GastroVision™

RNI NO. MAHENG/2011/41427
Regd. No. MH/MR/WEST/285/2012-2013

Vol. 2 No. 10 Price: Rs. 4/-
February 2013 - Issue

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MS, FASGE

Director -
Endoscopy Asia
Consultant
Endoscopic Surgeon

Dear Colleague,

Greetings from the entire team of Endoscopy Asia! It gives me great pleasure in resuming our regular feature of interesting case capsules and photo journal cases for all our readers.

It has been a great start for our unit in 2013 and in this issue we bring to you four cases of varied pathology and its endoscopic management. Over the last three decades, the endoscopic techniques and technologies have evolved so much that its influence on our day to day practice is logical.

We at Endoscopy Asia have adopted to the changing times of practice of medicine, especially in the field of Gastrointestinal and Pancreato-Biliary diseases. It is heartening to know that many clinicians are adopting evolving diagnostic and treatment protocols in all aspects of medical practice.

We hope that the cases discussed in this month's issue will stimulate you to implement these evolving protocols in your routine practice as well.

We welcome you all to Endoscopy Asia to be a part of this evolution.

Namaskar from our entire team!

Largest Individual Experience in India of Over 16,000 EUS Procedures.

Pioneered Pancreato-Biliary EUS and Interventional EUS in India and this part of Asia.

Vipulroy Rathod MS, FASGE, Chief Editor - GastroVision, Director - Endoscopy Asia, Mumbai, India

Endoscopic Ultrasound Diagnosis and ERC for Obstructive Jaundice in a patient suspected of stone disease in the lower CBD

Endoscopy Case Capsule 2

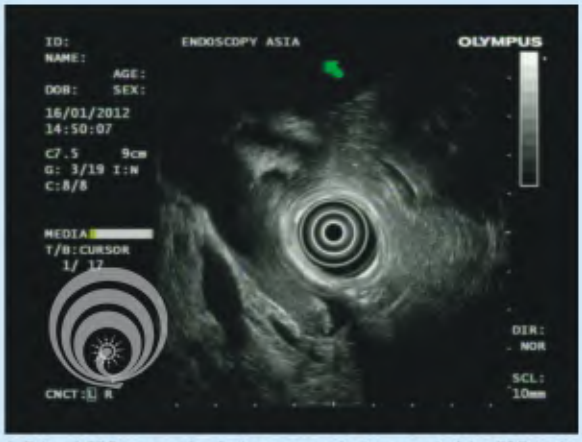
Patient was referred to us for the favor of Endosonography sos FNA to evaluate lower CBD block. Patient had mild obstructive jaundice and one episode of fever with chills.

Endosonographic examination revealed dilated CBD 10 -12 mm an irregular hypoechoic fleshy filling defect measuring 2 cm X 1 cm in the prepapillary portion of bile duct. EUS showed a possibility of neoplasm rather than stone or sludge. There was no evidence of any local infiltration of the lesion or nodal metastasis. In view of patient's symptoms of cholangitis, ERCP was considered in the same sedation. ERCP showed a fleshy tumor after sphincterotomy and Intraductal biopsy was taken followed by stent placement. The material was sent for histopathological examination which revealed low grade adenocarcinoma of the bile duct. Patient was subsequently subjected for surgery and complete R0 resection was achieved and now patient is on clinical follow up.

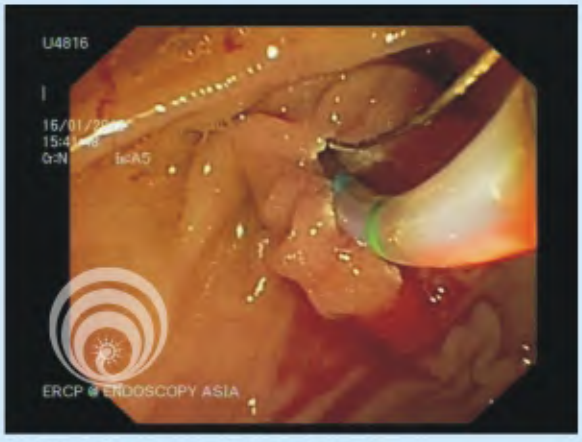
Expert Comments: This case showed that conventional imaging lacks the specificity of diagnosis as all the previous imaging suspected stone or sludge in the bile duct. Therefore, it is imperative to have accurate diagnosis for definitive treatment and hence, as we can see EUS allowed accurate diagnosis of a fleshy tumor in the lower CBD followed by ERC and Intraductal biopsy. This protocol allowed us optimal treatment plan for the patient which inturn facilitated R0 resection almost curative.

