



PUBLICAÇÕES: *O case study do Serviço de Gastrenterologia de Guimarães*

José Cotter, IV Simpósio AMP

O HOSPITAL



- 500 Camas
- Acreditado pela *Joint Comission International*
- Área de influência: +- 350 000 habitantes
- Ensino Universitário (Universidade do Minho)

O SERVIÇO

- Internamento
- Hospital de Dia
- Unidade de Técnicas de Gastrenterologia
- Apoio à Urgência
- Consultas Externas

Consultas Externas

- Gastroenterologia
- Hepatologia
- Doença Inflamatória Intestinal
- Proctologia
- PEG
- Oncologia (Grupo)

Médicos

- 7 especialistas (3 Subespecialistas em Hepatologia)
- 6 Internos de Gastroenterologia

Serviço

- Idoneidade formativa de Gastroenterologia – 100%
- Idoneidade formativa de Hepatologia – 100%
- Certificado como Centro Europeu de Treino pelo *European Board of Gastroenterology and Hepatology (UEMS)*
- Ensino Universitário de Gastroenterologia (4º Ano – Univ. Minho)
- Único Serviço no Minho com Hepatologistas

Doutoramentos em curso

✓ Maria João Moreira

✓ Bruno Rosa

CHAA-Serviço de Gastroenterologia

PARTICIPAÇÃO ASSOCIATIVA

- ❑ **JC** - Presidente da Sociedade Portuguesa de Gastroenterologia
- ❑ **BR** - Direção do GEPID
 - (Consultor da Given Imaging)
 - Conselho Científico GEDII
- ❑ **CM** - Comissão Técnica da Subespecialidade de Hepatologia da OM
 - Direção da APEF

Curso de Cápsula Endoscópica

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Fax: +351 253 421 308
e-mail: examesgastro@chaa.min-saude.pt

Registration fee: 150 €

TRAINING IN CAPSULE ENDOSCOPY

Scientific Board:

José Cotter
Maria João Moreira
Bruno Rosa
Joana Magalhães
Francisca Dias de Castro
Pedro Boal Carvalho
Tiago Cúrdia Gonçalves

Serviço de Gastroenterologia
Centro Hospitalar do Alto Ave
GUIMARÃES - PORTUGAL

TRAINING IN CAPSULE ENDOSCOPY
CRAA - Guimarães, PORTUGAL

Serviço de Gastroenterologia
Centro Hospitalar do Alto Ave
GUIMARÃES - PORTUGAL

Centro Hospitalar do Alto Ave, EPE

The European Board of Gastroenterology & Hepatology

EUROPEAN UNION

✓ Course Director: José Cotter, MD (Head of Gastroenterology Department)
✓ Course Coordinator: Bruno Rosa, MD
✓ Duration: 1 week (40 hours)
✓ Target attendees: Residents and seniors of Gastroenterology
✓ Aim: To allow trainees to become competent in capsule endoscopy
✓ Course Trainers: Maria João Moreira, MD; Bruno Rosa, MD; Joana Magalhães, MD; Francisca Dias de Castro, MD; Pedro Boal Carvalho, MD; Tiago Cúrdia Gonçalves, MD

	1st DAY	2nd DAY	3rd DAY	4th DAY	5th DAY
9.00-9.30h	Patients' registration and capsule ingestion	Patients' registration and capsule ingestion			
9.30-11.00h	TS I: Capsule endoscopy technology	TS II: Ileonojejunography	TS V: obscure GI bleeding (Final report)		PS: Reading model videos (Clinical cases 7 and 8)
11.00-13.30h	PS: Capsule endoscopy technology	PS: Reading previous day examination(s)	PS: Reading model videos (Clinical cases 5 and 6)		PS: Reading previous day examination(s)
13.30-14.00h	Lunch	Lunch	Lunch	Lunch	Lunch
14.30-16.00h	TS III: Pre and post procedure consideration	TS IV: Capsule endoscopy in Crohn's disease	TS VI: Colon capsule	PS: Reading model videos (Clinical cases 9 and 10)	FINAL EVALUATION
14.00-18.00h	PS: Reading model videos (Clinical cases 1 and 2)	PS: Reading model videos (Clinical cases 3 and 4)	PS: Reading previous day examination(s)	PS: Reading previous day examination(s)	
16.00-18.00h	Download day exam(s) to the workstation				
	(TS = Theory session; PS = Practical session)				

Curso de Cápsula Endoscópica

- Formandos: 36 (desde maio/2013)
- Vagas para: junho/ 2017

Organizações recentes

- ✓ Reunião Monotemática da SPG: Guimarães, 31.01.2015
- ✓ Semana Digestiva/ Congresso Nacional de Gastrenterologia e Endoscopia Digestiva: Porto, junho 2015
- ✓ X Reunião Ibérica de Cápsula Endoscópica e Enteroscopia: Guimarães, janeiro 2016





“Exigência, com partilha de responsabilidade”
Prof. J. M. Pinto Correia



“Quanto mais estudo, mais dúvidas tenho...”
Prof. F. Carneiro Chaves



Internos de Gastroenterologia

- Nota de exame de acesso: 89-95%
- 1^a Vaga de Gastroenterologia a ser escolhida em 2014 e 2015

Internato de Gastrenterologia

- 1º Ano: Medicina Interna (9m) + UCI (3m)
- 2ª - 5º Ano: Gastrenterologia

Programa de Formação de Gastrenterologia

(Portaria 317/2012)

“...5.3 – É desejável um mínimo de dois artigos publicados, ou em forma de publicação, em revistas de reconhecido mérito com revisão por pares.”

