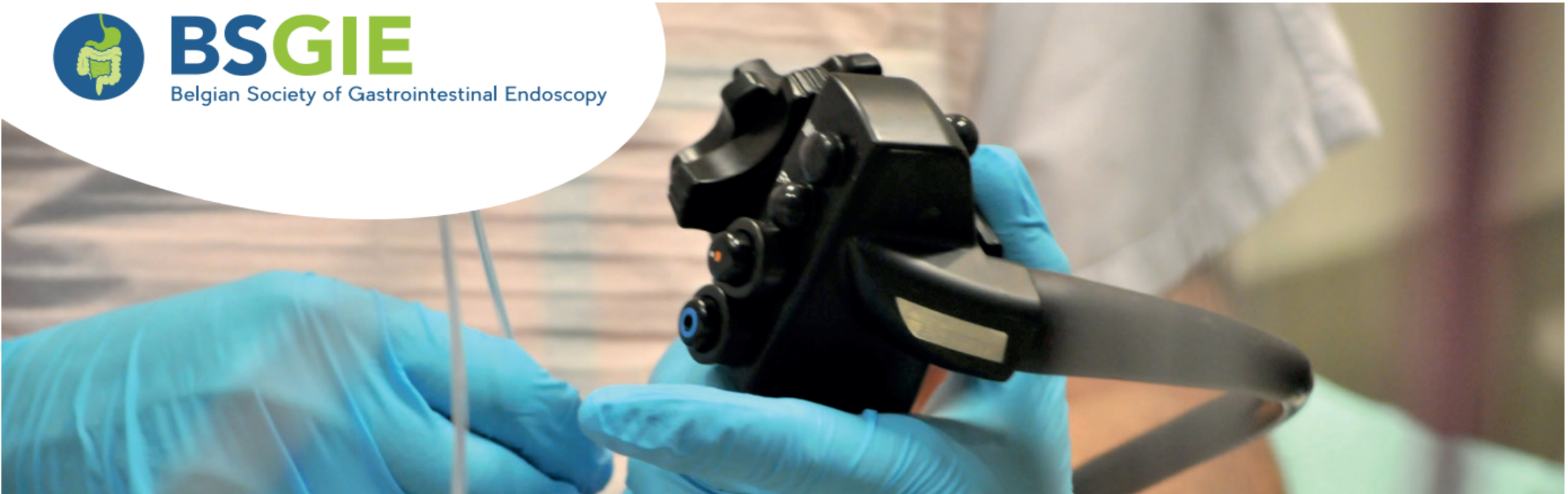




# BSGIE

Belgian Society of Gastrointestinal Endoscopy



## BSGIE ANNUAL MEETING 2018

### ERCP: TO DO OR NOT TO DO ?

for Endoscopists and Endoscopy Nurses

**THURSDAY  
20 SEPTEMBER 2018**

**BRAINE-L'ALLEUD  
KINEPOLIS IMAGIBRAINE**

**14:00 › 19:00**

**THE  
BIG ENDOSCOPY QUIZ**

Christophe Snauwaert  
Pieter Dewint

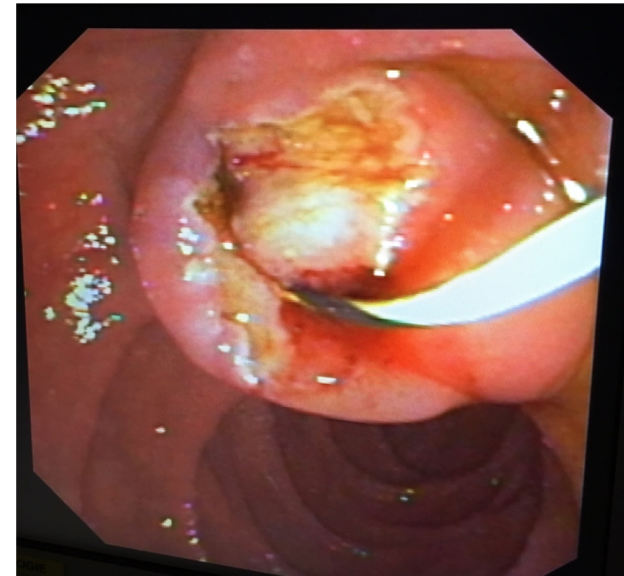
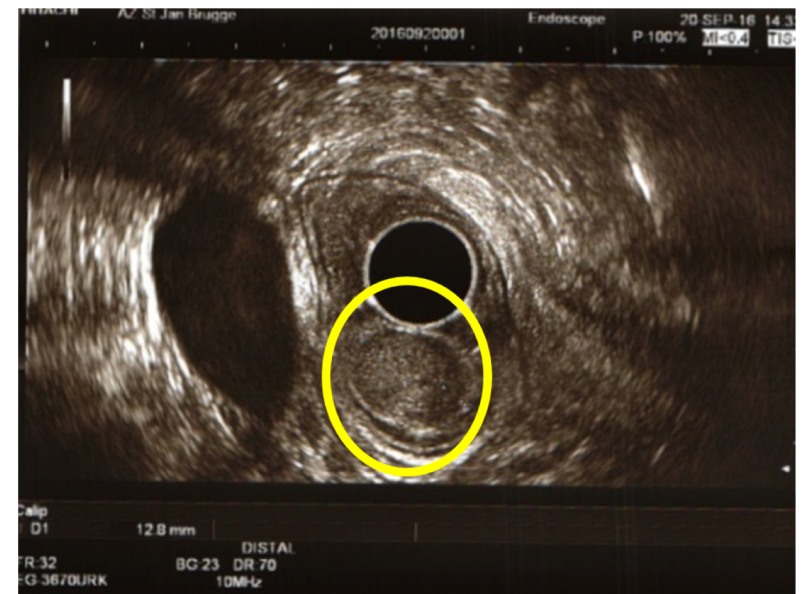
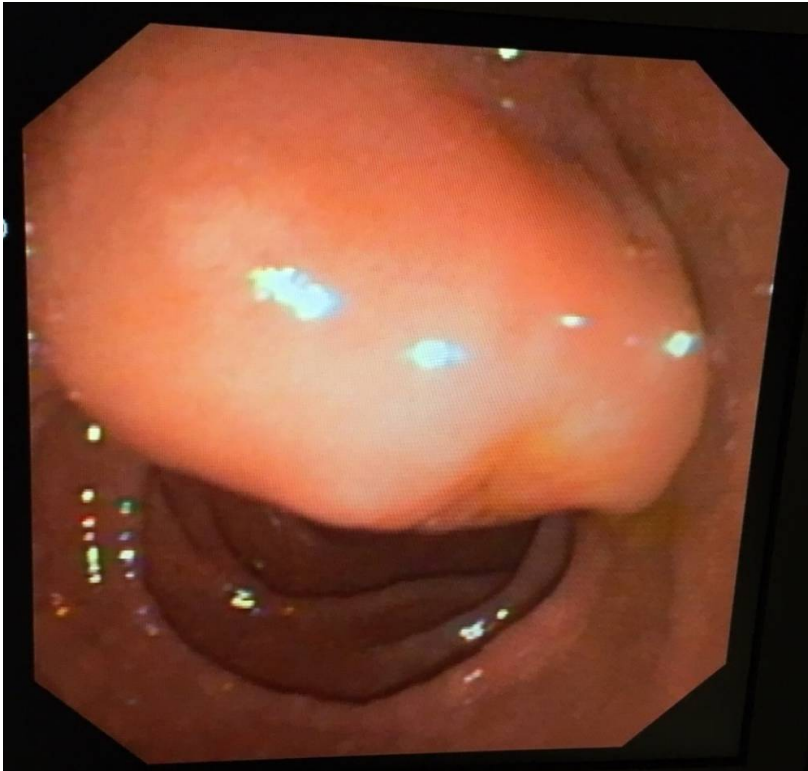
# QUESTION 1

Male, 42y

Neurofibromatosis type I

Painless jaundice

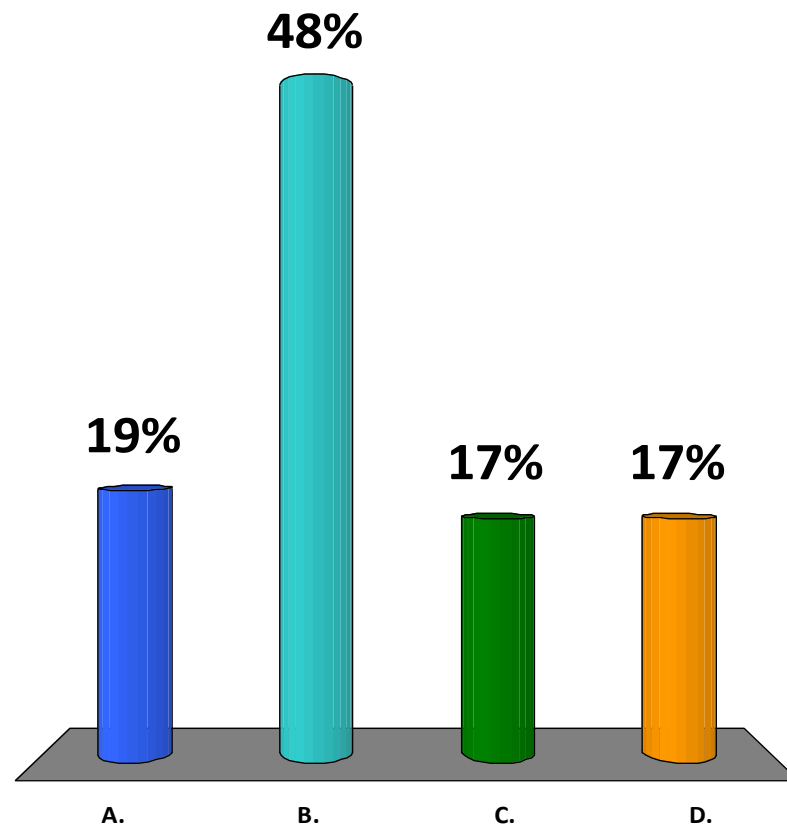
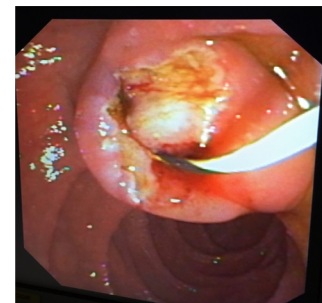
New-onset diabetes