"Inner Transformation of human beings is about moving from unwillingness to willingness. That is a silent revolution."

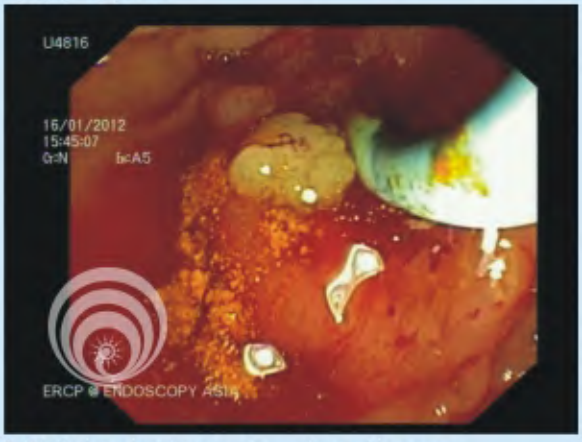
Sadhguru Jaggi Vasudev
Spiritual Master, Founder - Isha Foundation
www.ishafoundation.org



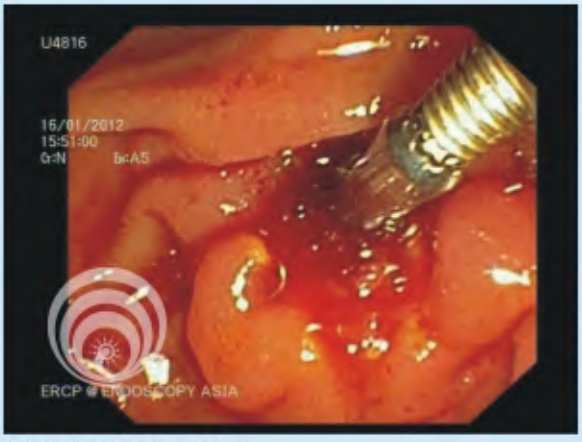
1. Dilated CBD seen with a fleshy tumor at the lower end of the CBD in the prepapillary portion



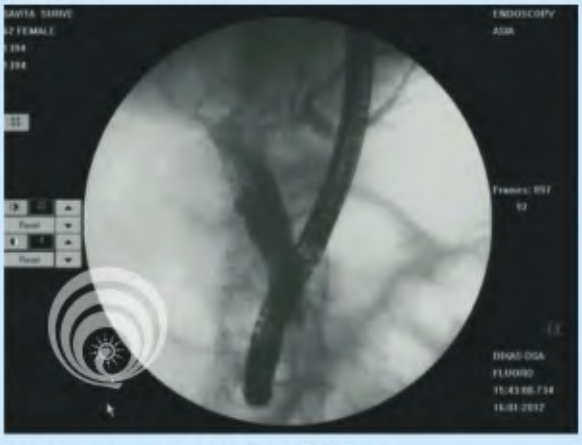
2. Biliary sphincterotomy being performed



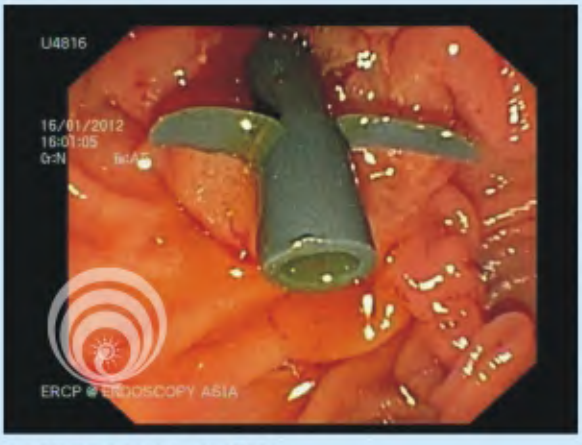
3. Fleshy Intraductal tumor dragged out with a stone extraction balloon catheter