Fatores estimulantes para publicar

- ✓ Epílogo da investigação
- ✓ Partilha de conhecimento
- ✓ Enriquecimento curricular
- ✓ Respeitabilidade científica e profissional
- ✓ Prestígio institucional

Comunicações Científicas



Seleção de Reuniões/ Congressos (Nacionais/ Internacionais)
(Reunião de Serviço)



Marcação do *deadline* pelo DS, para apresentação de projetos
(Internos + Orientadores)



Seleção dos Projetos
(DS + Orientador + Interno)



Elaboração do trabalho + *Abstract*
(Interno + Orientador)



Correção e aprovação pelo DS



Submissão

CHAA – Serviço de Gastroenterologia

- Dr. XY - Comunicações na Semana Digestiva 2015:
 - 1) Varizes gástricas
 - 2) Lesões P1
 - 3) Doença de Crohn
 - 4) Alimentação precoce pós - PEG
 - 5) Follow-up nutricional pós – PEG
 - 6) Flash de Intestino Delgado

CHAA – Serviço de Gastroenterologia

Comunicações em Reuniões Científicas: 2013/ 2014/ 2015

- Nacionais: 56
- Internacionais: 71

Comunicação Oral – UEGW 2014

OP054 THE NOVEL PILLCAM CROHN'S DISEASE CAPSULE DEMONSTRATES SIMILAR DIAGNOSTIC YIELD AS ILEOCOLONOSCOPY IN PATIENTS WITH ACTIVE CROHN'S DISEASE - A PROSPECTIVE MULTICENTER INTERNATIONAL COHORT STUDY

D. Helper^{1,*}, P. Malik², R. Havranek³, K. Isaacs⁴, I. Dotan⁵, A. Labar⁶, J. Horlander⁷, A. Tinsley⁸, J. Leighton⁹, I. Fernandez-Urien Sainz¹⁰, B. Rosa¹¹, G. Mullin¹², I. Gralnek¹³

¹Indiana University School of Medicine, Indianapolis, ²Gastroenterology Associates of Tidewater, Chesapeake, ³Gastroenterology Clinic of San Antonio, San Antonio, ⁴University of North Carolina, Chapel Hill, United States, ⁵Tel Aviv Sourasky Medical Center, Ichilov, ⁶Sheba Medical Center, Ramat Gan, Israel,

⁷Gastroenterology Associates of Louisville, Louisville, ⁸Penn State Hershey Medical Center, Hershey, ⁹Mayo Clinic Arizona, Scottsdale, United States,

¹⁰Hospital de Navarra, Pamplona, Spain, ¹¹CentroHospitalar do Alto Ave, Guimaraes, Portugal, ¹²Johns Hopkins Medical Center, Baltimore, United States,

¹³Rambam Medical Center, Haifa, Israel

Contact E-mail Address: dhelper@iu.edu

INTRODUCTION: Mucosal lesions in Crohn's disease (CD) can be found throughout the GI tract. While an endoscopist may visualize to D3 with EGD and from anus to terminal ileum with ileocolonoscopy (IC), visualization of the entire small bowel (SB) is challenging. The novel PillCamCD is designed to

DISTINÇÃO: OUTSTANDING POSTER

37th ESPEN Congress on Clinical Nutrition & Metabolism: Set 2015

Percutaneous Endoscopic Gastrostomy:

Clinical Benefits far Beyond Anthropometry – Experience from a Specialized Multidisciplinary Consultation

Cúrdia Gonçalves T.¹, Magalhães J.¹, Barbosa M.¹, Dias de Castro F.¹, Boal Carvalho P.¹, Monteiro S.¹, Rosa B.¹, Figueiredo L.², Marinho C.³, Cotter J.^{3,4,5}

¹—Hospital Senhora da Oliveira, Centro Hospitalar do Alto Ave, Guimarães, Portugal

²—Centro Hospitalar do Vouga, Centro Hospitalar do Baixo Vouga, Viseu, Portugal

³—CIDE, Health Sciences Research Institute, University of Minho, Braga, Guimarães, Portugal

⁴—CIDE, PT Government Associate Laboratory, Braga, Guimarães, Portugal

⁵—CIDE, PT Government Associate Laboratory, Braga, Guimarães, Portugal

27th
ESPEN Congress

ESPEN CONGRESS
ON CLINICAL NUTRITION & METABOLISM

HEALTHY LIFE
THROUGH NUTRITION

LISBON – PORTUGAL

5–8 SEPTEMBER 2015



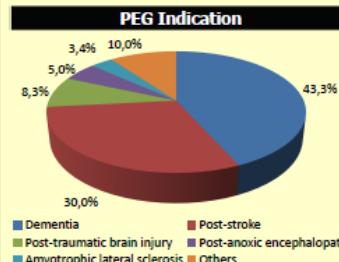
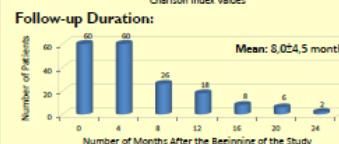
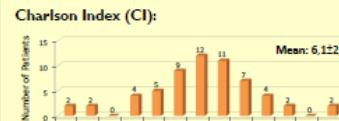
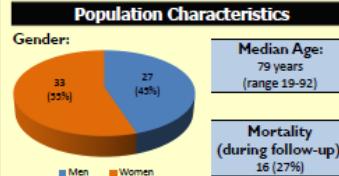
Methods

- Study Design: From the 201 patients submitted to PEG between May/2011 and September/2014, 60 were included in a prospective study.
- Data collected: Anthropometric, clinical and laboratorial variables were collected and compared before and after PEG placement.

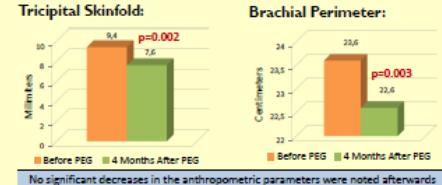
Background & Aim

- The real benefit of gastrostomy is still matter of debate.
- Aim: Evaluate the global impact of percutaneous endoscopic gastrostomy (PEG) in patients followed at a specialized multidisciplinary consultation.

Results



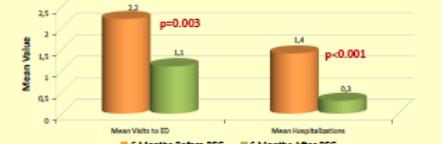
Anthropometric, Clinical & Laboratorial Evolution



Before PEG	After PEG	P value
Pressure Ulcers	13 (21.7%)	9 (15.0%)

Pressure ulcers healed in 53.8% of the patients after PEG placement.