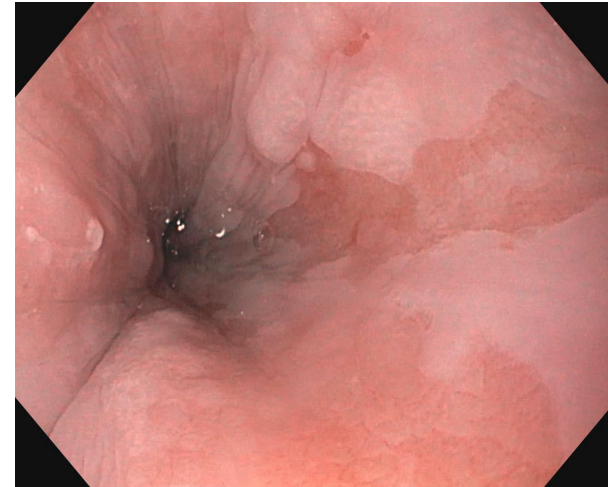
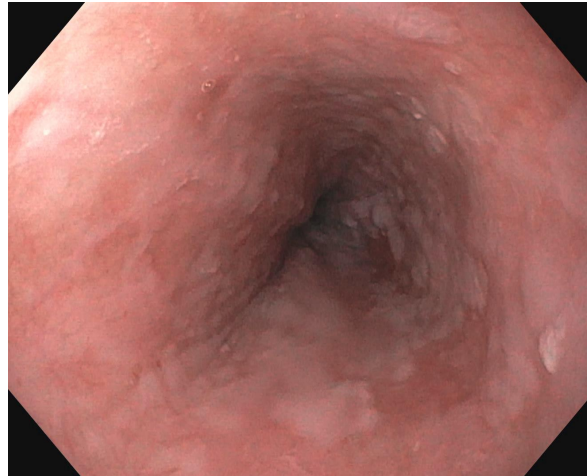
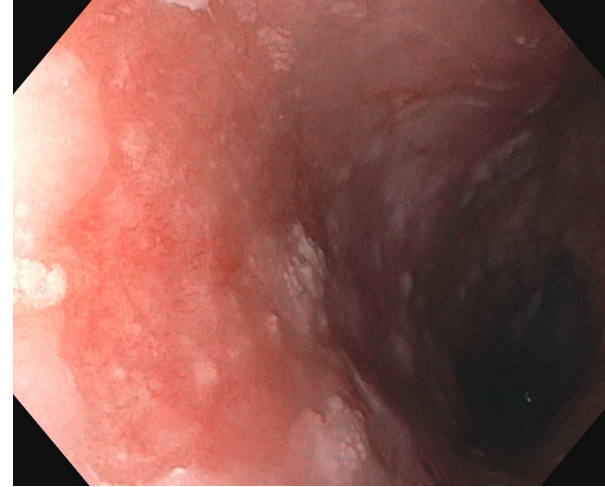
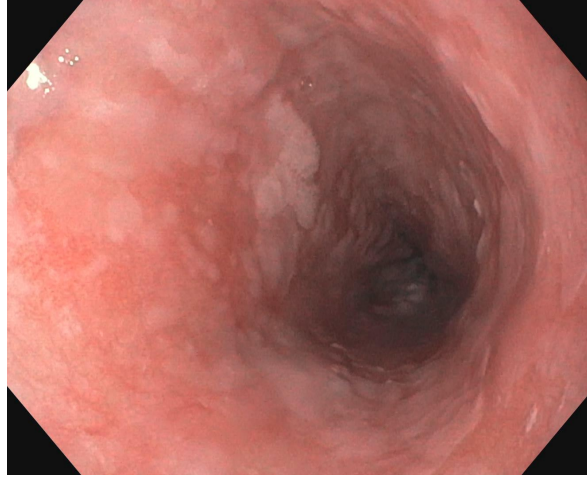
# Question 1: answer

- A. Schwannoma
- B. Neurofibroma
- ✓ C. Somatostatinoma
- D. Leiomyoma



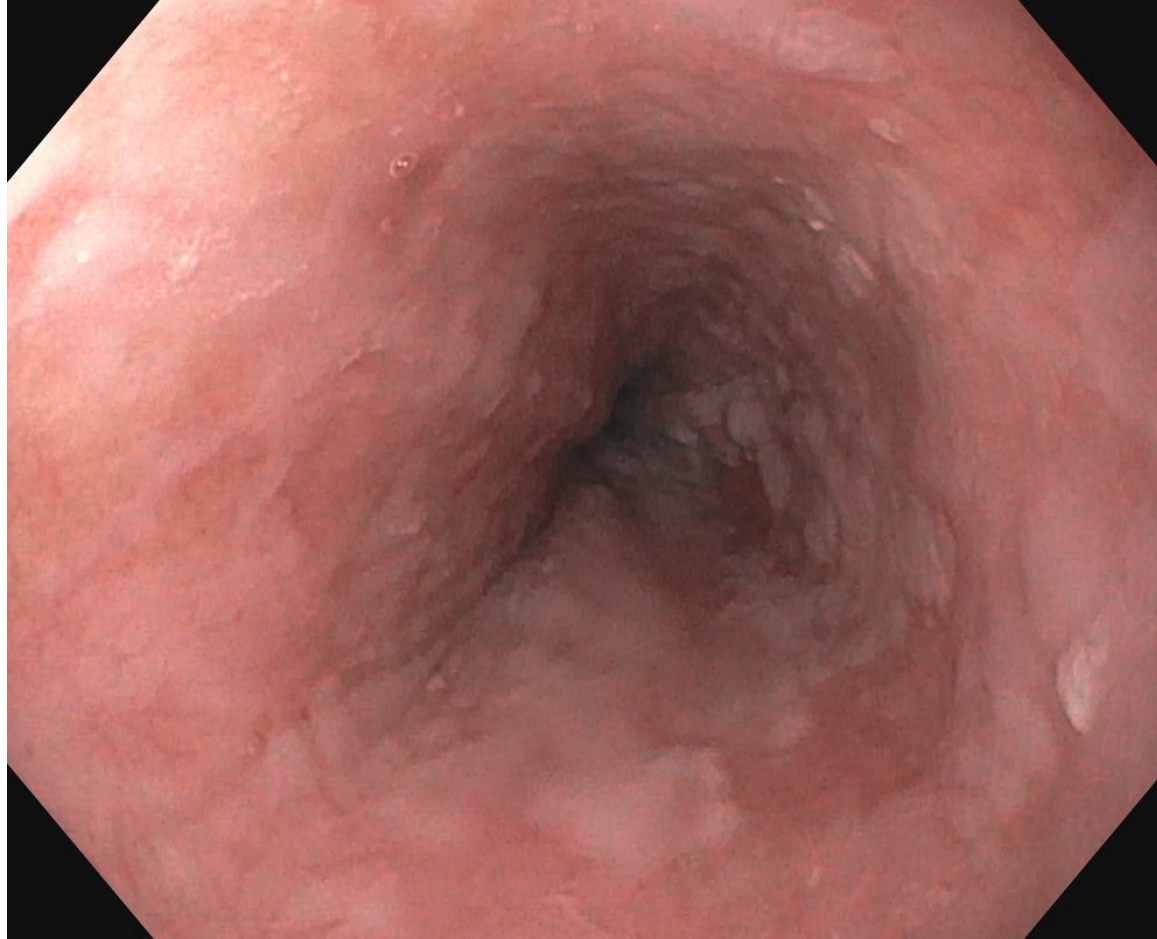
# QUESTION 2

Female, 71y, referred for  
POEM  
Lesion?