4. Intraductal biopsies taken



5. Cholangiogram revealed dilated CBD with obstructive lesion at the lower end

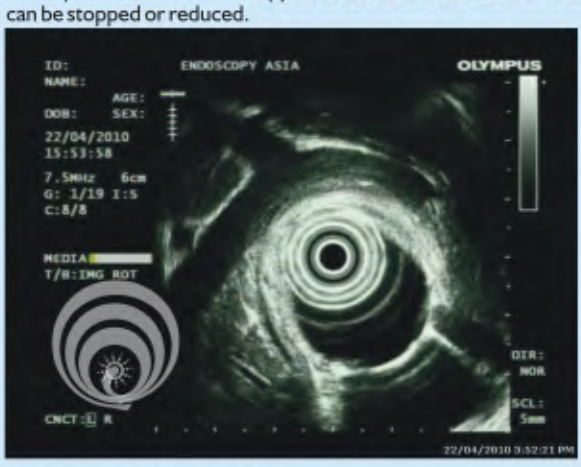


6.10 fr stent placed in the CBD

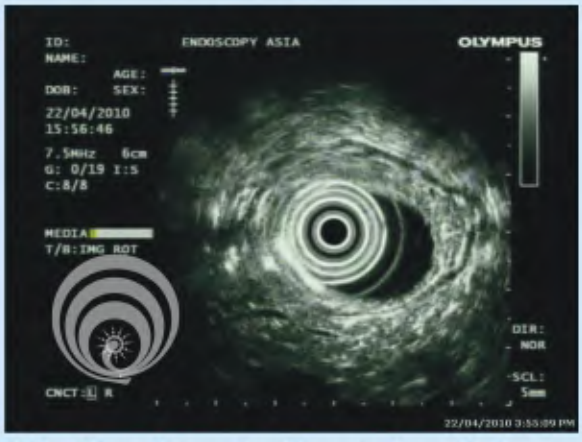
Take home message: Whenever there is a diagnostic dilemma of any lower CBD obstruction a combination of EUS and ERCP will provide accurate diagnosis and treatment plan in most patients.

EUS Diagnosis and Pancreatic Endotherapy for Recurrent Acute Pancreatitis

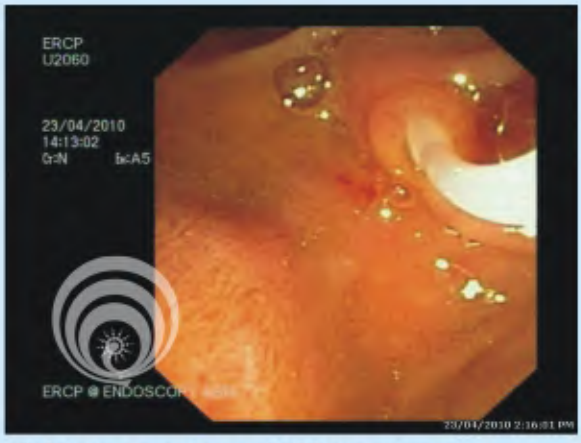
A 16 yrs male patient was referred to us for the favor of evaluation of recurrent acute pancreatitis. All his previous imaging studies including CT scan and MRCP were inconclusive and patient was told done by other treating clinicians elsewhere that nothing can be done and that he has to live with the disease and take pancreatic enzyme supplements. That's when we offered this young boy proper diagnosis and mapping of pancreatic disease with EUS and followed by Endotherapy, which provided lasting relief from recurrent episodes of acute pancreatitis. Hence, I appeal to all clinicians to kindly make an effort to look for the etiology of recurrent acute pancreatitis and if possible offer these patients an Endotherapy in selected cases based on EUS findings, so that frequency and severity of recurrent acute pancreatitis can be stopped or reduced.



