims Colonoscopy is an invasive procedure that may cause patients pain and discomfort. Moderate to deep sedation is mostly used to ensure quality of the procedure and patients comfort. However, sedation is associated with some risks and side effects. Virtual reality (VR) offers immersive and three-dimensional experiences that distract patients' attention. This prospective comparative open-label study aims to determine if colonoscopies with complete sedation or with VR are equivalent.