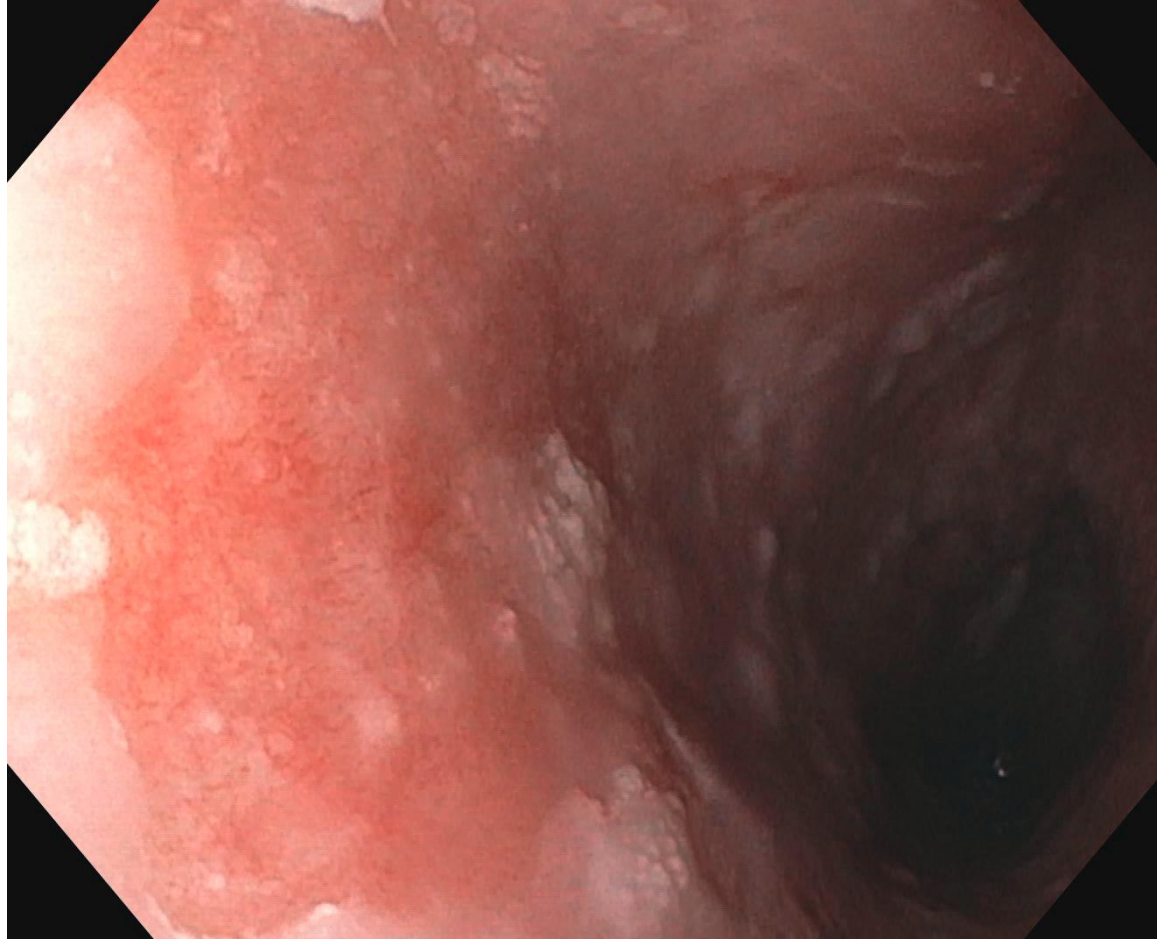




WL, HD 1

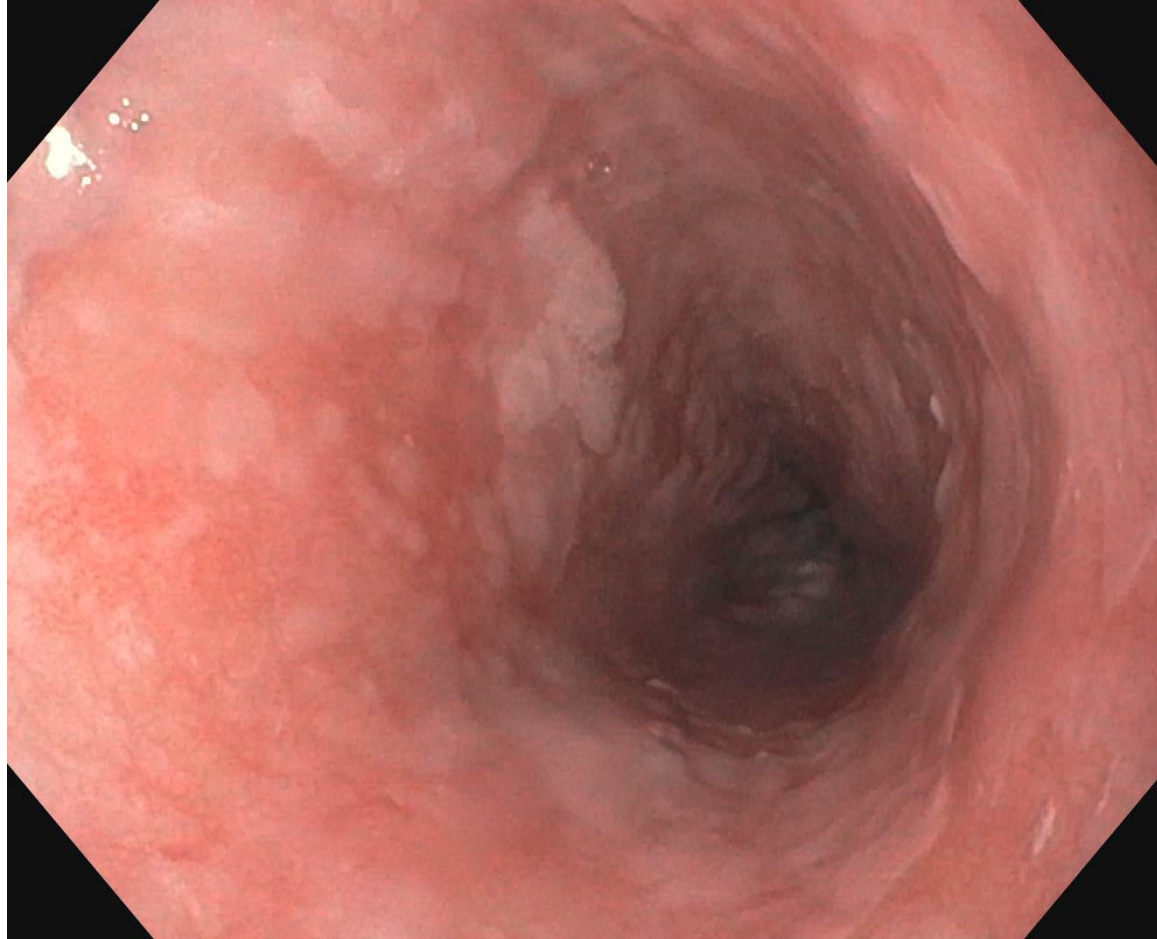


WL, HD 2

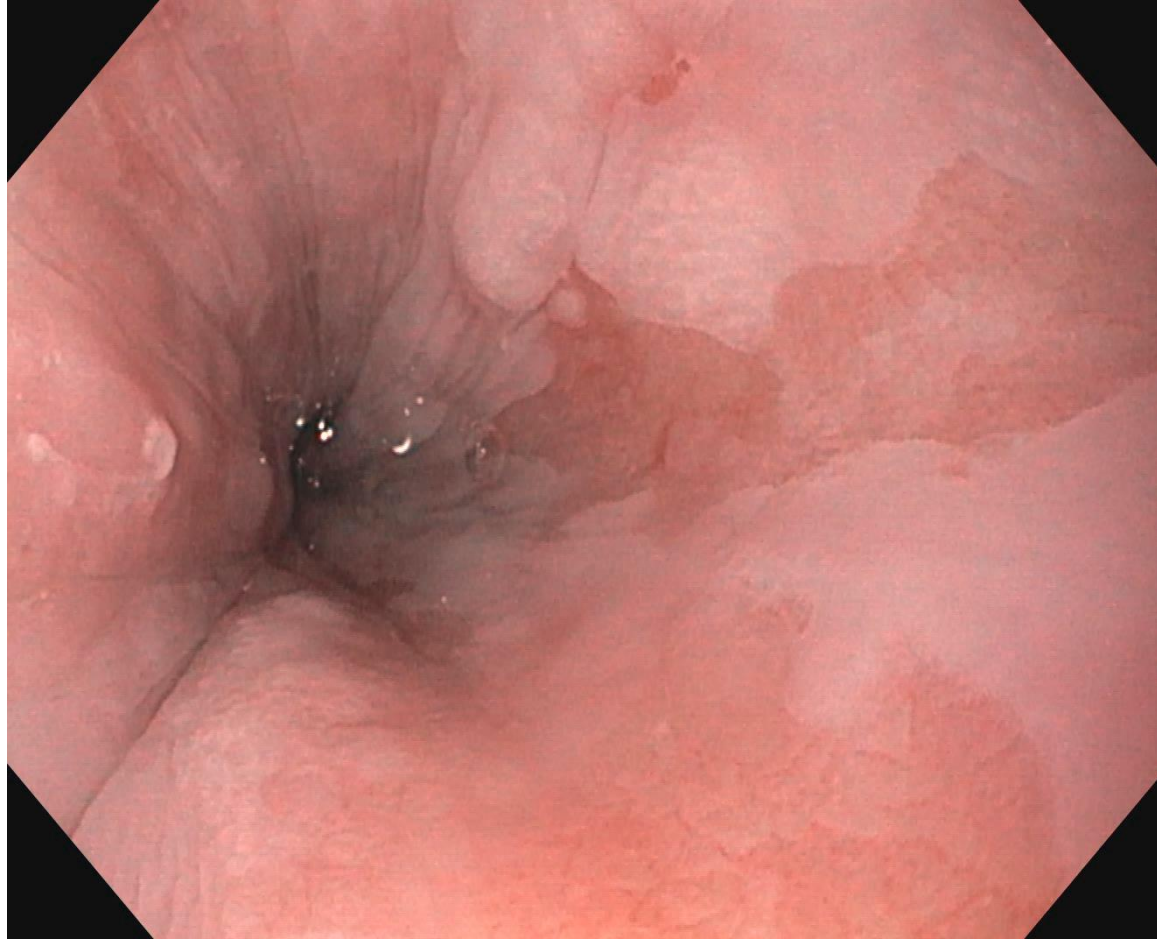




WL, HD 3



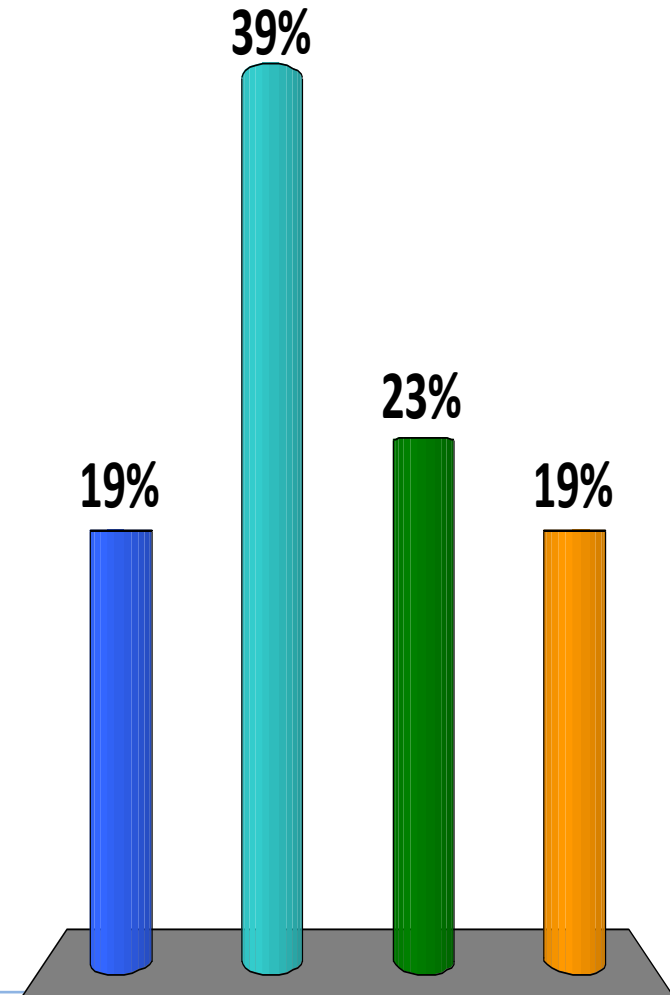
WL, HD 4





# Question 2: answer

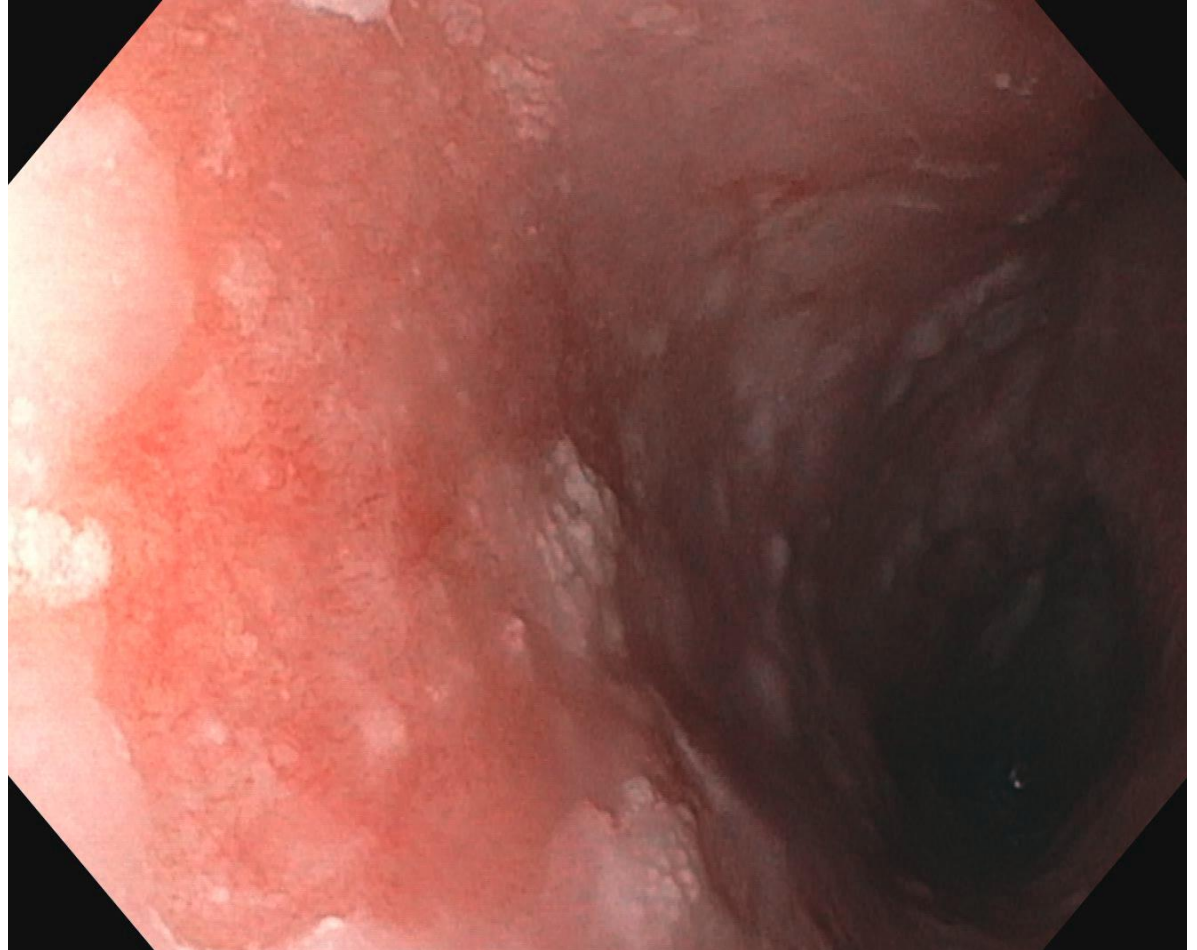
- A. WL, HD 1
- ✓ B. WL, HD 2
- C. WL, HD 3
- D. WL, HD 4