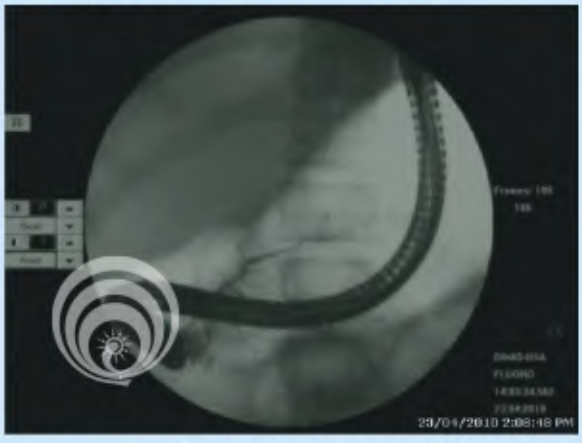
1.EUS revealed short stack sign



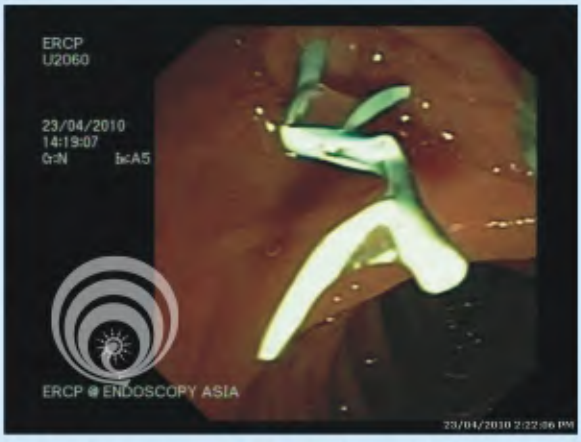
2. Ductal irregularity and small protein plugs with changes of early Chronic pancreatitis seen on EUS



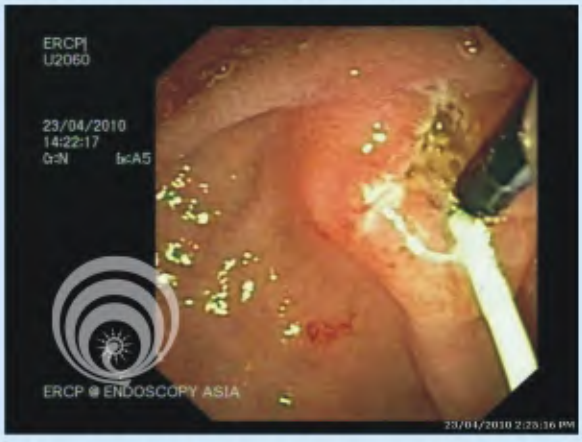
3. Selective cannulation of MPD was achieved



4. Pancreatogram showed slightly prominent MPD with early side branch dilatation with prepapillary narrowing.



5. Free flow pancreatic juice seen from a 3 fr stent placed



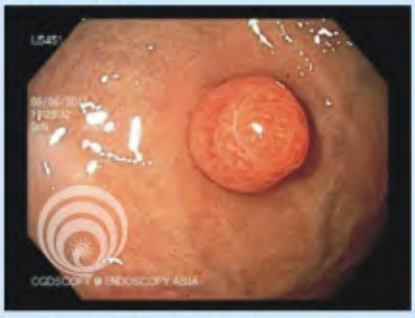
6. Over the stent pancreatic sphincterotomy was performed

Take home message: As we can see in this young 16 yrs old male patient, due to incomplete divisum, patient had recurrent episodes of acute pancreatitis leading to early chronic pancreatitis. In view of undilated MPD, a very careful intervention with small stents can allow effective long term outcomes. This patient is now on clinical follow up after 1 year of Endotherapy and has been asymptomatic so far. Hence, a combination of EUS and Pancreatic Endotherapy allowed effective management option in this young boy.

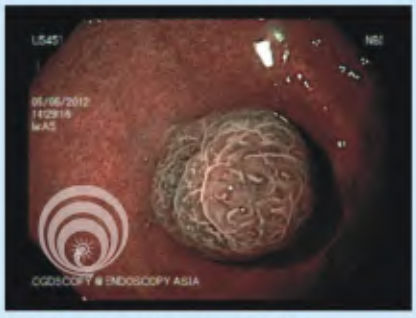
Photo Journal - Case Capsule- 2B

Endoscopic Diagnosis and EUS Evaluation followed by Endoscopic Resection of a large sessile Gastric Polyp leading to anemia

