Dear Colleague,

Greetings once again from the Team at Endoscopy Asia! We hope you have received our earlier copies of GastroVision the May & June, 2011 issues. This month we have brought to you two interesting case capsules. There is a case of recurrent acute pancreatitis leading to calculous chronic pancreatitis in a young 17 yrs female patient, in whom accurate evaluation of the status of disease with EUS and followed by Endotherapy with ERCP and stone extraction certainly helped her avoid major surgical intervention.

The second case is of an advanced esophageal cancer that was referred to us for the favor of EUS staging and endoscopic palliation in the form of Esophageal Stenting for absolute dysphagia. As mentioned earlier in our previous issues our protocols practiced at Endoscopy Asia are as per international guidelines and also based on our own vast experience of managing such complex pathologies. I shall be glad to answer if you have any queries regarding any of our cases presented here or our earlier issues.

Once again on behalf of our entire team I take this opportunity to invite you all to visit our Institution, Endoscopy Asia at Sion, in Mumbai whenever you are in this part of town.

Best regards,

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

Endoscopy Case Capsule 4

Endoscopic Diagnosis, Staging And Palliation Of Malignant Dysphagia

A 53yrs Female, was referred to us with a diagnosis of poorly differentiated Squamous Carcinoma of Lower 1/3rd Esophagus for Staging sos Palliation of absolute Dysphagia with severe Comorbidities.

Endoscopic & EUS staging showed T3N2Mx. Since patient was reluctant for neoadjuvant treatment, a Self Expandable Covered Antireflux Metal Stent was then placed across the stricture after Balloon Dilatation under Endoscopic & Fluoroscopic control.

Patient started taking oral feeds few hours after stent placement and was sent home the same evening uneventfully.

1. A large ulceroproliferative stenotic lesion at 35cms from the incisors teeth.
2. Balloon dilatation was performed.
3. The lesion seems to have invaded the cardia on retroflexion
4. EUS staging showed T3N2Mx.

Expert Comments: As we can see in this case, patient with absolute dysphagia due to advanced lower 1/3rd esophageal malignancy with extensive nodal metastasis, who is a poor surgical risk and who does not want neoadjuvant treatment, had a palliative stenting as an OPD procedure.

We feel that this approach of Endoscopic staging and palliation with a covered self expandable metallic stent placement was ideal in such a patient. The procedure was done on a daycare basis and patient was sent home the same day.

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We believe that every patient who has been diagnosed to have Cancer Esophagus should be evaluated for resectability with the help of various staging modalities such as PET & CT Scan and or EUS prior to a definitive line of treatment. In the era of Endoscopic Palliation with stents, role of palliative surgery is very limited in most centres across the world. Hence, surgery should be considered only with an intention of cure after a serious attempt of accurate staging of the disease with above modalities. There are some problems with tumor overgrowth in a very small percentage of patients leading to stent occlusion, however, these are minor problems which can be solved with repeat endoscopic intervention if deemed necessary.

**Endoscopy Case Capsule 5**

**Endoscopic Diagnosis & Treatment of Recurrent Acute Pancreatitis – Leading to Calculous Chronic Pancreatitis**

A 37 yrs / F was referred to us for the favor of endoscopic evaluation of etiology of recurrent acute pancreatitis and the current status of chronic pancreatitis. Endoscopic Ultrasound (EUS) revealed diluted main pancreatic duct (MPD) with stones impacted in the head of pancreas region with upstream dilatation of pancreatic duct without parenchymal calcification. In view of these findings ERCP was considered and pancreatic sphincterotomy was performed followed by stone extraction and pancreatic ductal clearance. A 7 Fr pancreatic stent was placed to ensure free flow of pancreatic juice. This patient underwent few sessions of endotherapy and now for the last 18 months follow up she is asymptomatic.

**Expert Comments**: In this case as we can see, patient who had recurrent episodes of acute pancreatitis, ultimately developed chronic pancreatitis with stones in the main pancreatic duct. EUS showed dilated MPD with few soft stones which were removed after pancreatic sphincterotomy and balloon sphincteroplasty. Thus in patients with predominant ductal disease with dilated ducts and soft stones, these patients are the ideal candidates for endotherapy. One has to exercise caution that not all patients with chronic pancreatitis will benefit from endotherapy. Therefore, at our institute Endoscopy Asia, we feel that with the help of EUS we can map the pancreas and evaluate the exact status of the disease. We can then decide which patient will benefit from endotherapy and which patients should go for other treatment options such as medical treatment or surgery.

Furthermore, I would like to add that since I pioneered pancreato-biliary EUS in India, we have seen that patients who have had more than 2 (two) episodes of acute pancreatitis would benefit from evaluation with EUS to look for etiology of acute pancreatitis which could be small stones in gall bladder or CBD. EUS will also allow to rule out congenital ductal anomaly such as Pancreas Divisum in most cases. Hence, it is a protocol at our unit that patients with h/o acute pancreatitis without definitive etiology will be subjected to EUS first prior to any further interventions.
Dear Colleague,

India's first international EUS Symposium in 2005, was conducted by us, with hands on EUS training on animate models. Since then, there has been a great demand and regular requests for more such courses from our unit.