# QUESTION 3

Female, 71y, referred for  
POEM

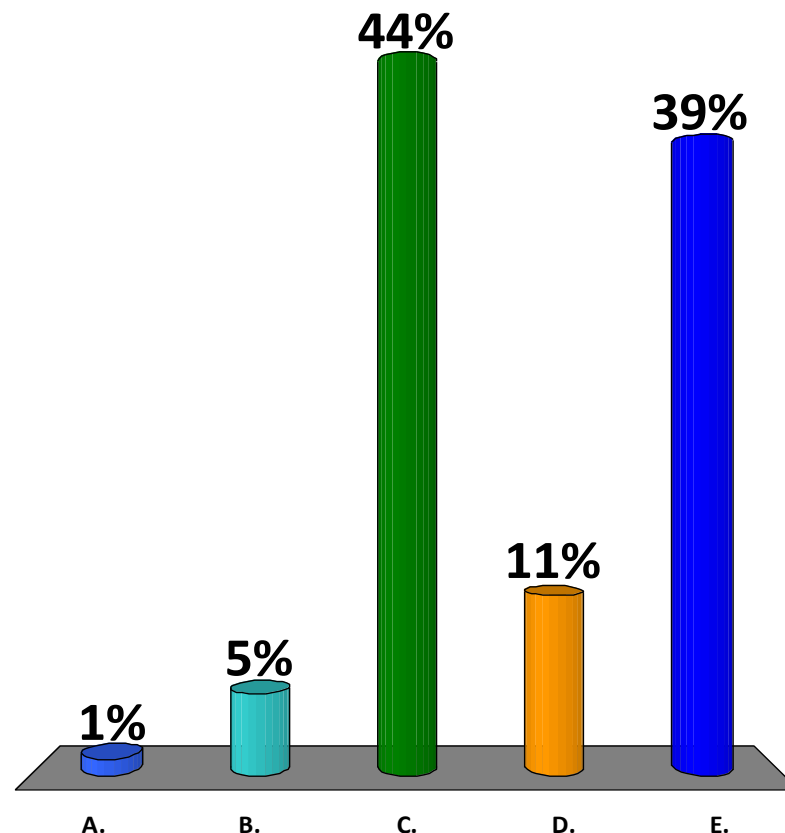
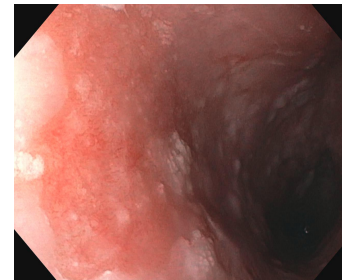
Which additional staining do  
you do?



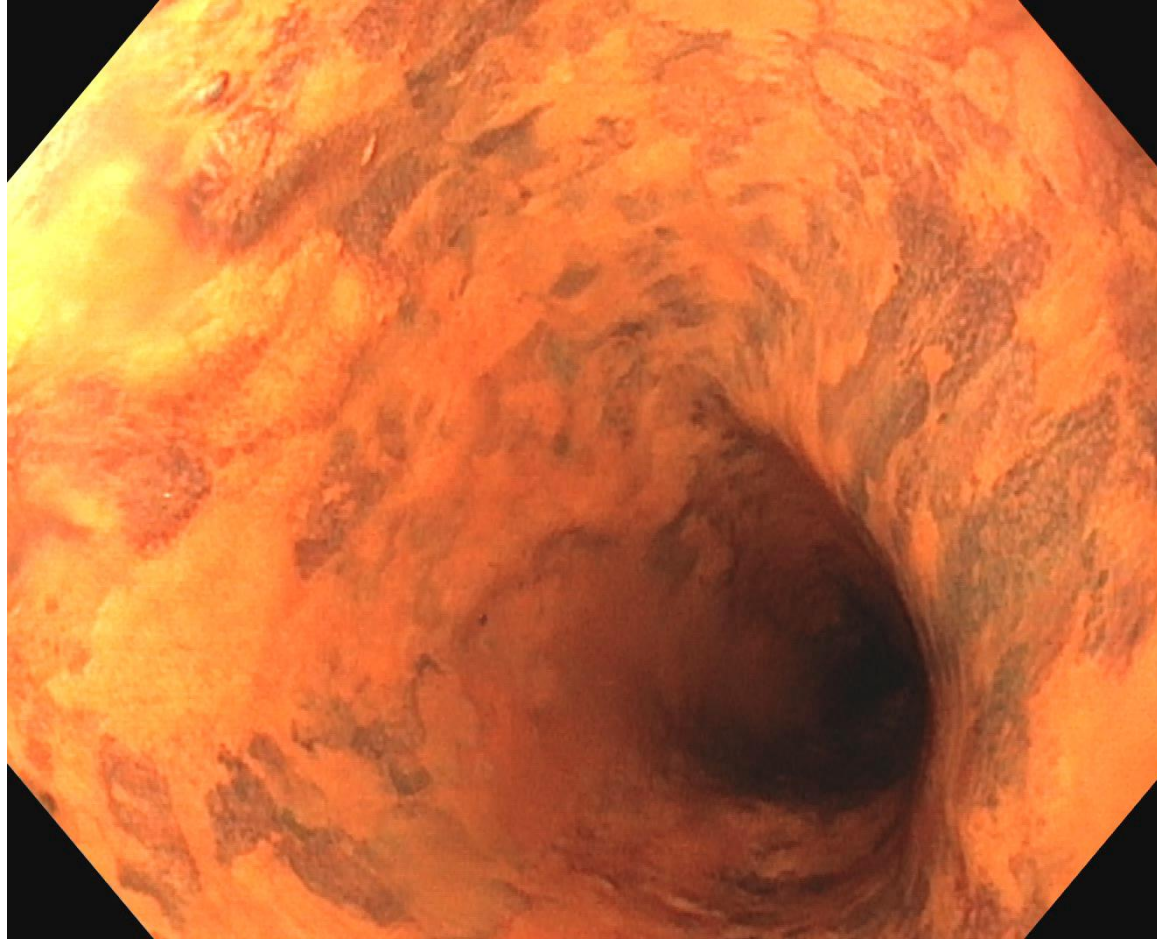


# Question 3: answer

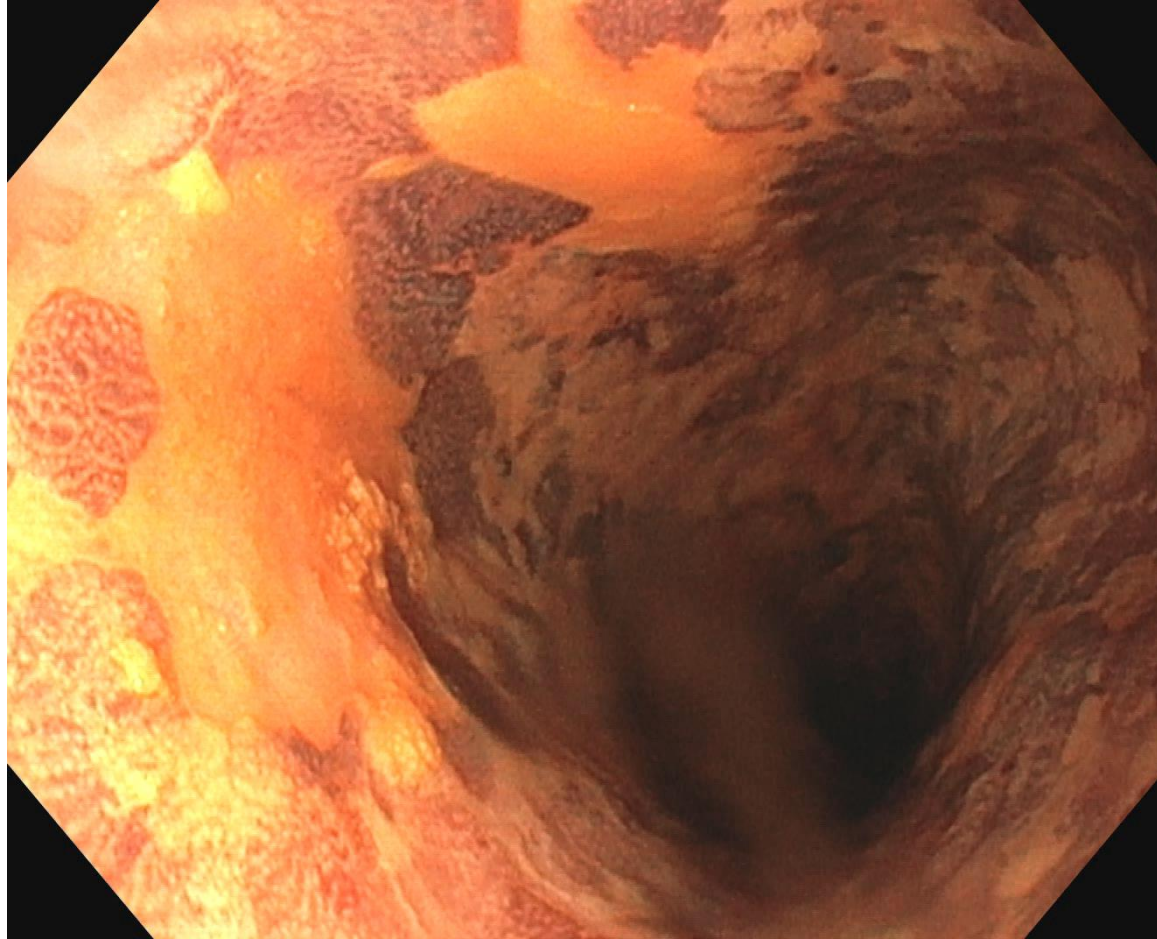
- A. Methylene Blue
- B. Indigo Carmine
- C. Acetic acid
- D. Virtual Chromoendoscopy
- ✓ E. Lugol