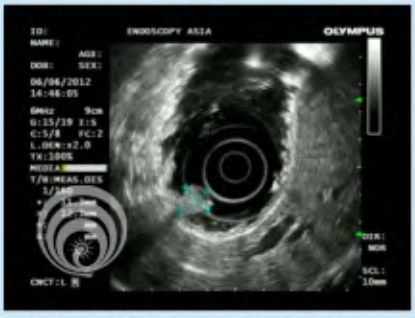
A 32 yrs male patient came to us with malena and upper abdominal discomfort and therefore OGD scopysos EUS was considered in this patient which revealed a large 13 mm sessile polyp in the fundus of the stomach with abnormal pitt pattern seen on NBI. After EUS evaluation Endoscopic Mucosal Resection (EMR) was performed and specimen was sent for HPE which revealed adenomatous polyp without dysplasia.



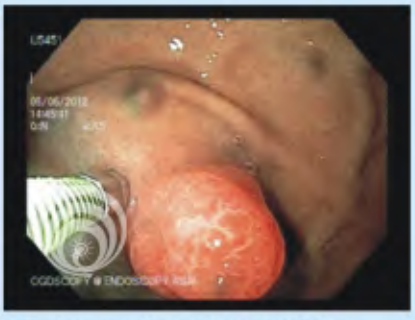
1. A sessile polyp seen in the fundus



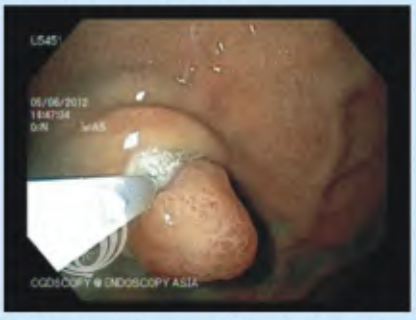
2. Abnormal pitt pattern seen on NBI (narrow band imaging) mode



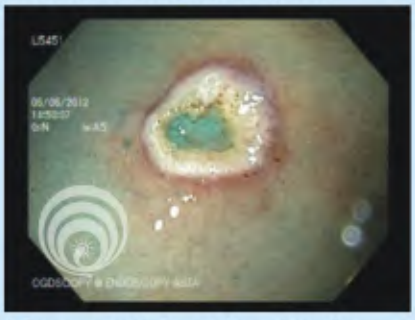
3. EUS showed the lesion limited to the first two layers of the stomach. No evidence of any nodes



4. The lesion was lifted with injection of saline Adrenaline



5. Mucosal resection was performed with a stiff snare



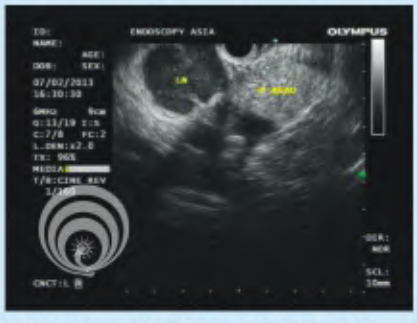
6. Post resection the base is clear and complete Haemostasis

Take home message: As we can see in this case, OGD scopy and EUS allowed proper assessment of the lesion and enabled us to resect it out which is probably the cause of malena as patient on 6 months follow up has maintained Hb. Thus the diagnostic and therapeutic procedures performed in one sedation which is perhaps an ideal way to approach such patients.

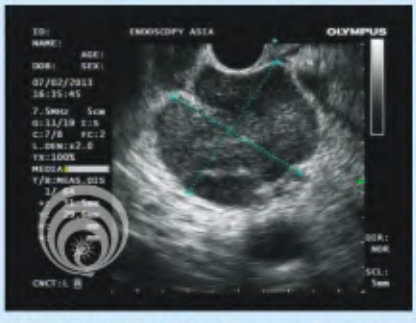
Photo Journal - Capsule - 2C

Role of EUS and EUS guided FNA in suspected Peripancreatic Nodes

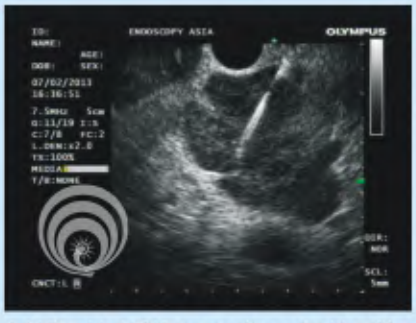
A 34 yrs male patient was diagnosed to have peripancreatic nodes on USG abdomen and CT scan. Patient had symptoms of anorexia with evening rise of temperature and some wt loss. Patient was referred to us for the favor of EUS guided FNA for the peripancreatic nodes. EUS –FNA was performed and the material showed caseating granulomatous lymphadenopathy.



