

Complete colonoscopy is a difficult task in patients with gastric surgeries



To the Editor:

We have read the innovative article by Walter et al,¹ which concluded that reinforcement of patient education with short message service messages before the colonoscopy increased the efficacy of bowel preparation. Previous abdominopelvic surgeries constitute an important factor for inadequate bowel cleansing, and almost 10% of both groups had surgery in this study.^{1,2}

We would like to focus on bowel preparation in patients with surgeries for gastric cancer (PSGC). We re-evaluated our past 3 months' results regarding insufficient bowel preparation and the effect of gastrectomy. We identified and analyzed the data of 15 PSGC procedures compared with the 16 patients operated on for breast cancer (POBC). The mean Boston Bowel Preparation Scale (BBPS) scores were 4.04 versus 6.06 for PSGC and for POBC, respectively ($P = .039$). Bowel preparation was inadequate for 53.3% in the gastrectomy group compared with 37.5 % patients without prior gastric surgery.

Gastric cancer and colorectal cancer have a high co-incidence rate that may necessitate a screening colonoscopy after the diagnosis of gastric cancer.³ A previous study showed that prior gastrectomy causes inadequate colonoscopy in terms of completion and bowel cleansing ($P = .047$).⁴ Bowel preparation after gastric surgery may become difficult as a result of intolerance to cleansing fluid. Adhesions causing fixation of the colon may affect the cleaning. It is worthwhile to anticipate the possibility of inadequate cleaning in such patients.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

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REFERENCES

1. Walter B, Klare P, Strehle K, et al. Improving the quality and acceptance of colonoscopy preparation by reinforced patient education with short

message service: results from a randomized, multicenter study (PERICLES-II). *Gastrointest Endosc* 2019;89:506-13.

2. Martel M, Ménard C, Restellini S, et al. Which patient-related factors determine optimal bowel preparation? *Curr Treat Options Gastroenterol* 2018;16:406-16.
3. Kim JW, Jang JY, Chang YW, et al. Clinical features of second primary cancers arising in early gastric cancer patients after endoscopic resection. *World J Gastroenterol* 2015;21:8358-65.
4. Kim S, Choi J, Kim TH, et al. Effect of previous gastrectomy on the performance of postoperative colonoscopy. *J Gastric Cancer* 2016;16:167-76.

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Contrast-enhanced EUS for the differential diagnosis of lymphadenopathy: technical improvement with defined indications



To the Editor:

We have read with interest the article in which Yoshida et al¹ report their experience with contrast-enhanced harmonic EUS (CH-EUS) in the evaluation of lymph nodes. The authors found that CH-EUS increased the diagnostic yield of EUS in the differential diagnosis of lymphadenopathy. Moreover, quantitative CH-EUS evaluation with the time-intensity curve analysis led to a significant increase in the overall accuracy. The combination of qualitative and quantitative CH-EUS showed 89% sensitivity, 77% specificity, and 85% overall diagnostic capabilities.¹

These data corroborate the results of our recent meta-analysis on this topic. In particular, we found an overall pooled sensitivity of 87.7% and 91.8% specificity in the studies conducted with a dedicated contrast-harmonic mode. Despite small differences, the results by Yoshida et al¹ are comprised within the prediction interval identified in our study.² An updated evaluation of the 3 studies conducted with the use of dedicated contrast-harmonic mode (data on file) showed a pooled sensitivity of 88% (95% confidence interval [CI], 81%-93%), 88% pooled specificity (95% CI, 81%-93%), and 41.4 diagnostic odds ratio (95% CI, 17.4-98.2).^{1,3,4}

The CH-EUS diagnosis of malignant lymph nodes is based on the identification of a peculiar microvascular pattern due to capillary bed disruption and peripheral tumor neoangiogenesis; these histologic changes lead to an inhomogeneous hypoenhancement that is, to date, considered characteristic of malignant lymph nodes. Although these features are peculiar to metastatic lymph nodes of solid tumors, in cases of malignant lymphoma, a rich arterial and venous system usually leads to homogeneous enhancement of lymph nodes.^{5,6}