Need of Hospital Health Care:



Before PEG	4 Months After PEG	P value
Haemoglobin (g/dL)	11.6±1.6	12.1±1.9 ↑ 0.024
Lymphocytes (x10 ⁹ /µL)	1.9±0.8	2.1±1.0 ↑ 0.041
Total cholesterol (mg/dL)	144±40	135±36 ↑ 0.008
Triglycerides (mg/dL)	96±25	104±21 n.s.
Transferrin (mg/dL)	171.0±49.5	200.5±50.8 ↑ <0.001
Albumin (g/dL)	2.7±0.5	3.0±0.5 ↑ <0.001
Total Protein (g/dL)	6.1±0.8	6.7±0.8 ↑ <0.001
Urea (mg/dL)	31±19	32±20 n.s.
Creatinine (mg/dL)	0.79±0.54	0.69±0.42 n.s.
Serum sodium (mEq/L)	138±7	137±6 ↓ 0.001

Conclusions

- Anthropometric values may not translate the early benefits of a gastrostomy.
- Percutaneous endoscopic gastrostomy decreases the need of hospital health care, facilitates healing of pressure ulcers and induces biochemical changes that may reflect a better nutrition and hydration.

Artigos para Revistas Científicas



Seleção para Publicação
(Diretor de Serviço/ Orientador/ Interno)
Marcação de *deadline*; Seleção de autores
e estratégia de elaboração do texto



Elaboração do *paper* (Interno)



Correção do *paper* (Orientador)



Revisão e Correção finais(Diretor do Serviço)



Reunião Final (DS + Orientador + Interno)
-Seleção das Revistas
-Submissão

CHAA – Serviço de Gastroenterologia

- 05.01.2015
- Dr. XY - *Papers:*
 - 1) Colite ulcerosa – até 10.01
 - 2) Hemostase – até 25.01
 - 3) Varizes gástricas – até final de abril 2015
 - 4) Doença de Crohn – até final de junho 2015
 - 5) Lesões P1 – até final agosto 2015

Incumprimento do *deadline* acordado

- ✓ Justificação
- ✓ “Exclusividade” de tempo para elaboração do *paper* (exceto Consulta e Urgência)

Publicações em Revistas Científicas

- Publicações em Revistas Científicas: 35
2013/ 2014/ 2015
(4 em colaboração com outros Centros)

- Publicações em fase final de preparação 9

- Publicações submetidas a aguardar decisão editorial 10

Relação de Revistas Científicas

Com publicações em: 2013/2014/2015

INDEXADAS

- IBD – Inflamm Bowel Dis (FI: 4.5) - 2
- Gastroenterology Research and Practice (FI: 1.7) - 2
- WJGE-World Journal of Gastrointestinal Endoscopy - 5
- REED-Rev Esp Enferm Dig (FI: 1.4) - 1
- EJGH-Eur J Gastroenterol Hepatol (FI: 2.3) - 2
- BMJ Case Rep (1)
- GIE-Gastrointestinal Endoscopy (FI: 5.4) - 1
- JCG-J Clin Gastroenterol (FI: 3.5) - 1
- JCC-Journal of Crohn's and Colitis (FI: 6.2) - 6
- Gastroenterol Hepatol - 1
- UEG Journal (FI: 2.1) - 1
- ARQGA-Arq Gastroenterol - 1
- WJG-World Journal of Gastroenterology (FI: 2.4) - 1
- Endoscopy (FI: 5.1) - 1
- Acta Med Port (FI: 0.36) - 3

NÃO INDEXADAS

- GE – Portuguese Journal of Gastroenterology - 3
- IJGDT-Int J Gastroenterol Disord Ther - 1
- Austin Journal of Gastroenterology - 1
- The Internet Journal of Gastroenterology -1



ORIGINAL ARTICLE

Disability in Inflammatory Bowel Disease: Translation to Portuguese and Validation of the "Inflammatory Bowel Disease – Disability Score"

Joana Magalhães^{a,b}, Francisca Dias de Castro^a, Pedro Boal Carvalho^a, João Firmino Machado^a, Silvia Leite^a, Maria João Moreira^a, José Cotter^{a,b,c}

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Received 13 August 2014; accepted 6 October 2014
Available online 7 January 2015



ORIGINAL ARTICLE

Capsule Endoscopy: Diagnostic Accuracy of Lewis Score in Patients with Suspected Crohn's Disease

Sara Monteiro, MD,^a Pedro Boal Carvalho, MD,^a Francisca Dias de Castro, MD,^a Joana Magalhães, MD,^a Firmino Machado, MD,^a Maria J. Moreira, MD,^a Bruno Rosa, MD,^a and José Cotter, MD,^{a,b,c}

Received for publication April 14, 2014; Accepted May 20, 2014.

From the ^aGastroenterology Department, Centro Hospitalar do Alto Ave Hospital Guimarães, Department of Public Health Unit, ACES Porto Ocidental, Alto Ave Hospital Center, Guimarães, Portugal; ^bLife and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal; and ^cICVS/3B's, PT Government Associate Laboratory, Braga/Guimarães, Portugal.

The authors have no conflict of interest to declare.

Reprinting: Sara Monteiro, MD, Department of Gastroenterology, Alto Ave Hospital Center, Rua dos Cutelhos, Oeiras, 4835-044 Guimarães, Portugal (email: sara.monteiro@cm-guimaraes.pt).

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www.bjond.org | 1

MATERIALS AND METHODS

We performed a retrospective single-center study including consecutive patients undergoing SBCE between September 2006 and February 2013 for suspected CD.

Criteria for exclusion were presence of inflammatory lesions consistent with the diagnosis of CD at ileocolonoscopy, nonsteroidal anti-inflammatory drugs intake within 4 weeks before capsule endoscopy, patients with clinical or imaging evidence of bowel stenosis or occlusion, and a follow-up less than 12 months after the capsule.