# No neoplasia

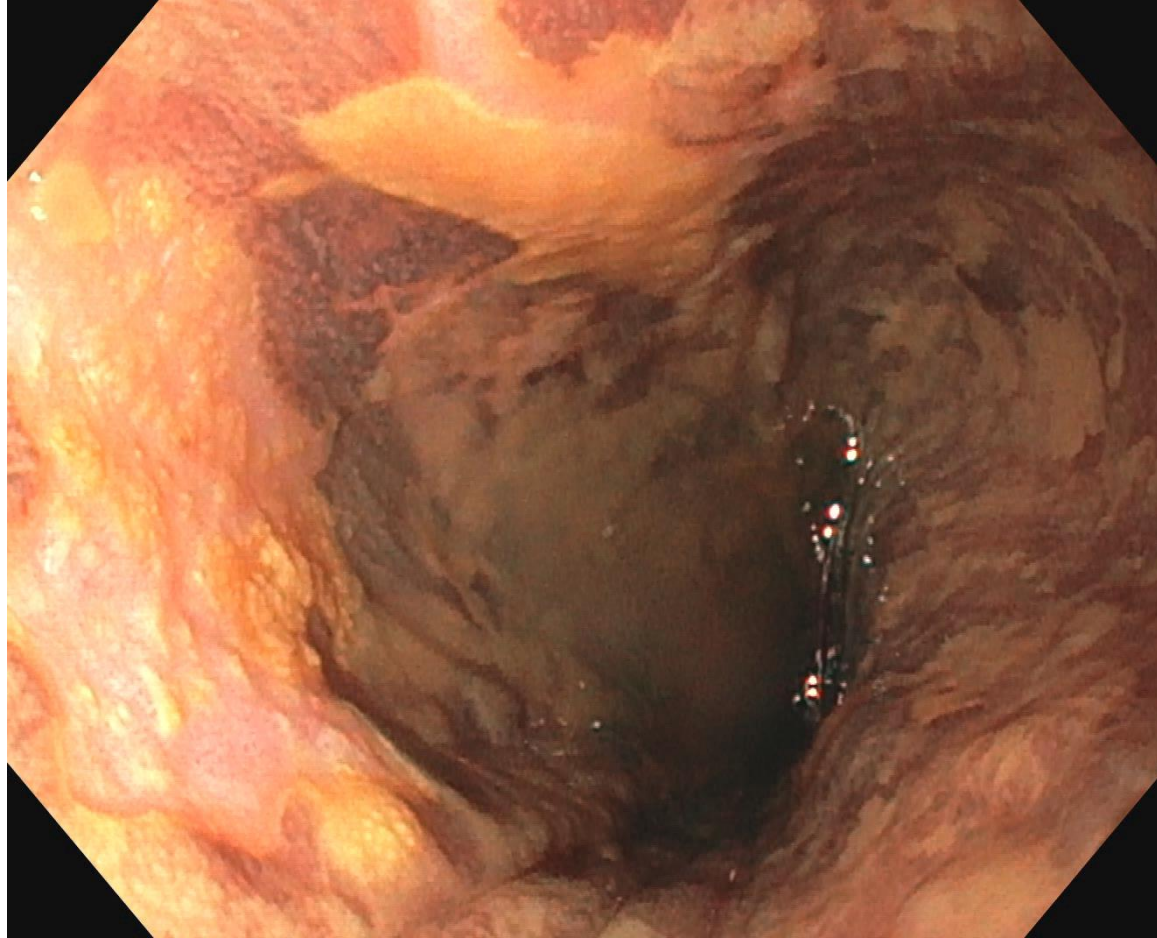


## “Early” pink color sign



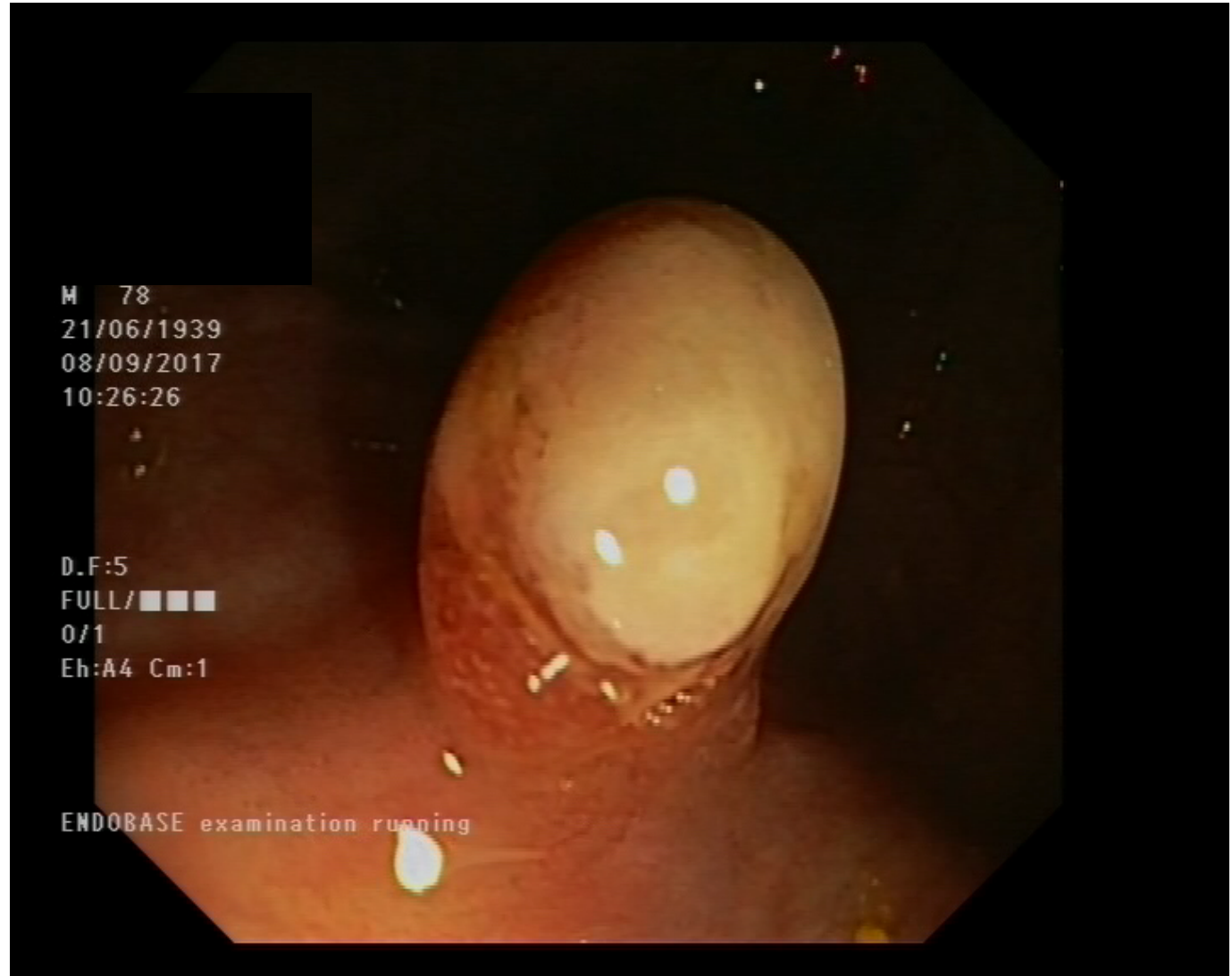


# Pink color sign



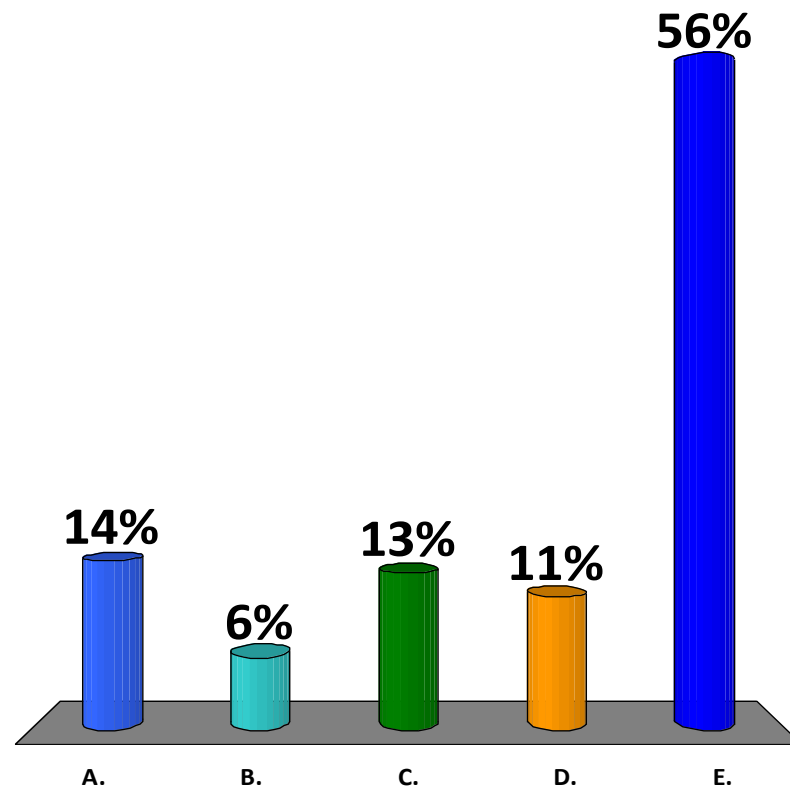
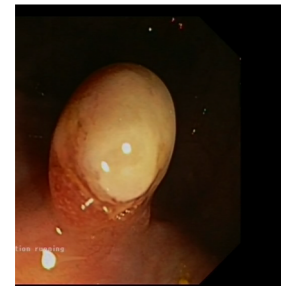
# QUESTION 4

Male patient, 78y  
Chronic pancreatitis  
Screening colonoscopy  
(anemia)



# Question 4: answer

- A. GIST
- B. Adenocarcinoma
- C. Hamartoma
- D. NET
- ✓ E. Inflammatory cap polyp



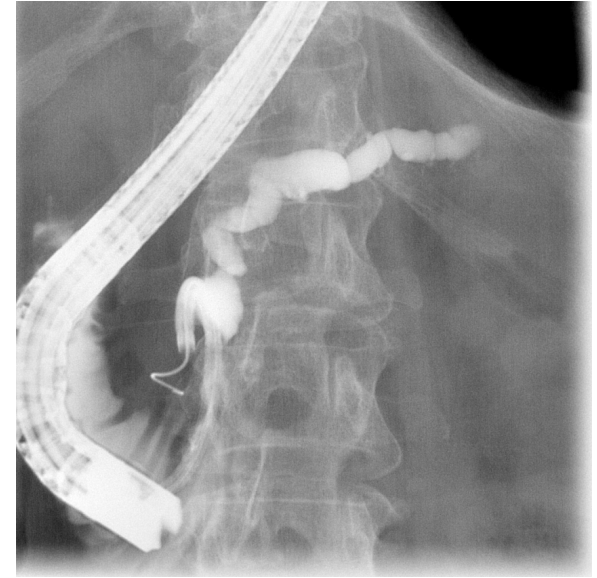
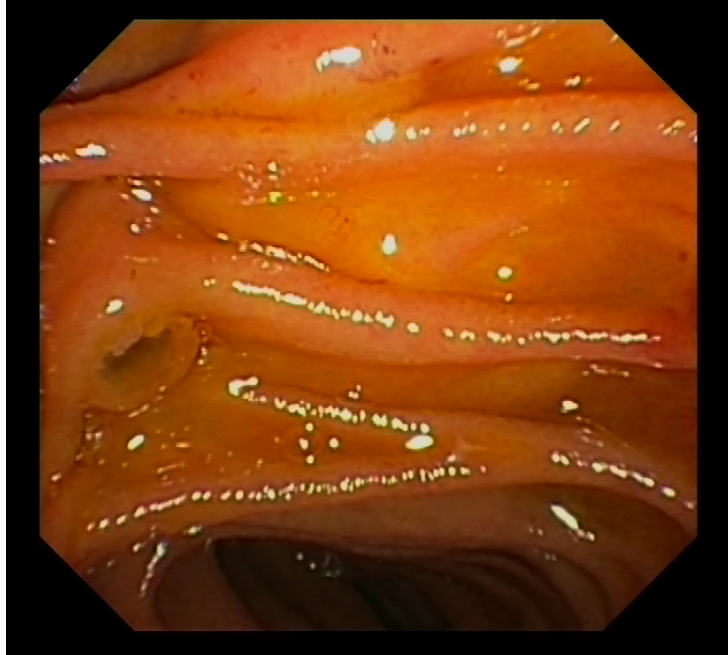
# QUESTION 5

