Essential reading from the editor's desk

T. Vanuytsel[1-2], C. Reenaers[3]

(1) Gastroenterology and Hepatology, University Hospitals Leuven, KU Leuven, Leuven, Belgium; (2) Translational Research in Gastrointestinal Diseases (TARGID), KU Leuven, Leuven, Belgium; (3) Gastroenterology, University Hospital Liège, Liège, Belgium.

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Quality measures are becoming increasingly important in clinical practice, not only as a monitoring tool in the hospital for internal quality purposes but more and more also in communication with the general community as publicly available indicators of quality (1-3). Especially for technical subspecialties such as endoscopy, it is key that outcome and complications are closely monitored. This is also reflected in a multitude of quality initiatives of national and international endoscopy societies (4). In the current edition of the Acta, Moreels and colleagues evaluated the accuracy of self-reported adverse events by the endoscopists by comparing it to a retrospective analysis of the medical records (5). The total adverse events rate was 1.95% with only half of the events being voluntarily reported by the endoscopist. Even if 2/3 of the unreported events were mild, this important study still highlights that the current reporting methods are flawed and a more user-friendly ad-hoc registration system, integrated in the electronic medical records, should be developed.

Over the last two decades endoscopy has evolved dramatically from an almost exclusively diagnostic procedure to a progressively therapeutic intervention with endoscopic resections of lesions previously necessitating surgery, endoscopic drainage of collections, etc. (3, 6). In patients with advanced obstructive esophageal carcinoma, endoscopic stenting can play an important role to improve quality of life in palliative care. Van Overbeke and van Dongen describe their experience with a self-expandable metal stent with anti-reflux valve in 29 patients (7). They observed a near-resolution of dysphagia symptoms and the feared complication of stent migration (8) did not occur in their series, which is encouraging. Their data demonstrate that palliative stenting is a valid option for non-resectable esophageal tumors and can circumvent the need for artificial nutrition.

Another area of innovation in the field of endoscopy is video capsule endoscopy. Blanco-Velasco and colleagues performed a meta-analysis of studies comparing different capsule endoscopy models and found a similar diagnostic yield across all studies (9). Their conclusion is that the choice of the device should be based on the gastroenterologist's experience and the availability of a specific system. Diagnosis of small bowel Crohn's disease is one of the classic indications for capsule endoscopy – even if this indication unfortunately lacks reimbursement in several countries. In this edition of the Acta, Elosua and colleagues present a retrospective analysis of 113 video capsule endoscopies in patients with suspected post-operative recurrence after ileocolonic resection (10). The findings of the capsule endoscopy changed the therapy in 38% of cases, which usually resulted in a treatment escalation. Fecal protectin was the best non-invasive marker, but the sensitivity to detect post-operative recurrence was low at 54%.

Endoscopic drainage of pancreatitis-related collections is an example of the expanding therapeutic possibilities of endoscopy (11). However, to ensure safe and effective drainage, some degree of wall maturation is awaited in most cases, although the timing of sufficient maturation is still controversial. In their retrospective series, Choudhury et al. demonstrated full encapsulation in 56% of cases at 4 weeks, validating the suggestion to wait 4 weeks if possible and to guide the decision to drain by imaging results (12).In the current edition Grossar et al. report on the diagnosis and favorable outcome of liver abscesses in children and highlight the need to obtain invasive cultures as soon as possible (13).

Finally, Kaze and Henrion compared the outcome in a large group of patients with cirrhosis diagnosed in the period 1995-2004 vs. 2005-2014 (14). Interestingly, they found a similar mortality rate but less mortality related to gastrointestinal bleeding and a higher mortality due to infections in more recently diagnosed patients. Rifaximin is a non-absorbable antibiotic and a relatively novel treatment for hepatic encephalopathy (15). De Graeve and colleagues described a real-life cohort of 66 patients with cirrhosis and hepatic encephalopahy treated with rifaximin for at least 6 months (16). They confirmed a significant drop in infectious complications and hospital admissions in this vulnerable patient group.

The entire editorial board wishes you a pleasant reading with these highlighted and many other thought-provoking manuscripts.