Original Article

Multicenter survey on the use of device-assisted enteroscopy in Portugal

Roland Pinho^{1,2}, Miguel Mascarenhas-Saraiva³, Susana Mão-de-Ferro³, Sara Ferreira³, Nuno Almeida^{4,5}, Pedro Figueiredo^{4,5}, Adélia Rodrigues², Hélder Cardoso⁶, Margarida Marques⁷, Bruno Rosa⁷, José Cotter^{7,8,9}, Germano Vilas-Boas¹⁰, Carla Cardoso¹⁰, Marta Salgado¹¹ and Ricardo Marcos-Pinto¹¹



United European Gastroenterology Journal
Original Article
0(0) 1-12
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/2050549615609475
ueg.sagepub.com



Original article

Improving diagnostic yield in obscure gastrointestinal bleeding – how virtual chromoendoscopy may be the answer

European Journal of Gastroenterology & Hepatology 2015 June 21; 21(3): 7233-7240

Keywords: chromoendoscopy, obscure gastrointestinal bleeding, small bowel capsule endoscopy

¹Department of Gastroenterology, Centro Hospitalar do Alto Ave, Guimarães, University of Minho and ICVS/3B's, PT Government Associate Laboratory, Braga, Portugal

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e-mail: francisca.diasdecastro@cm-ga.pt

Received 11 December 2014; Accepted 5 March 2015

Abstract: The diagnostic yield of conventional chromoendoscopy is limited by the quality of the same endoscopic images using "virtual chromoendoscopy", which has the merit of obviating the need to subject the patients to new examinations. A platform of virtual chromoendoscopy has been incorporated into the some software packages [14,15] using the flexible spectral imaging color enhancement (FICE). Importantly, from a practical point of view, it is a very simple technique to use with the convenience of a quick push-button switch between white light and chromoendoscopy, with no need for dye spraying [16]. FICE enhances mucosal visibility, on the basis of bandwidth narrowing of conventional

Rosa et al., Int J Gastroenterol Disord Ther 2015, 1: 116
http://dx.doi.org/10.15344/2393-8498/2015/116



Expert Opinion Open Access

Pillcam Colon 2 in Crohn's Disease: Pan-enteric Tool for a Pan-enteric Disease

Bruno Rosa^a, Pedro Boal Carvalho^b and José Cotter^{a,c,d}

^aGastroenterology Department, Centro Hospitalar do Alto Ave – Guimarães, Portugal

^bLife and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, 4710-057 Braga, Portugal

^cICVS/3B's, PT Government Associate Laboratory, 4710-057 Braga/Guimarães, Portugal

^dPedro Boal Carvalho, Bruno Rosa, Francisca Dias de Castro, Maria João Moreira, José Cotter, Gastroenterology Department, Centro Hospitalar do Alto Ave, 4835-044 Guimarães, Portugal

Received: January 11, 2015

Peer-review started: January 11, 2015

First decision: February 10, 2015

Accepted: April 17, 2015

Article in press: April 17, 2015

Published online: June 21, 2015

Publication History:
Received: January 12, 2015
Accepted: September 19, 2015
Published: September 22, 2015



Submit a Manuscript: <http://www.wsignet.com/esps/>
Help Desk: <http://www.wsignet.com/esps/helpdesk.aspx>
DOI: 10.4235/wjge.v7i2.12128

World J Gastrointest Endosc. 2015 February 16; 7(2): 128-134
ISSN 1948-5390 (online)
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ORIGINAL ARTICLE

Retrospective Study

Endoscopic retrograde cholangiopancreatography for suspected choledocholithiasis: From guidelines to clinical practice

Joana Magalhães, Bruno Rosa, José Cotter

Joana Magalhães, Bruno Rosa, José Cotter, Gastroenterology Department, Centro Hospitalar do Alto Ave, 4835-044 Guimarães, Portugal

Received: September 17, 2014

Peer-review started: September 10, 2014

First decision: October 14, 2014

Revised: December 14, 2014

Accepted: December 29, 2014

Article in press: December 31, 2014

Published online: February 16, 2015

Journal of Crohn's and Colitis Advance Access published October 9, 2015

Journal of Crohn's and Colitis, 2015, 1–6
doi:10.1093/ecco-cc/jlv166
Original Article



Original Article

Lewis Score – Prognostic Value in Patients with Isolated Small Bowel Crohn's Disease

F. Dias de Castro,¹ Pedro Boal Carvalho,¹ Sara Monteiro,¹ Bruno Rosa,¹ João Firmino Machado,² Maria João Moreira,¹ José Cotter^{1,3,4}

¹Gastroenterology Department, Centro Hospitalar do Alto Ave, Guimarães, Portugal/²Unidade de Saúde Pública, ACES Porto Ocidental, Porto, Portugal/³Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, 4710-057 Braga, Portugal/⁴ICVS/3B's, PT Government Associate Laboratory, 4710-057 Braga/Guimarães, Portugal



Rare disease

CASE REPORT

Oesophageal lymphangioma: an exceedingly rare tumour

Mara Barbosa, Pedro Moutinho Ribeiro, José Cotter

Department of Gastroenterology, Centro Hospitalar do Alto Ave, Guimarães, Portugal

SUMMARY

An asymptomatic 57-year-old man was referred for evaluation of a 10 mm pale pink subepithelial polypoid lesion of the distal oesophagus.



INVESTIGATIONS

The endoscopic ultrasound (EUS) revealed a 12.5 mm×6.5 mm, heterogeneous, although mainly *vascular* tumor. We performed a *staging* esophageal ultrasound, which showed no regional lymphadenopathy.