Female patient, 67y

Acute pancreatitis

Cystic dilation of Santorini and Wirsung junction

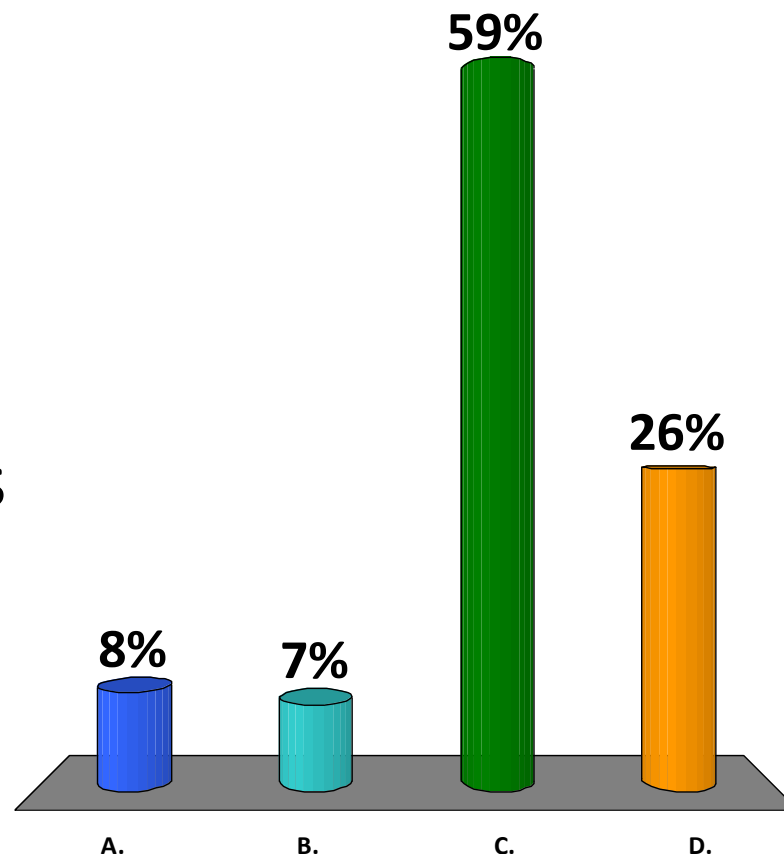
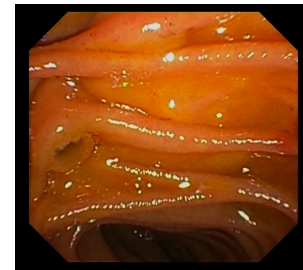
EUS: intraductal hyperechogenic material





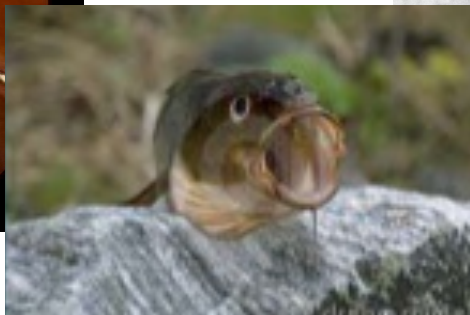
# Question 5: answer

- A. Pancreatic Ascariasis
- B. Incomplete pancreas divisum
- ✓ C. IPMN of Santorini's duct
- D. Chronic pancreatitis with intraductal protein plugs



# Question 5: answer

► Pathognomonic for IPMN on ERCP – “Fish mouth ampulla”

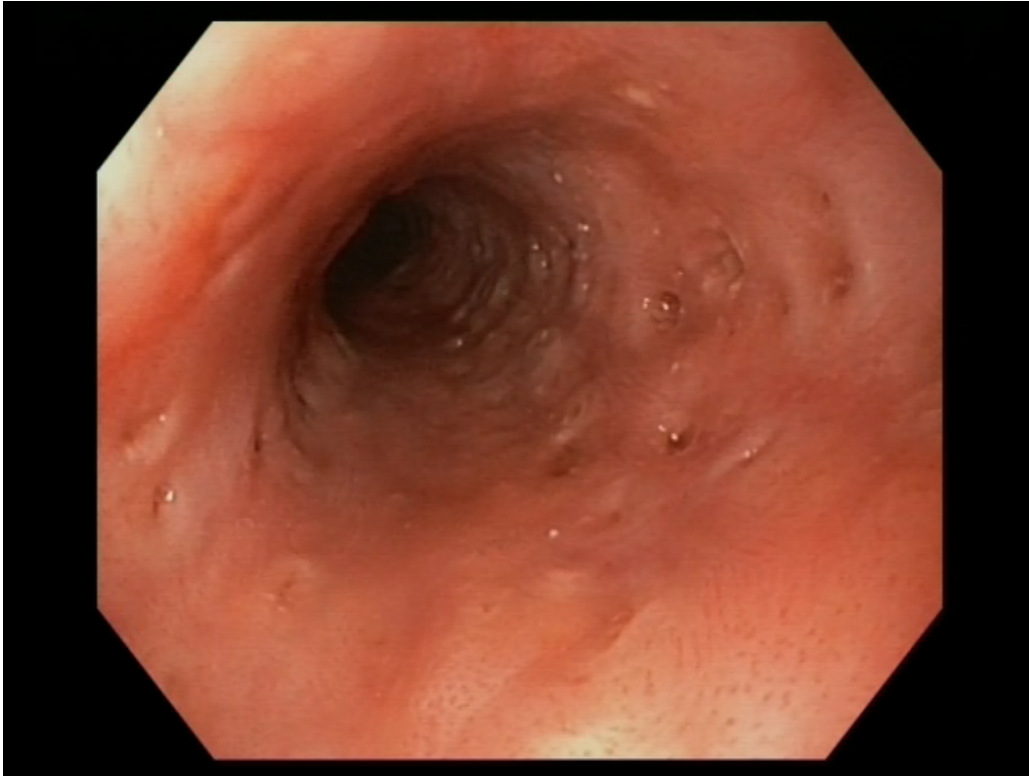


# QUESTION 6

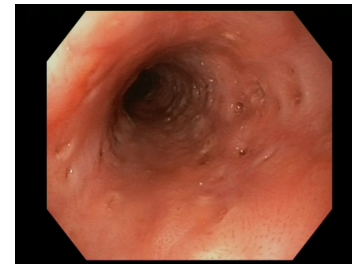
Male, 62y

Dysphagia for liquids and solids since 4 years

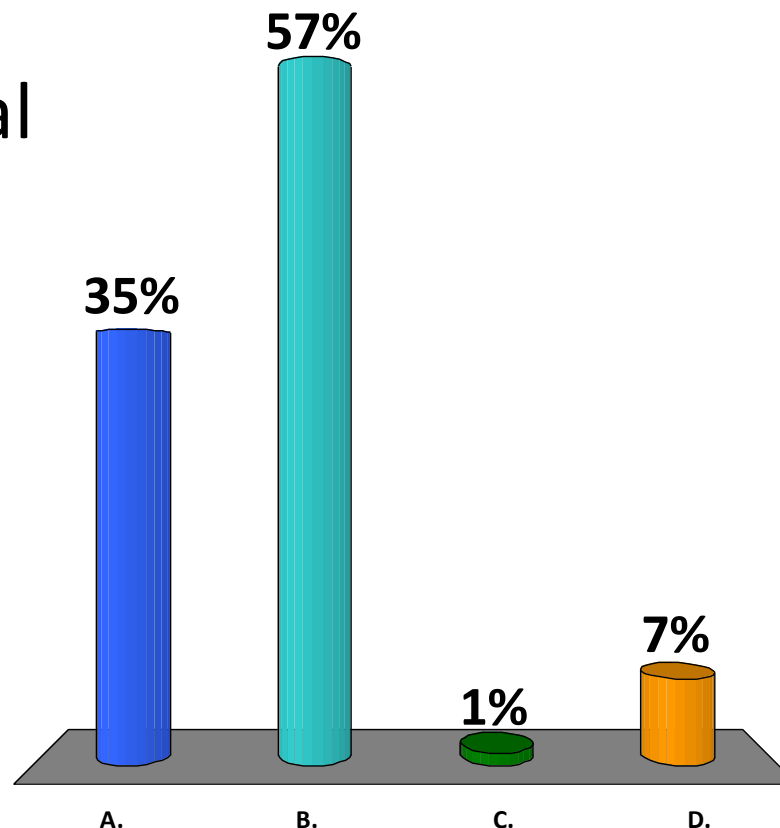
Tobacco +++ / pollen allergy



# Question 6: answer



- A. Eosinophilic esophagitis
- ✓ B. Diffuse intramural esophageal pseudodiverticulosis
- C. Glycogen acanthosis
- D. Esophageal papillomatosis