Therefore, our team at Endoscopy Asia & Dr. Rathod Medical Foundation after a hiatus of 5 years, have conceptualized the first ever series of its kind - dedicated weekend courses on EUS-ERCP Interface, which are dynamic, interactive, intensive, personalized, one-on-one, hands on EUS training.

Please kindly register early to avoid disappointment, as we have very limited registration due to the format and content of the course.

See you at Endoscopy Asia in Mumbai in 2011.

Namaskar from our team

Vipulroy Rathod MS; FASGE
Course Chairman, Director,
Endoscopy Asia, Mumbai, India.

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

Largest individual experience in India of over 14,000 EUS procedures.

Vast archives of 7000 video case capsules of EUS / EUS-FNA / ERCP for training.

Testimony

Kenneth Binmoeller, MD
Director, Interventional Endoscopy
California Pacific Medical Centre, San Fransisco, USA

"Advanced training in Interventional Endoscopy is akin to an apprenticeship. The key ingredients to superlative training are an inspirational mentor and an abundance of diverse cases. Endoscopy Asia, under the direction and expertise of Dr. Vipulroy Rathod offers such training. The educational experience is strengthened by a remarkable collection of EUS and ERCP case capsules. This makes Endoscopy Asia an ideal institution for all aspiring gastroenterologists and endoscopists for enhancing their knowledge and expertise in the field of advanced endoscopy."

Forthcoming Courses in 2011

Limited registrations - Save your date.

These weekend courses are conducted by
Endoscopy Asia

Supported by
Dr Rathod Medical Foundation

OLYMPUS

Gastrovision, July 2011

For registration log on to
www.endoscopyasia.com
Testimonies from the March 2011 Course

"It has been the right choice and a wonderful and a great experience coming to Dr Vipulroy Rathod for EUS-ERCP observership. I have benefited immensely by attending the Weekend Hands On Training course of March 2011. Following that in this one month, I have seen a variety of extremely interesting, different and near impossible cases of EUS-ERCP Interface. Dr Rathod has a vast data base of such complex cases that one can learn so much by just being here even as an observer. Dr Rathod is a formidable teacher and I will certainly like to collaborate with him in the future and I look forward to coming back to him for further more advance preceptorship. I would like to thank Dr Rathod with deep gratitude for giving me the exposure to the world of EUS-ERCP Interface."

Professor Dr Salem Ajmi
Head of Department of Gastroenterology, Sahluol Hospital, Sousse, TUNISIA

"Having spent a month after the March 2011 course with Dr. Rathod as an observer at Endoscopy Asia in Mumbai, I can honestly say that he is a leading light in India for interventional endoscopy. His EUS technique is fantastic and his teaching is the best I have experienced in my career to date. There is an incredible range of pathology that presents to his centre, and I truly believe that his approach, particularly with very appropriate use of EUS and ERCP offers such patients the best care available for miles around. I have also gained a very good friend in my time here. I feel that Vipul could teach a lot to many of our North American colleagues."

Michael F. Byrne MD,
Clinical Professor of Medicine, Director of Endoscopy-
VH-HSC Gastroenterology Vancouver General Hospital/University of British Columbia,
Vancouver, BC, CANADA.

Testimonies from the June 2011 Course

"I have been around for training in advanced endoscopy in North America and France, but I have never seen such an organized and an excellent training course like this at Endoscopy Asia, Mumbai, India with Dr Rathod. This extended preceptorship of 2 weeks post June 2011 course, has made me very confident. And I know for sure, that I will be able to perform 70% of EUS procedures. And I agree with Dr Rathod's statement that ‘EUS is easy’. I am truly glad that I took this time to be with Dr Rathod, I have gained immensely by coming here. I plan to come back again for a period of 3 months in order to have more exposure to ERCP as well. I have never seen any endoscopist who performs EUS-ERCP in the way Dr Rathod performs. I would like to thank Dr Rathod and his entire team at Endoscopy Asia for this excellent and organized course."

Dr Abdulqader Almessabi
Consultant Gastroenterologist FRCP
Mafiaq Hospital
Abu Dhabi, U.A.E.

"I am very grateful to Dr Rathod for teaching me EUS and some advance techniques of ERCP. Dr Rathod’s skills and professionalism in EUS and ERCP are great and non-comparable to any gastroenterologist that I have seen before. Endoscopy Asia is the right place to learn EUS and ERCP to the highest level. I felt happy attending the course and now feel confident performing EUS after spending a few weeks of preceptorship here after the weekend June 2011 course. Dr Rathod has made learning EUS so simple, practical and easy to perform. I encourage any gastroenterologist interested in learning EUS and ERCP to attend the course at Endoscopy Asia and spend some time with Dr Rathod. I have yet to come across any other centre that offers this extremely wide range of diagnostics, interventions and therapeutic techniques in EUS, ERCP and OGD under one roof except at this centre here. Finally, I want to thank Dr Rathod professionally and personally for being a great teacher, humble and pleasant friend. I wish Dr Rathod good and I certainly hope to come back to learn more from him in the future."

Dr Ragheed Aliababidi,
MBBS, MRCP (UK), SC (Gastro, UK)
Consultant Internist & Gastroenterologist
Dr Erfan and Bagedo Hospital
Jeddah
SAUDI ARABIA