The average age at diagnosis of oesophageal lymphangioma is 57 years (range between 32 and 72 years), and it predominantly occurs in men. These tumours are usually small, with almost half of those reported under 2 cm in diameter, as in the current case; however, two large lesions (10×2.5×1 and 6×5×4 cm) were recently described by Xue et al.^[23] Oesophageal lymphangiomas are almost always located in the distal portion of the oesophagus. Although solitary lesions are the

CASE PRESENTATION

An asymptomatic 57-year-old man was referred to our department for evaluation of a 10 mm pale pink subepithelial polypoid lesion of the distal oesophagus; the lesion was found on

Barbosa M, Ribeiro PM, Cotter J. BM Case Rep. 2015; doi:10.1136/bmcr-2015-209050

Barbosa M, et al. BM Case Rep. 2015; doi:10.1136/bmcr-2015-209050



Validation of the Lewis score for the evaluation of small-bowel Crohn's disease activity

Authors

José Cotter^{a,b}, Francisca Dias de Castro^c, Joana Magalhães^a, Maria João Moreira^a, Bruno Rosa^a

Institutions

^a Gastroenterology Department, Centro Hospitalar do Alto Ave, Guimarães, Portugal^b Life and Health Sciences Research Institute, School of Health Sciences, University of Minho, Braga, Portugal^c Life and Health Sciences Research Institute/3B's, PT Government Associate Laboratory, Braga/Guimarães, Portugalsubmitted: 15 June 2014
accepted after revision:
22 September 2014

Bibliography

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Published online: 2014
Endoscopy
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ISSN 0033-8398

ORIGINAL ARTICLE

Disability in inflammatory bowel disease: Translation to Portuguese and validation of the "Inflammatory Bowel Disease – Disability Score"

Joana Magalhães^{a,*}, Francisca Dias de Castro^a, Pedro Boal Carvalho^a,
João Firmino Machado^a, Sílvia Leite^a, Maria João Moreira^a, José Cotter^{a,b,c}^a Gastroenterology Department, Centro Hospitalar do Alto Ave, E.P.E., Guimarães, Portugal^b Instituto de Investigação em Ciências da Vida e da Saúde, University of Minho, Braga, Portugal^c ICVS/3B's Laboratório de Associado, University of Minho, Braga, Portugal

Received 13 August 2014; accepted 6 October 2014

Hindawi Publishing Corporation
Gastroenterology Research and Practice
Volume 2014, Article ID 709217, 5 pages
<http://dx.doi.org/10.1155/2014/709217>

Research Article

New Evidence on the Impact of Antithrombotics in Patients Submitted to Small Bowel Capsule Endoscopy for the Evaluation of Obscure Gastrointestinal Bleeding

Pedro Boal Carvalho, Bruno Rosa, Maria João Moreira, and José Cotter

Centro Hospitalar do Alto Ave, Rua dos Cutileiros, Crémoux, 4831-044 Guimarães, Portugal

Correspondence should be addressed to Pedro Boal Carvalho; pedroboalcarvalho@chaa.mn.saude.pt

Received 23 August 2014; Revised 15 October 2014; Accepted 16 October 2014; Published 6 November 2014

Academic Editor: Gerassimos Mantzaris

GE Port Gastroenterol. 2014;21(4):155–160



ARTIGO ORIGINAL

Hiperhomocisteinemia - Uma ameaça oculta da doença inflamatória intestinal?

Joana Magalhães^a, Bruno Rosa, Maria João Moreira, Mara Barbosa, Ana Rebelo, Sílvia Leite e José CotterServiço de Gastroenterologia, Centro Hospitalar do Alto Ave, Guimarães, Portugal
Received a 28 de setembro de 2013; aceite a 16 de janeiro de 2014
Disponível na Internet a 2 de março de 2014

Original article 1

ARQGA/1726

QUALITY OF LIFE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: importance of clinical, demographic and psychosocial factors

Joana MAGALHÃES^a, Francisca Dias de CASTRO^a, Pedro Boal CARVALHO^a,
Sílvia LEITE^a, Maria João MOREIRA^a and José COTTER^{a,2,3}

ABSTRACT – Context: Inflammatory bowel disease causes physical and psychosocial consequences that can affect the health related quality of life. **Objectives:** To analyse the relationship between clinical and sociodemographic factors and quality of life in inflammatory bowel disease patients. **Methods:** Ninety-one patients with Crohn's disease and 58 with ulcerative colitis, filling in the Inflammatory bowel disease questionnaire (IBDQ-32) and a questionnaire to collect sociodemographic and clinical data. The association between categorical variables and IBDQ-32 scores was determined using Student *t* test. Factors statistically significant in the univariate analysis were included in a multivariate regression model. **Results:** IBDQ-32 scores were significantly lower in female patients ($P=0.001$), patients with an individual perception of a lower co-workers support ($P=0.001$) and career fulfillment ($P<0.001$), patients requiring psychological support ($P=0.001$), those receiving biological treatment for the disease and those with a higher education level ($P=0.025$) and career fulfillment ($P=0.001$). **Conclusions:** The decrease in HRQOL was significantly related with female gender and personal perception of disease impact in society and social relations. These factors deserve a special attention, as timely measures can be implemented to improve the quality of life of patients.

HEADINGS - Inflammatory bowel disease; Crohn's disease; Ulcerative colitis; Quality of life; Questionnaire.

LETTER TO THE EDITOR

The Role of Domperidone in Increasing the Completion Rate of Small Bowel Capsule Endoscopy

How Should it be Used?

To the Editor:

We read with great interest the article by Koulouzidis et al¹ entitled "Evaluation of domperidone increases the completion rate of small bowel capsule endoscopy done at the expense of diagnostic yield". The risk of incomplete small bowel capsule endoscopy (SBCE) has been frequently pointed out as a major limitation of the technique.^{2,3} In such cases, the value of SBCE is limited by the fact that it may miss lesions located in

domperidone only to those patients with delayed gastric emptying.

Even though there is no strong evidence that the rational use of prokinetics increases the diagnostic yield of SBCE, the fact that this method increases completion rates will contribute to shorten the time of the procedure, thus corroborating our conclusions of this meta-analysis.