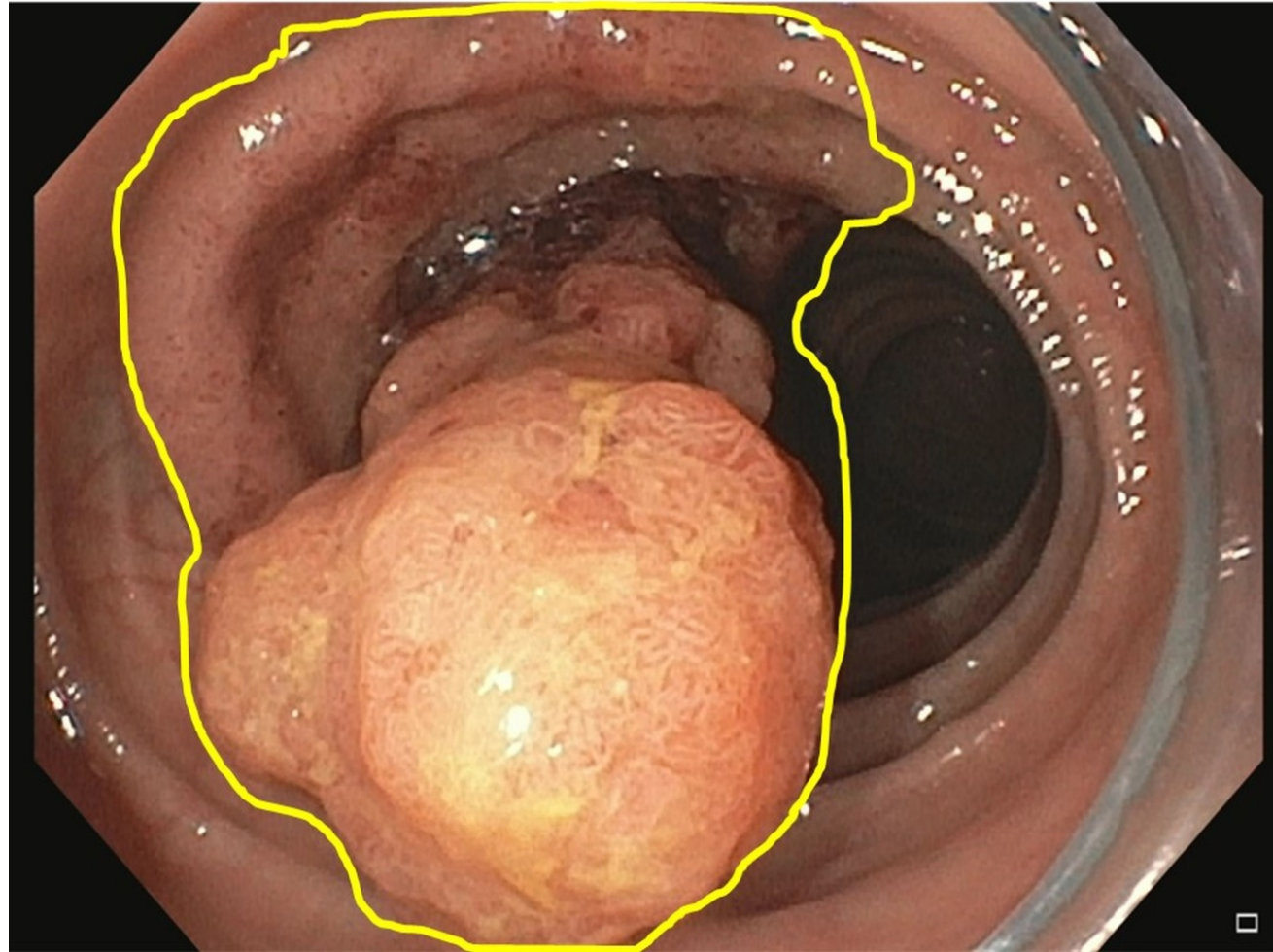
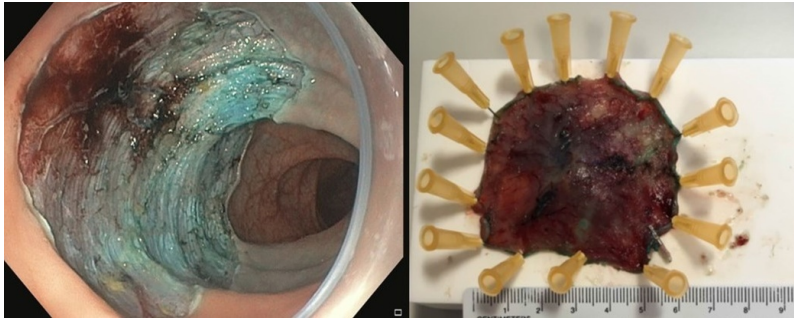


# QUESTION 7

Male patient, 71y

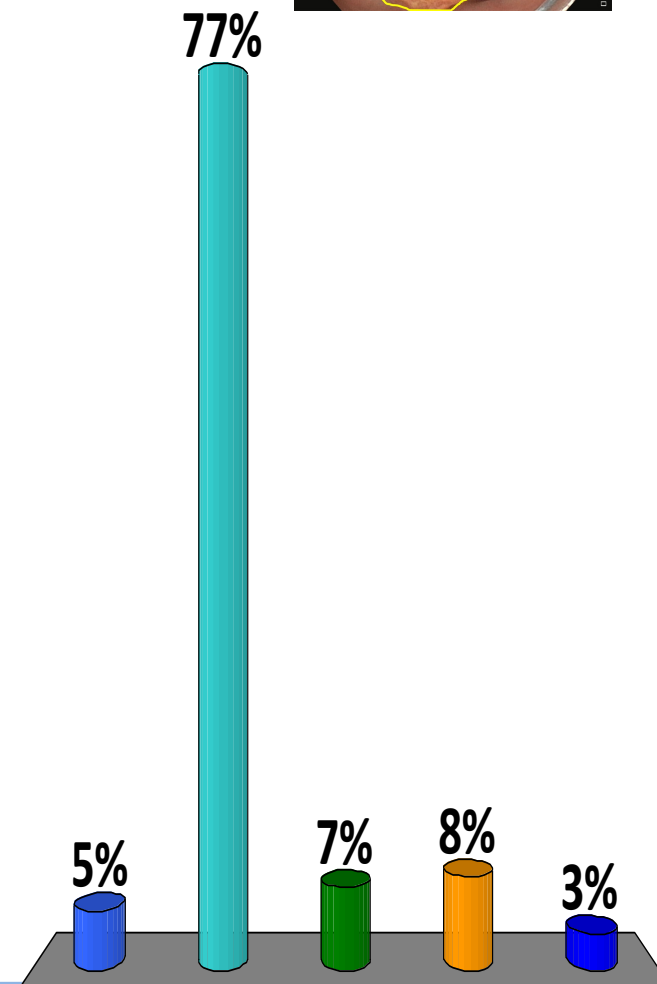
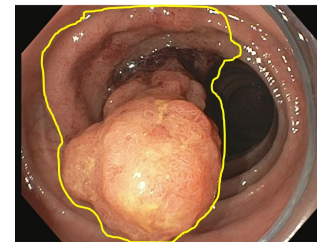
Screening colonoscopy (rectal blood loss)

Large sigmoid polyp: Paris classification?



# Question 7: answer

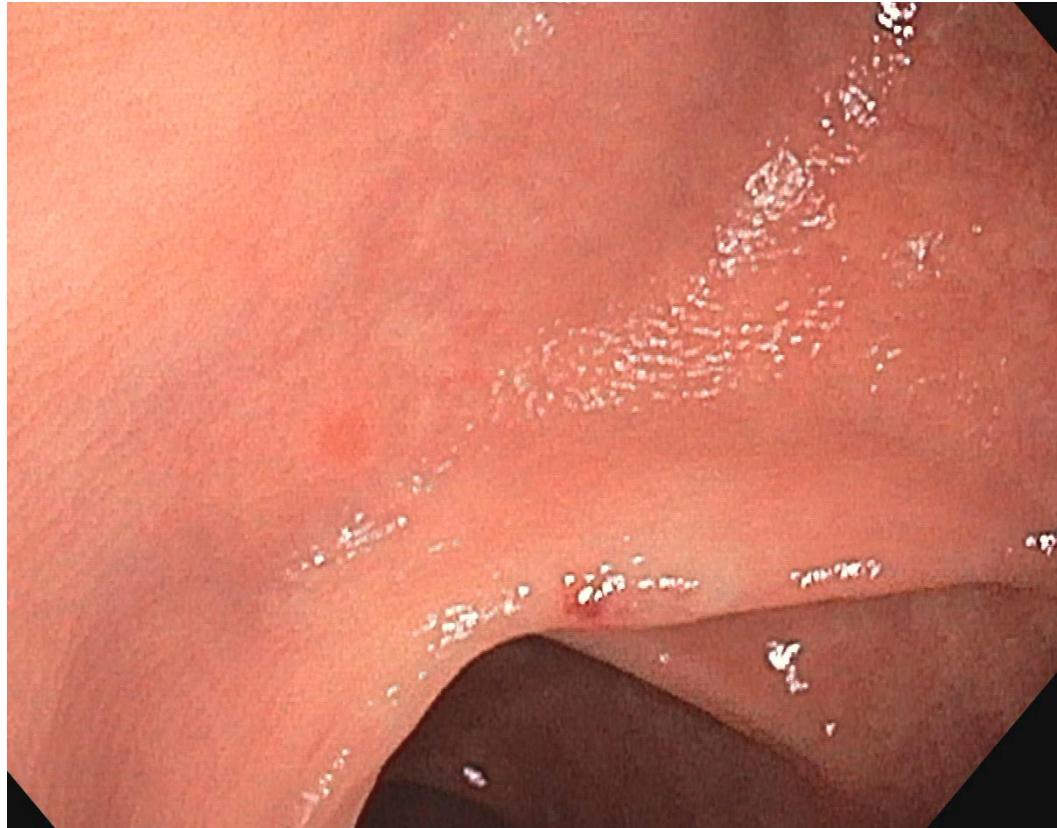
- A. Paris 0-Ip
- ✓ B. Paris 0-IIa+Is
- C. Paris 0-Is
- D. Paris 0-IIb
- E. Paris 0-IIa+c