1. A large matted nodal mass seen near the pancreatic head region



2. The matted nodal mass measured around 3.0 cmsx 2.8 cms



3. EUS guided FNA was performed with a 22 g needle under color doppler control

Take home message: Peripancreatic nodes, Porta nodes, Perigastric nodes, Paraduodenal nodes and Mediastinal nodes are very easily accessible with EUS guided FNA with an accuracy ranging up to 95 percent in published literature. Our own experience of over 1500 patients with periluminal nodes who has undergone EUS-FNA has similar results. In India extrapulmonary TB is almost endemic and therefore EUS guided FNA provides accurate diagnosis in most patients. This procedure is an outpatient procedure which can be performed in about 5-10 minutes under sedation. Hence, all the leading centres in the world now prefer EUS guided FNA over any other techniques such as USG guided or CT guided transcutaneous biopsies. EUS guided trucut biopsies can also be performed whenever histopathological diagnosis or immunohistochemical analysis is required

Patient testimonies

"Superb facility, good and welcoming staff, Dr. Rathod's confidence is commendable and he is an authority on the subject." - **Mr Amit Dhadphale**

"A very well organized, well instructed lead procedure. Despite the difficulty of the case, sampling was taken very precisely without complications. Very good quality of clinical work and very well administrated." **- Ms Jagruti Bhatia**

"I felt very nice after consultation with Dr Rathod. As a patient, I was very much relieved from the tension, a very knowledgeable Doctor and staff was excellent and co-operative.
God Bless him for such wonderful work." **- Mr Vinay Mehta**

"I believe that God is here. Dr Rathod is extremely gifted and blessed with healing hands to cure patients. Thank you!" **- Mr Royston D'souza**

"I am very grateful to Vipul Sir and his team for taking excellent care of my patients. Endoscopy Asia is quality beyond comparison." **- Dr Prasad Agashe**

"Thanks for your help. It was an amazing experience!" **- Dr Hemandra Bhardwaj**

"Dr Rathod is a very practical and straight forward doctor. He is very soft at heart and a wonderful human being. God bless him and all the best. Thanks!" **- Ms Chandrika Khatri**

"Thank you Dr. Rathod for all your quick and prompt feedback for my nephew. It's only after meeting up with you that we now have the hope and the confidence that he can survive. Thanks So Much! God Bless!" **- Mr Surender Thakur**

"No words to express my feelings to doctor and the entire staff - Absolute 7 Star healthcare!" **- Mr Shahrukh Irani**

"Miracles do happen! And it has happened here with me after the treatment I received from Dr Rathod for my Achalasia Cardia problem. I have suffered with difficulty in swallowing for so many years without diagnosis. And it is only Dr Rathod who has given the absolute accurate diagnosis and treated me. I am completely healed now. Thank you so very much Dr Rathod!" **- Ms Kunjan Oza**

"Truly an experience of trust, competence and commitment! Great team, Professional, Kind. Thanks for the proper guidance. Excellent team work!" **- Ms Daksha Shah**

"Excellence is less of a word for the doctor's job. He is the best amongst the best. This is not a hospital but actually a 7 star medical center and the staff is really efficient and friendly." **- Ms Nirali Rajpara**

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This Newsletter is supported by

Dr. Rathod Medical Foundation

Endoscopy Asia®
Caring with excellence...
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Publication date : 13th of every month. Posted at Mumbai Patrika Channel Sorting Office, GPO, Mumbai 400 001 on 28th of every month.

Printed by Vipulroy Rathod, Published by Vipulroy Rathod, Owned by Vipulroy Rathod and Printed at Kudalkar Packaging, 7, Heera Court, L. J. Road, Raja Bade Chowk, Mahim, Mumbai - 400016 and Published at 602/B, Lady Ratan Towers, Dr. E Moses Road, Gandhinagar, Worli, Mumbai - 400018. Editor Vipulroy Rathod