We performed a prospective interventional study using domperidone only in patients with SBCE done at our hospital 1 h after the ingestion of the capsule versus a control group of patients with no use of domperidone or RTV. We concluded that this intervention did not significantly contribute to reduce the rate of incomplete examinations (3.7% vs. 15.7%, $P=0.003$), with no significant reduction on small bowel transit time

Small bowel capsule endoscopy in obscure gastrointestinal bleeding: normalcy is not reassuring

Tiago Cúrdia Gonçalves^a, Francisca Dias de Castro^a, Maria João Moreira^a, Bruno Rosa^a and José Cotter^{a,b,c}

Background/Aim: Small bowel capsule endoscopy (SBCE) is currently a fundamental tool in the etiological study of obscure gastrointestinal bleeding (OGIB).

However, the impact of a negative SBCE on the risk of rebleeding is not entirely known. The aim of this study was to evaluate the outcomes of patients with OGIB and a negative SBCE examination in terms of follow-up duration, additional diagnostic studies, and achievement of a diagnosis as well as to assess the incidence of rebleeding and possible associated factors.

Materials and methods We retrospectively analyzed 256 patients who consecutively underwent an SBCE examination for the study of OGIB between April 2006 and December 2011, and then selected the 79 whose results excluded potentially bleeding lesions. Eleven patients were lost to follow-up and the remaining 68 were eligible for a nested case-control analysis. Pre-SBCE and post-SBCE information was collected, including follow-up period and incidence of rebleeding, defined as admission to the hospital for symptomatic anaemia, need for blood transfusion, decrease in hemoglobin value of greater than 2 g/dL or evidence of melena or hematochezia. Univariate analysis included age, sex, OGIB presentation (occult or visible), hemoglobin levels at presentation, and

thirty-nine patients (57%) underwent further diagnostic investigations during the period of follow-up and a cause for the gastrointestinal bleeding was found in five of them. However, the impact of a negative SBCE in this setting is not reassuring. As the vast majority of rebleeding episodes seem to occur within the following 2 years after SBCE, the maintenance of regular medical surveillance during the above-mentioned period of time after a negative SBCE seems advisable. *Eur J Gastroenterol Hepatol* 2007; 00:000–000 © 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins

European Journal of Gastroenterology & Hepatology 2014; 00:000–000

Keywords: capsule endoscopy, obscure gastrointestinal bleeding, rebleeding, small bowel

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Virtual chromoendoscopy in small bowel capsule endoscopy: New light or a cast of shadow?

José Cotter, Joana Magalhães, Francisca Dias de Castro, Mara Barbosa, Pedro Boal Carvalho, Sílvia Leite, Maria João Moreira, Bruno Rosa

ranked the quality of delineation as better, equivalent or worse than conventional SBCE-WL. Inter-observer percentage of agreement was determined and analyzed with Fleiss kappa (κ) coefficient. Lesions selected for the study included angiectasias ($n = 39$), ulcers/erosions ($n = 49$) and villous edema/atrophy ($n = 12$).

RESULTS: Overall, the delineation of lesions was im-

Editorial

Capsule Endoscopy and Crohn's Disease: a Progressive and Irreversible Link

José Cotter^{a,b,*} and Bruno Rosa^a^aDepartment of Gastroenterology, Centro Hospitalar do Alto Ave, Portugal^bLIFE and Health Sciences Research Institute, University of Minho, Portugal^cICVS/3B, PT Government Associate Laboratory, Portugal^dCorresponding author: José Cotter, Department of Gastroenterology, Centro Hospitalar do Alto Ave, Guimarães, Portugal. Email: jcotter@chaa.min-saude.pt

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CARTAS CIENTÍFICAS

Ulcerated Meckel's diverticulum

Divertículo de Meckel que aparenta una ileitis de Crohn

Sr. Director:

Meckel's diverticulum (MD) is a true intestinal diverticulum containing all layers of the small intestine, resulting from the failure of the vitelline duct to obliterate. MD occurs so infrequently that most articles have reported either small series or isolated cases.¹ Crohn's disease (CD) is a disorder of uncertain etiology characterized by ulceration and transmural inflammation of the gastrointestinal tract. We present a case in which acid-secreting MD mimic Crohn's ileitis.

patients with suspected or established Crohn's Disease [1].

In order to increase objectivity and inter observer agreement in the evaluation of small bowel inflammatory activity, the use of standardized endoscopic scoring systems has been advocated [1]. The most widely used is currently the Lewis Score [8], which evaluate villous edema, ulcer and stenoses. Based on the extension and severity of these lesions, Lewis score classifies inflammatory activity as insufficient, mild or moderate or severe; this classification has been proven useful in a practical clinical setting [9], and it has been incorporated in the Given Imaging software as an intuitive user-friendly application.

proposed to clarify these findings. It revealed some ulcers in the distal ileum, one of those serpiginous (Fig. 1), with apparent hematin pigmentation and no fresh blood was seen in the lumen. The preliminary diagnosis of regional enteritis (Crohn's disease) was assumed.

However, the patient presented a massive recurrent bleeding within 24 h and was decided to perform another SBE. It revealed large amounts of fresh blood not allowing the procedure. The patient became hypovolemic and was submitted to an intraoperative enteroscopy.

A large Meckel's diverticulum was recognized 80 cm from the ileocecal valve and intraoperative enteroscopy was able to identify a fundic-gastric diverticular ulcer with visible vessel (Fig. 2b). (Anoxo-viden). An enterotomy with resection of the diverticulum was carried out (Fig. 2c). Pathology confirmed the presence of a Meckel's diverticulum with focal

CARTAS CIENTÍFICAS

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World Journal of Gastrointestinal Endoscopy

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ORIGINAL ARTICLE

Endoscopic papillary balloon dilation after sphincterotomy for difficult choledocholithiasis: A case-controlled study

Bruno Rosa, Pedro Moutinho Ribeiro, Ana Rebelo, António Pinto Correia, José Cotter

Bruno Rosa, Pedro Moutinho Ribeiro, Ana Rebelo, António Pinto Correia, José Cotter, Department of Gastroenterology, Alto Ave Hospital Center, Portugal. Author contributions: Rosa B carried out the studies and data analysis, and drafted the manuscript; Moutinho Ribeiro P conceived the study, participated in its design and coordination, and helped to draft the manuscript. Rebelo A performed the statistical analysis; Pinto Correia A collaborated in the study conception and design; Cotter J critically revised the manuscript and finally approved the version to be submitted; all authors read and approved the final manuscript.

