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Image-Enhanced Endoscopy for Diagnosis and Treatment of Gastrointestinal Tumor

To the Editor:

Sir, the recent report on image-enhanced endoscopy for diagnosis and treatment of gastrointestinal tumor is very interesting.¹ Kim and Ku¹ noted that the usefulness of these image enhanced endoscopy has not been proven yet, although there are several studies reporting diagnostic superiority of these new imaging methods over white light endoscopy. In fact, the new image-enhanced endoscopy has several advantages. The better visualization can help physician better manipulate the gastrointestinal tumor.² However, there are some points to be considered. First, there is no systematic evaluation on the cost effectiveness of this new technique comparing to the classical technique. Nishida et al.³ noted and called for the evaluation of the safety and cost effectiveness of this new technique.

Conflicts of Interest

The author has no financial conflicts of interest.

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REFERENCES

1. Kim KO, Ku YS. Is image-enhanced endoscopy useful for the diagnosis and treatment of gastrointestinal tumor? Clin Endosc 2013;46:248-250.
2. Sonbare D. Image-enhanced laparoscopy: would it change staging and management protocols in surgical oncology? Surgery 2012;152:939-940.
3. Nishida T, Tsutsui S, Kato M, et al. Treatment strategy for gastric non-invasive intraepithelial neoplasia diagnosed by endoscopic biopsy. World J Gastrointest Pathophysiol 2011;2:93-99.

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Response:

To the Editor:

We thank Wiwanitkit for the comment.¹ As Professor Wiwanitkit said, there are several studies reporting diagnostic superiority of these new imaging methods over white light endoscopy.²⁻⁴ However, most of these studies were not based on objective assessments and there was a lack of objective evidence. Although some experts suggest several diagnostic criteria for Barrett's esophagus, precancerous and cancerous lesions with new imaging techniques,⁵⁻⁸ these diagnostic criteria are not standardized and not verified by studies of interobserver reliability. There is no consensus on these diagnostic criteria. Probably these new imaging methods are expected to improve the quality of endoscopic diagnosis; however, there are some drawbacks to be overcome. In order for the new imaging modalities to be helpful in the diagnosis, as we mentioned in the conclusion, there needs to be a standardized diagnostic criteria established through a consensus meeting with interobserver reliability studies. The issue of cost-effectiveness comes later.

Conflicts of Interest _____

The authors have no financial conflicts of interest.

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REFERENCES

1. Wiwanitkit V. Image-enhanced endoscopy for diagnosis and treatment of gastrointestinal tumor. *Clin Endosc* 2013;46:423-424.
2. Chai NL, Ling-Hu EQ, Morita Y, et al. Magnifying endoscopy in upper gastroenterology for assessing lesions before completing endoscopic removal. *World J Gastroenterol* 2012;28:1295-1307.
3. Li HY, Ge ZZ, Fujishiro M, Li XB. Current clinical applications of magnifying endoscopy with narrow band imaging in the stomach. *Diagn Ther Endosc* 2012;2012:271914.
4. Jang JY. The usefulness of magnifying endoscopy and narrow band imaging in measuring the depth of invasion before endoscopic submucosal dissection. *Clin Endosc* 2012;45:379-385.
5. Zhang J, Guo SB, Duan ZJ. Application of magnifying narrow-band image endoscopy for diagnosis of early gastric cancer and precancerous lesion. *BMC Gastroenterol* 2011;11:135.
6. Guelrud M, Herrera I, Essenfeld H, Castro J. Enhanced magnification endoscopy: a new technique to identify specialized intestinal metaplasia in Barrett's esophagus. *Gastrointest Endosc* 2001;53:559-565.
7. Endo T, Awakawa T, Takahashi H, et al. Classification Barrett's epithelium by magnifying endoscopy. *Gastrointest Endosc* 2002;55:641-647.
8. Kara MA, Ennahachi M, Fockens P, ten Kate FJ, Bergman JJ. Detection and classification of the mucosal and vascular patterns in Barrett's esophagus by using narrow band imaging. *Gastrointest Endosc* 2006;64:155-166.