

Conference Report “DGE-BV MEETS ENDOSKOPIE LIVE”

Fusion of the 47th Conference of the German Society for Endoscopy and Imaging Procedures (DGE-BV) and “ENDOSKOPIE LIVE”

April 06 – 08, 2017; Berlin

Chairmen: Prof. Dr. S. Faiss, Hamburg
PD Dr. D. Hartmann, Berlin

Honorary chairman: Prof. Dr. H.-J. Schulz, Berlin

Ovesco products were presented in eight workshops on three different topics (hemostasis techniques held by A. Nägel and B. Bartholome, respectively, management of complications held by J. Wedemeyer and J. Bernhardt, respectively, and ESD-Techniques held by E. Wedi, J. Hochberger, F. Dumoulin and E. Kruse, respectively). Additionally, several talks, posters, videos and a symposium discussed products of Ovesco.

Innovative BougieCap permits direct and immediate visual control in dilation of gastrointestinal stenosis

BM Walter and A Meining, InExEn, University hospital Ulm, Germany, presented an innovative BougieCap for therapy of gastrointestinal stenosis, which had been developed in cooperation with Ovesco. The conically tapering BougieCap is offered in common sizes of stenosis- and standard endoscopes and consists of transparent synthetic material. The design of the BougieCap allows that the endoscope itself is used for dilatation of the stenosis. The endoscopist keeps direct and immediate visual control over progress and local effect of the dilatation at all times of the procedure. Lens rinsing and irrigation are still possible through boreholes in the cap. Preliminary studies already proved the positive effect of the conically tapered design. In comparison to the standard technique with Savary-bougies, significantly less pressure needed to be applied to overcome strictures (5.06 N vs 6.49 N, T-test: $p=0.006$). Clinical application in post-surgical and radiogenic stenoses showed that the handling of the BougieCap was rated easy and the therapeutic effect was similar to that with standard dilatation techniques. The procedure time was shortened by the use of the new BougieCap.

Verwendung einer neuartigen Bougierungskappe zur Therapie von gastrointestinalen Stenosen. *Walter BM, Meining A, Ulm.*

New resection method EMR+ with additional working channel and bimanual instrumentation

BM Walter and colleagues presented the application of an additional external working channel (AWC), which can be fixed at the outer margin of a standard endoscope. This allows a new proceeding in polypectomy of large and complex lesions. The additional working channel allows the simultaneous operation with two instruments. After injection to enhance tissue volume, the target lesion is lifted with an OTSC anchor, which has been led through an electrical snare. The EMR+ allows en-bloc resection even in larger lesions. The concept of EMR+ with AWC has so far been object of preclinical studies. Lesions of up to 6 cm in diameter could be resected easily and fast without complications.

EMR+ mit AWC: Ein neues Verfahren zur Großflächenpolypektomie. *Walter BM, Ulm; Wedi E, Göttingen; Meining A, Ulm.*

OTSC System

DGE-BV award "best contribution upper GI-tract 2017": 84.4 % clinical success in treatment of recurrent ulcer bleeding with OTSC vs 40.6 % with endoscopic standard therapy in a randomized controlled study ("STING")

A Schmidt and colleagues presented a prospective randomized study in 9 centres ("STING-study"). In patients with recurrent bleeding from a peptic ulcer after initially successful bleeding control, hemostasis was performed after randomization either with OTSC or with conventional clips plus injection therapy. 64 patients were enrolled in the study (conventional group 32 patients; OTSC group 32 patients). Hemostasis was successful in 18 patients (56.3 %) of the conventional group and 30 patients (93.8 %) of the OTSC group ($p < 0.001$). 10/14 patients of the conventional group received an OTSC after therapy failure (cross-over), hemostasis could be achieved in all of these cases. Re-bleeding within 7 days occurred in 27.7 % of the conventional group and 10.0 % of the OTSC group ($p = 0.251$). Clinical success (= hemostasis and non-recurrence of bleeding for 7 days) was achieved in 13 patients (40.6 %) of the conventional group and 27 patients (84.4%) of the OTSC group ($p < 0.001$). No significant differences were seen regarding the necessity of surgical (3.1 vs 3.1 %) or angiographic therapy (0.0 vs 3.1 %) and the 30-days-mortality rate (6.25 vs 12.5 %). The authors concluded, that OTSC therapy is superior over endoscopic standard therapy in recurrent ulcer bleeding.

Over-the-scope-clips (OTSC) versus endoskopische Standard-Therapie zur Behandlung der Rezidiv-Ulkus-Blutung - eine prospektive randomisierte multizentrische Studie ("STING"). Schmidt A, Ludwigsburg; Gölder S und Messmann H, Augsburg; Goetz M und Kratt T, Tübingen; Meining A und Birk M, Ulm; von Delius S, Munich; Albert J und Escher M, Stuttgart; Lau J, Hong Kong; Hoffmann A, Wiesbaden; Wiest R, Bern; und Caca K, Ludwigsburg.

FLETRock-study: first-line-therapy with OTSC leads to significant reduction of re-bleeding and mortality in high-risk-patients with upper GI-bleeding

E Wedi and colleagues presented a multi-center study in 118 patients with upper gastrointestinal bleeding (Forrest Ia-IIb) from 3 centers (Freiburg, Strasbourg, Hildesheim). All patients received an OTSC for first-line-therapy (ETO cohort). Study endpoints were overall-mortality, re-bleeding and mortality after re-bleeding. For comparison the predicted outcome according to the validated Rockall score was used. The ETO cohort was divided in 3 risk-groups (low (Rockall score ≤ 3), middle (RS 4-7) and high risk (RS 8+)) and compared to the Rockall cohort. 85.6 % of cases in the ETO cohort were multimorbid patients with a median Rockall Score of 7 (RS-variance 3-10, average $7,25 \pm 1,51$); the low-risk group comprised 3 patients, the middle-risk group 60 patients and the high-risk group 55 patients. In 92.4 % of the ETO cohort hemostasis with OTSC was successful. Regarding the re-bleeding rate, no meaningful statistic could be performed in the low-risk group, because of the low patient number ($n=3$, re-bleeding occurred in one patient); in the middle- and high-risk group the re-bleeding rate was reduced significantly by OTSC therapy in comparison to the Rockall Score (4.9 vs 24.0 % in the middle-risk group and 21.4 vs 53.2 % in the high-risk group; $p < 0.001$). Also the mortality after re-bleeding could be reduced by OTSC therapy (1.7 vs 7.3 % in the middle-risk and 10.9 vs 27.9 % in the high-risk group; $p = 0.121$ and 0.011 , respectively). The overall- mortality rate was 42.4 % in the ETO cohort vs 54.1 % in the Rockall cohort (not significant). The authors concluded, that the OTSC should be used as first-line therapy in patients with high Rockall Score.

Multizentrische Evaluation der endoskopischen Erstlinientherapie der oberen gastrointestinalen Blutung mit dem Over-The-Scope-Clip (OTSC) - FLETRock Study. Wedi E, Göttingen; Hochberger J, Berlin; Fischer A, Freiburg; Jung C, Göttingen; Richter-Schrag HJ, Freiburg.

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