Colorectal Cancer: Portugal and the World

Cancro Colo-rectal: Portugal e o Mundo

José COTTER^{1,2}
 Acta Med Port 2013 Sep-Oct;26(5):xxx-xxx

Keywords: Colorectal Neoplasms; Portugal.
 Palavras-chave: Neoplasia Colo-Retal; Portugal.

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Journal of Crohn's and Colitis (2014) B, 1610-1615

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Tailoring Crohn's disease treatment: The impact of small bowel capsule endoscopy

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 Maria João Moreira^a, Bruno Rosa^a^aGastroenterology Department, Centro Hospitalar do Alto Ave, Guimarães, Portugal
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BRIDGE ARTICLE

Finding the solution for incomplete small bowel capsule endoscopy

José Cotter, Francisca Dias de Castro, Joana Magalhães, Maria João Moreira, Bruno Rosa

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 Received 8 December 2013; Revised 25 January 2014; Accepted 13 February 2014; Published 17 March 2014
 Academic Editor: Spiros D. Ladas

10 mg of domperidone was administered orally. After another 30 min the position was rechecked and if the capsule remained in the stomach, it was passed into the duodenum by upper gastrointestinal (GI) endoscopy. The rate of IE and diagnostic yield of SBCE were compared with those of examinations performed before the use of RTV or domperidone in our Department (control group, January 2009 - May 2012).

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The Internet Journal of Gastroenterology Volume 12 Number 1

Original Article

Successful endoscopic haemostasis of an acutely bleeding duodenal lymphoma: a case report

B Rosa, M Moreira, J Cotter

Keywords

endoscopic thermocoagulation, small bowel lymphoma, upper gastrointestinal bleeding

Citation

B Rosa, M Moreira, J Cotter. Successful endoscopic haemostasis of an acutely bleeding duodenal lymphoma: a case report. The Internet Journal of Gastroenterology, 2013 Volume 12 Number 1

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ACTA MÉDICA PORTUGUESA

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Oral purgative and simethicone before small bowel capsule endoscopy

Bruno Joel Ferreira Rosa, Mara Barbosa, Joana Magalhães, Ana Rebelo, Maria João Moreira, José Cotter

Bruno Joel Ferreira Rosa, Mara Barbosa, Joana Magalhães, Ana Rebelo, Maria João Moreira, José Cotter, Gastroenterology Department, Alto Ave Hospital Center-Guimarães, 4835-044 Guimarães, Portugal

images were reviewed and discussed until a consensus was reached. The preparation was considered acceptable if > 50% or adequate if > 75% of the mucosa was in perfect cleansing condition. The amount of bubbles

ORIGINAL ARTICLE

Phenotype–Genotype Profiles in Crohn's Disease Predicted by Genetic Markers in Autophagy-Related Genes (GOIA Study II)

Cecília Düräas, PhD,¹ José C. Machado, PhD,^{1,2} Francisco Portela, MD,³ Susana Rodrigues, MD,⁴ Paula Lago, MD,⁵ Marília Cravo, PhD,⁶ Paula Ministro, MD,⁷ Margarida Marques, MD,⁸ Isabella Cremer, MD,⁹ Júlia Freitas, MD,⁹ José Cotter, MD,¹⁰ Lurdes Tavares, MD,¹¹ Leopoldo Matos, MD,¹² Isabel Medeiros, MD,¹³ Rui Sousa, MD,¹⁴ Jaime Ramos, MD,¹⁵ João Deus, MD,¹⁶ Paulo Caldeira, MD,¹⁷ Cristina Chagas, MD,¹⁸ Maria A. Duarte, MD,¹⁹ Raquel Gonçalves, MD,²⁰ Rui Loureiro, MD,²¹ Luisa Barros, MD,²¹ Isabel Bastos, MD,²² Eugénia Cancela, MD,⁷ Mário C. Moraes, MD,²³ Maria J. Moreira, MD,¹⁰ Ana I. Vieira, MD,⁹ and Fernando Magro, PhD^{1,2,24}

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Supported by the Portuguese Inflammatory Bowel Disease Group (GEDII 2009 Research Grant); Cecília Düräas is supported by the Portuguese Foundation for Science and Technology grant SFRH/BPD/62974/2009. IPATIMUP is an Associate Laboratory of the Portuguese Ministry of Science, Technology and Higher Education and is partially supported by the Portuguese Foundation for Science and Technology.

Reprints: Prof. Fernando Magro, Department of Pharmacology and Therapeutics, Faculty of Medicine of the University of Porto, Alameda Prof. Hernani Monteiro 4200-049 Porto, Portugal (e-mail: fm@med.up.pt).

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Inflamm Bowel Dis

LETTER TO THE EDITOR

The importance of IGRA in patients candidates for biological therapy

Dear Sir,

We read with great interest the article from Jauregui-Amezcaga A, et al., on the risk of developing tuberculosis under anti-TNF treatment despite latent infection screening.¹ Given the lack of consensus on the usefulness of screening on this relevant issue, delegates from the Tuberculosis Committee of the Portuguese Pulmonology Society (SPP), the Rheumatoid Arthritis Study Group (GEAR), the Portuguese Society of Dermatology and Venereology (SPDV) and the Portuguese Society of Gastroenterology (SPG) have recently published recommendations for the prevention, diagnosis and treatment of tuberculosis in patients with immune-mediated inflammatory diseases who are candidates for biological therapy² (Fig. 1). The proposed strategy encompasses a combination of detailed medical history, chest radiograph, tuberculin skin test (TST) and interferon- γ release assay (IGRA). IGRA has demonstrated higher sensitivity than TST for the detection of latent tuberculosis in patients with immune-mediated diseases, even after starting immunosuppressive therapy.³ In the study published by Jauregui-Amezcaga A, et al., the fact that IGRA was not performed may have contributed to the high and unexpected incidence of tuberculosis in this cohort of patients treated with anti-TNF drugs. Currently, it is recommended both TST and IGRA in order to minimize a false negative.⁴ Whereas there is evidence that a negative TST and/or IGRA, treatment of latent tuberculosis infection with isoniazid for a period of 9 months is the most commonly used regimen and has an estimated efficacy of about 90%.⁵ Patients may start biological therapy after 1–2 months, as long as they are strictly adhering and tolerating their preventive regimen.²

Disclosure statement

The authors declare no conflict of interest.

