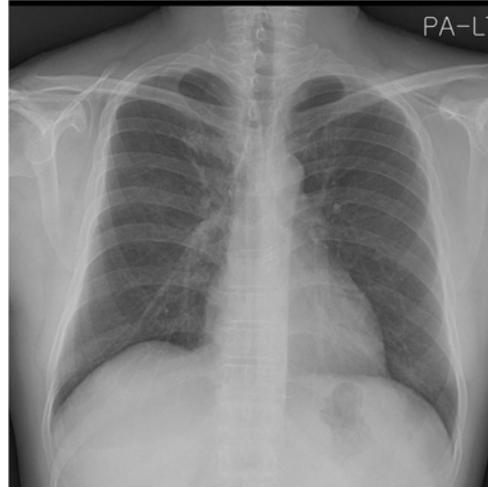


Management for Complication after peroral endoscopic myotomy (POEM) in Achalasia

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Background: The aim of this study was to inform the safety of peroral endoscopic myotomy (POEM). So we investigated the management for complications after POEM in patients suffering from esophageal achalasia. **Methods:** A total of 54 cases for achalasia patients who underwent POEM from November 2011 to August 2014 were enrolled. The complications that arose after operation, and during follow-up were analyzed. **Results:** Postoperative complications included pneumoperitoneum (42.6%, 23/54), pleural effusion (37.0%, 20/54), subcutaneous emphysema (31.5%, 17/54), atelectasis of the lungs (20.4%, 11/54), pneumomediastinum (18.5%, 10/54), pneumonia (14.8%, 8/54), pneumoretroperitoneum (13.0%, 7/54), pulmonary congestion (3.7%, 2/54), gastric emphysema (1.9%, 1/54), and alveolar hemorrhage (1.9%, 1/54). No deaths occurred. All complications were resolved through conservative treatment. **Conclusions:** Complications arising after POEM can be treated and resolved by using conservative treatment. POEM was the safe endoscopic operation and can be expected to become the preferred treatment for achalasia.



The Role of Colonoscopy in patients with Early Gastric Cancer

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Background & Aims: Our purpose was to study the incidence of high grade dysplasia and colorectal cancer in patients with early gastric cancer (EGC) who underwent endoscopic submucosal dissection (ESD) compared to healthy controls. And we evaluated the necessity of colonoscopic surveillance in patients with early gastric cancer (EGC). **Methods:** The study group included a total of 185 patients with EGC that underwent ESD. As a control group, 442 sex and age-matched patients without gastric neoplasm were included. All of the patients underwent screening colonoscopy before or after 6months from gastric ESD between January 2010 and February 2014. **Results:** High grade dysplasia was diagnosed in 57/185 patients (30.8%) in EGC group and 17/442 (3.8%) in controls ($p < 0.01$). Colorectal cancer was diagnosed in 26/185 patients (14.0%) in EGC group and 8/442 (1.8%) in controls ($p < 0.01$). Univariate analysis demonstrated that high grade dysplasia was associated with presence of EGC, age, DM, and colorectal cancer was associated with presence of EGC, colorectal cancer family history. Multivariate analysis demonstrated that age (OR 6.34, 95% CI 3.4-11.5), EGC (OR 7.51, 95% CI 4.52-18.1) were risk factors for high grade dysplasia. And the presence of EGC (OR 6.51, 95% CI 2.91-14.90), aging (OR 3.71, 95% CI 1.58-10.91), colorectal cancer family history (OR 3.07, 95% CI 1.93-9.41) were risk factors for colorectal cancer. **Conclusions:** The incidence of high grade dysplasia and colorectal cancer in the EGC group who underwent gastric ESD was higher than that in the control group. Therefore, we suggest that a screening colonoscopy should be considered in patients with EGC undergoing ESD.

Table 1. High grade dysplasia and Colorectal cancer in EGC group vs. controls.

n (proportion, %)	EGC group	Controls	p value
High grade dysplasia	57 (30.8%)	17 (3.2%)	<0.01
Colorectal cancer	26 (14%)	8 (1.8%)	<0.01