Correspondence to: Tim Vanuytsel, MD, PhD, Herestraat 49, box 701, 3000 Leuven, Belgium. Phone: +32 16 34 19 73. Fax: +32 16 34 44 19.
Email: tim.vanuytsel@uzleuven.be

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References

1. COENEN S., HAECK M., FERRANTE M., NOMAN M., VAN ASSCHE G.,VERMEIRE S. Quality of care in an inflammatory bowel disease clinical trial center : a prospective study evaluating patients' satisfaction. *Acta Gastro-enterol Belg*, 2020,**83**(1):25-31.
2. FIGUEIREDO M., ARVANITAKIS M., ZAAROUR A., TOUSSAINT E., DEVIERE J., VAN LAETHEM J. L., et al. Accuracy and other quality indicators of solid pancreatic mass endoscopic ultrasound-guided fine needle aspiration and biopsy in two academic endoscopy centers. *Acta Gastroenterol Belg*, 2021,**84**(3):451-455.
3. SNAUWAERT C., DEKONINCK X.,MOREELS T. Current ERCP practice in Belgium: the BSGIE survey. *Acta Gastroenterol Belg*, 2021,**84**(1):73-77.
4. VALORI R., CORTAS G., DE LANGE T., SALEM BALFAQIH O., DE PATER M., EISENDRATH P., et al. Performance measures for endoscopy services: A European Society of Gastrointestinal Endoscopy (ESGE) quality improvement initiative. *United European gastroenterology journal*, 2019,**7**(1):21-44.
5. DELLA CASA F. C., MONINO L., DEPREZ P., STEYAERT A., PENDEVILLE P., PIESSEVAUX H., et al. How to track and register adverse events and incidents related to gastrointestinal endoscopy. *Acta Gastroenterol Belg*, 2022,**85**(3):499-504.
6. CHAOUI I., DEMEDTS I., ROELANDT P., WILLEKENS H.,BISSCHOPS R. Endoscopic mucosal resection of colorectal polyps: results, adverse events and two-year outcome. *Acta Gastroenterol Belg*, 2022,**85**(1):47-55.
7. VAN OVERBEKE L.,VAN DONGEN J. Niti-S Esophageal Covered stent (double anti-reflux type). An observational patient registry/post-market clinical follow-up study. *Acta Gastroenterol Belg*, 2022,**85**(3):493-497.
8. SCHUMACHER C., DECKER G.,RIES F. Esophageal stent migration leading to distal small bowel perforation. *Acta Gastroenterol Belg*, 2020, **83**(4):663-665.
9. BLANCO-VELASCO G., HERNÁNDEZ-MONDRAGÓN O. V., SOLÓRZANO-PINEDA O. M., GARCÍA-CONTRERAS L. F., MARTÍNEZ-CAMACHO C.,MURCIO-PÉREZ E. Which model of small bowel capsule endoscopy has a better diagnostic yield? A systematic review and meta-analysis. Acta Gastroenterol Belg, 2022,**85**(3):509-517.
10. ELOSUA A., RULLAN M. R., S., ELIZALDE I., RODRIGUEZ C., AZNÁREZ M. R., VICUÑA M., et al. Monitoring endoscopic postoperative recurrence in Crohn's disease after an ileocecal resection. Does capsule endoscopy have a role in the short and long term? *Acta Gastroenterol Belg*, 2022,**85**(3):485-491.
11. ARVANITAKIS M., DUMONCEAU J. M., ALBERT J., BADAOUI A., BALI M. A., BARTHET M., et al. Endoscopic management of acute necrotizing pancreatitis: European Society of Gastrointestinal Endoscopy (ESGE) evidence-based multidisciplinary guidelines. *Endoscopy*, 2018,**50**(5):524-546.
12. CHOUDHURY S. R., MANOJ M., GUPTA P., SAMANTA J., MANDAVDHARE H.,KOCHHAR R. Wall maturation in necrotic collections in acute pancreatitis: a computed tomography based evaluation. *Acta Gastroenterol Belg*, 2022,**85**(3):463-467.
13. GROSSAR L., HOFFMAN I., SOKAL E., STÉPHENNE X.,WITTERS P. Liver abscesses in the Western pediatric population. *Acta Gastroenterol Belg*, 2022,**85**(3):439-445.
14. KAZE E.,HENRION J. Has the 5-year mortality of patients with alcohol-related cirrhosis changed during the last 20 years? *Acta Gastroenterol Belg*, 2022,**85**(3):447-451.
15. PIMENTEL R., GREGORIO C.,FIGUEIREDO P. Antibiotic prophylaxis for prevention of spontaneous bacterial peritonitis in liver cirrhosis: systematic review. *Acta Gastroenterol Belg*, 2021,**84**(2):333-342.
16. DE GRAEVE J., VANDERSTRAETEN E., DELVAEYE T., DE LEPELEERE S., DE SOMER T.,VAN STEENKISTE C. The impact of rifaximin on the hospital burden and infections in patients with hepatic encephalopathy: a retrospective observational study. *Acta Gastroenterol Belg*, 2022,**85**(3):433-437.