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20 February 2013

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LETTER TO THE EDITOR

Contrast-enhanced ultrasonography for assessment of activity of Crohn's disease: The future?

Dear Sir,

We read with particular interest the paper by Paredes et al.,¹ about the usefulness of contrast-enhanced ultrasonography (CEUS) in the assessment of postoperative recurrence of Crohn's disease (CD).

During the endoscopic follow-up of patients after resection of ileocecal disease have shown that in the absence of treatment the postoperative recurrence rate is about 65–90% within 12 months, so ileocolonoscopy is recommended within the first year after surgery² where treatment decisions may be affected. However, invasiveness, annoying oral preparation after resection.

Our department has recently begun a study to reduce the subjective character of the evaluation and quantitatively assess vascularization of ileal wall of patients with CD by using CEUS. In our experience, we included a more detailed analysis of time–intensity curve, namely intensity peak, time to peak and area under the enhancement curve. Similarly as other studies,³ at our preliminary results these parameters have shown to be able to predict and quantify inflammatory activity in ileal CD.

We should remember that competence ensured by adequate training is a prerequisite to achieve correct diagnoses

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ORIGINAL ARTICLE: Clinical Endoscopy

The learning curve for narrow-band imaging in the diagnosis of precancerous gastric lesions by using Web-based video

Diogo Dias-Silva, MD,¹ Pedro Pimentel-Nunes, MD, PhD,^{2,3} Joana Magalhães, MD,⁴ Ricardo Magalhães, MD,⁵ Nuno Veleiro, MD,² Carlos Ferreira, MD,^{2,3} Pedro Figueiredo, MD, PhD,^{2,3} Pedro Moutinho, MD,² Mário Dinis-Ribeiro, MD, PhD^{1,2}

Abbreviations: FT, fully trained endoscopist; LBC, light blue crest; LR, likelihood ratio for a positive result; LR⁻, likelihood ratio for a negative result; NBL, narrow-band imaging

DISCLOSURE: All authors disclosed no financial relationships relevant to this publication. Drs Pimentel-Nunes and Dinis-Ribeiro were supported by a grant for medical investigation from the Portuguese Digestive Endoscopy Society (SPED 2009 Investigation Grant).

See CME section p. 983.

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(footnotes continued on last page of article)

www.giejournal.org

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ACTA MÉDICA PORTUGUESA



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CONSENSUS/GUIDELINES

European evidence based consensus for endoscopy in inflammatory bowel disease☆

Vito Annese^{a,*1,2}, Marco Daperno^{b,2}, Matthew D. Rutter^{c,d,2},
Aurelien Amiot^e, Peter Bossuyt^f, James East^g, Marc Ferrante^h, Martin Götzⁱ,
Konstantinos H. Katsanos^j, Ralf Kießlich^k, Ingrid Ordás^l, Alessandro Repici^m,
Bruno Rosaⁿ, Shaji Sebastian^o, Torsten Kucharzik^p,
Rami Eliakim^{q,**,1,2} on behalf of ECCO

352 | Guideline

Small-bowel capsule endoscopy and device-assisted enteroscopy for diagnosis and treatment of small-bowel disorders: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline



Authors

Marco Pennazio¹, Cristiano Spada², Rami Eliakim³, Martin Keuchel⁴, Andrea May⁵, Chris J. Mulder⁶, Emanuele Rondonotti⁷, Samuel N. Adler⁸, Joerg Albert⁹, Peter Baltes⁴, Federico Barbaro², Christophe Collen¹⁰, Jean Pierre Charton¹¹, Michel Delvaux¹², Edward J. Despott¹³, Dirk Domagk¹⁴, Amir Klein¹⁵, Mark McAlindon¹⁶, Bruno Rosa¹⁷, Georgina Rowse¹⁸, David S. Sanders¹⁶, Jean Christophe Saurin¹⁹, Reena Sidhu¹⁶, Jean-Marc Dumonceau²⁰, Cesare Hassan^{2,21}, Ian M. Gralnek¹⁵

Institutions

Institutions listed at end of article.

Bibliography

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10.1055/s-0034-1391855
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This Guideline is an official statement of the European Society of Gastrointestinal Endoscopy (ESGE). The Guideline was also reviewed and endorsed by the British Society of Gastroenterology (BSG). It addresses the roles of small-bowel capsule endoscopy and device-assisted enteroscopy for diagnosis and treatment of small-bowel disorders.

De: [Anastasios Koulaouzidis](#) >

Ocultar

Para: jabcotter@gmail.com >

RE: Invitation for Portuguese Digestive Week 2015

29 de Novembro de 2014 às 10:11

Todo o correio



Dear Jose,

you are truly bombarding us with new info, cant keep up with your pace...congrats!
I wonder if you would be so kind to send me the pdf of the recently appeared:

Boal Carvalho P, Rosa B, Moreira MJ, Cotter J. New Evidence on the Impact of Antithrombotics in Patients Submitted to Small Bowel Capsule Endoscopy for the Evaluation of Obscure Gastrointestinal Bleeding. *Gastroenterol Res Pract*. 2014;2014:709217. Epub 2014 Nov 6. PubMed PMID: [25431588](#).

with best wishes

Tassos

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Gastroenterology Research and Practice

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Muito obrigado!