# QUESTION 8: what are we looking at?

Male, 62y, UC for 3 years

Surveillance colonoscopy 3 years after resection of advanced adenoma





# QUESTION 8: what are we looking at?

Male, 62y, UC for 3 years

Surveillance colonoscopy 3 years after resection of advanced adenoma

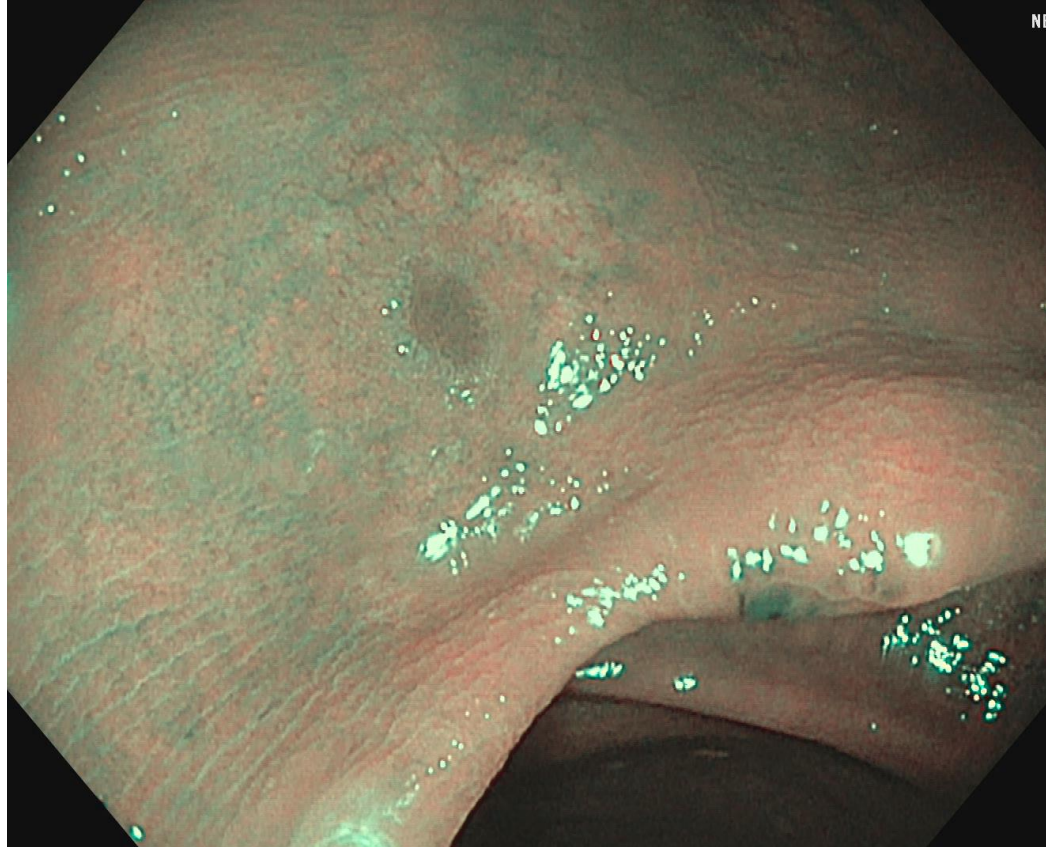




# QUESTION 8: what are we looking at?

Male, 62y, UC for 3 years

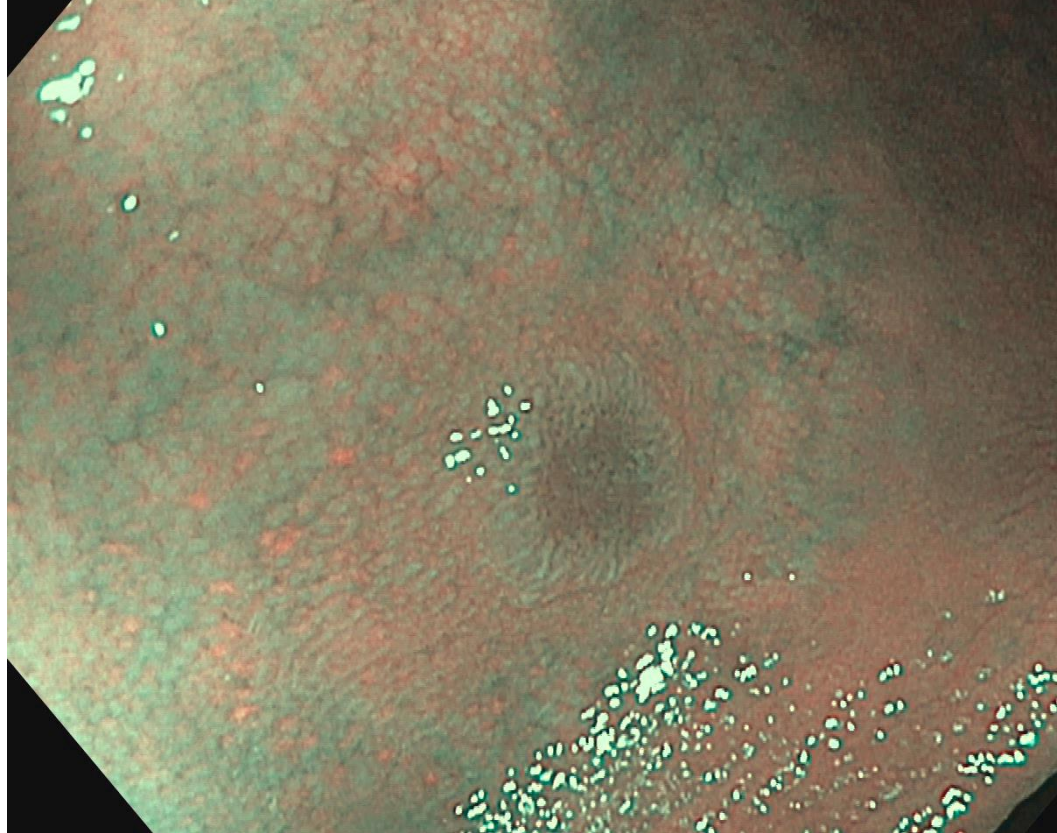
Surveillance colonoscopy 3 years after resection of advanced adenoma



# QUESTION 8: what are we looking at?

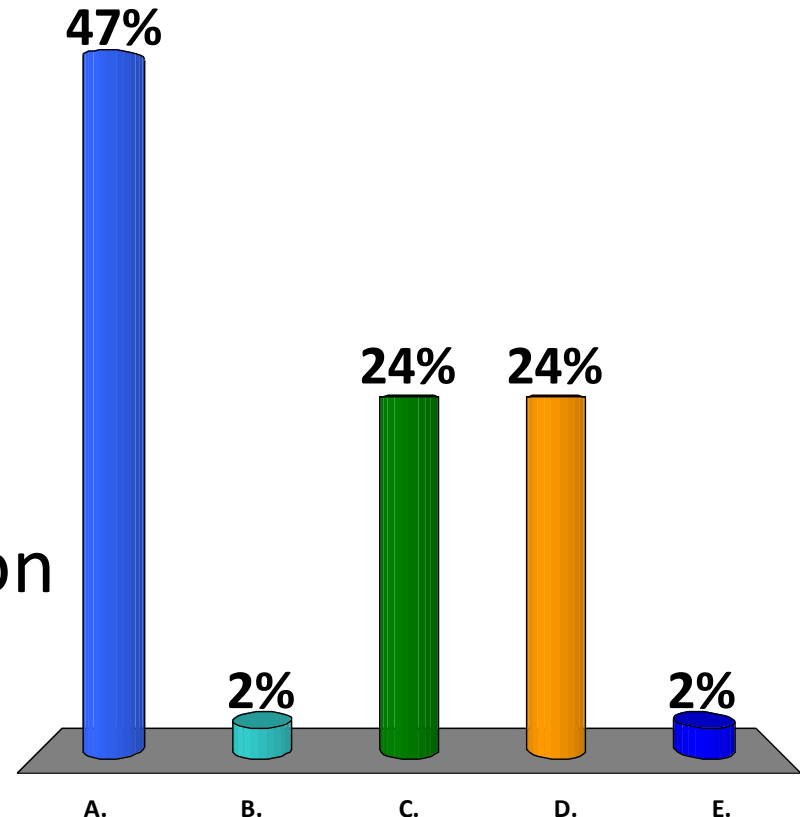
Male, 62y, UC for 3 years

Surveillance colonoscopy 3 years after resection of advanced adenoma



# Question 8: answer

- A. DALM
- B. Hyperplastic Polyp
- ✓ C. Tubular Adenoma,  
Low Grade Dysplasia
- D. Serrated adenoma
- E. Submucosal bleeding / Erosion





# QUESTION 9

Male patient, 51y

Dyspeptic symptoms

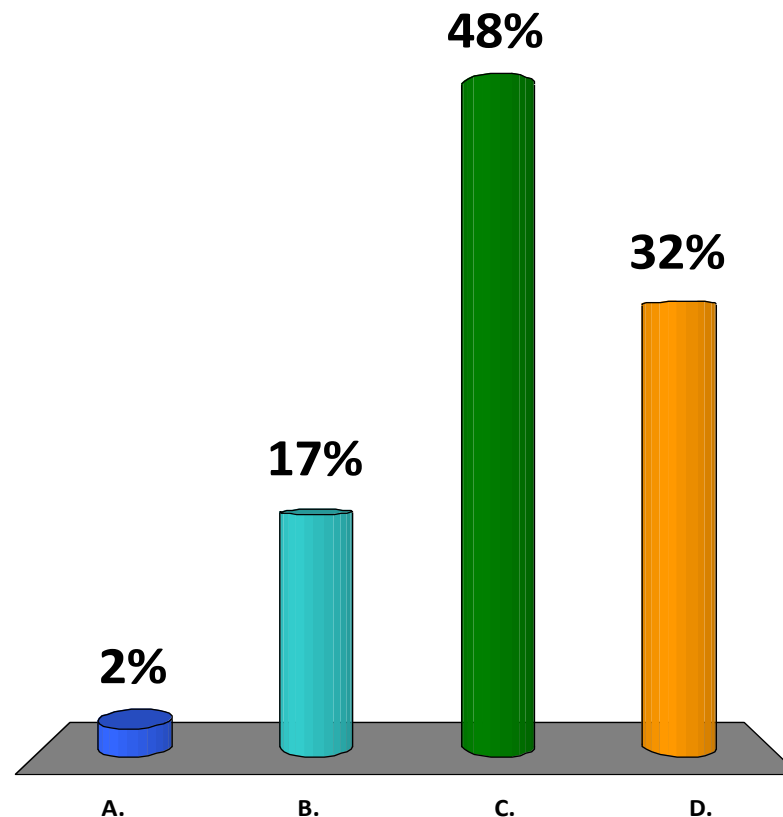
Lesion @ the angulus





# Question 9: answer

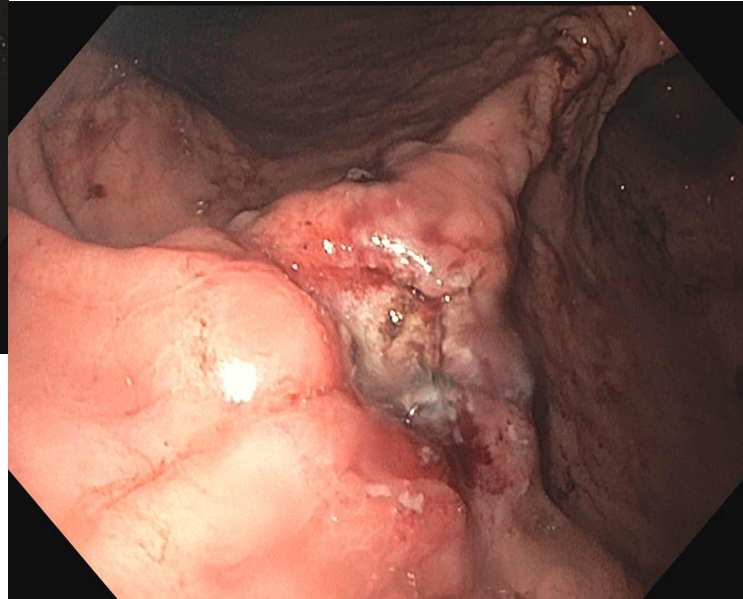
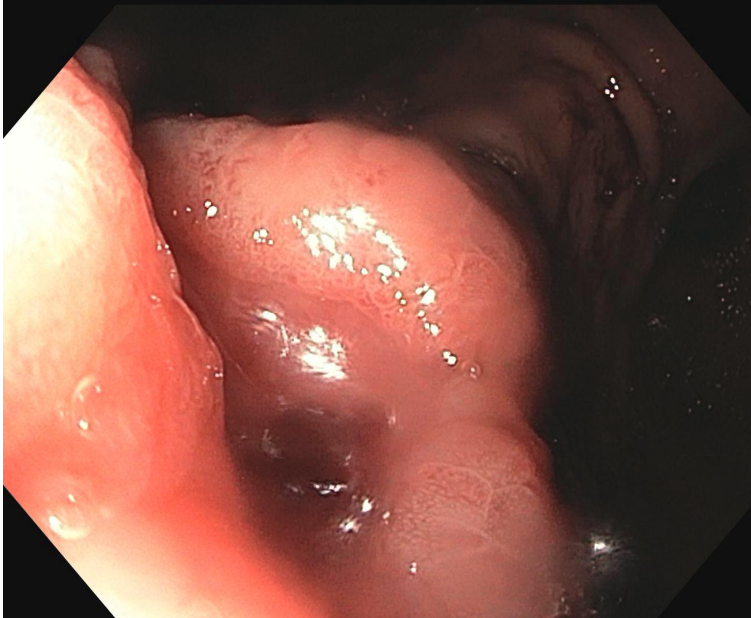
- A. Mucus
- B. Villous adenoma
- ✓ C. Squamous epithelium
- D. Viral ulcer



# QUESTION 10

Male, 64y, melena

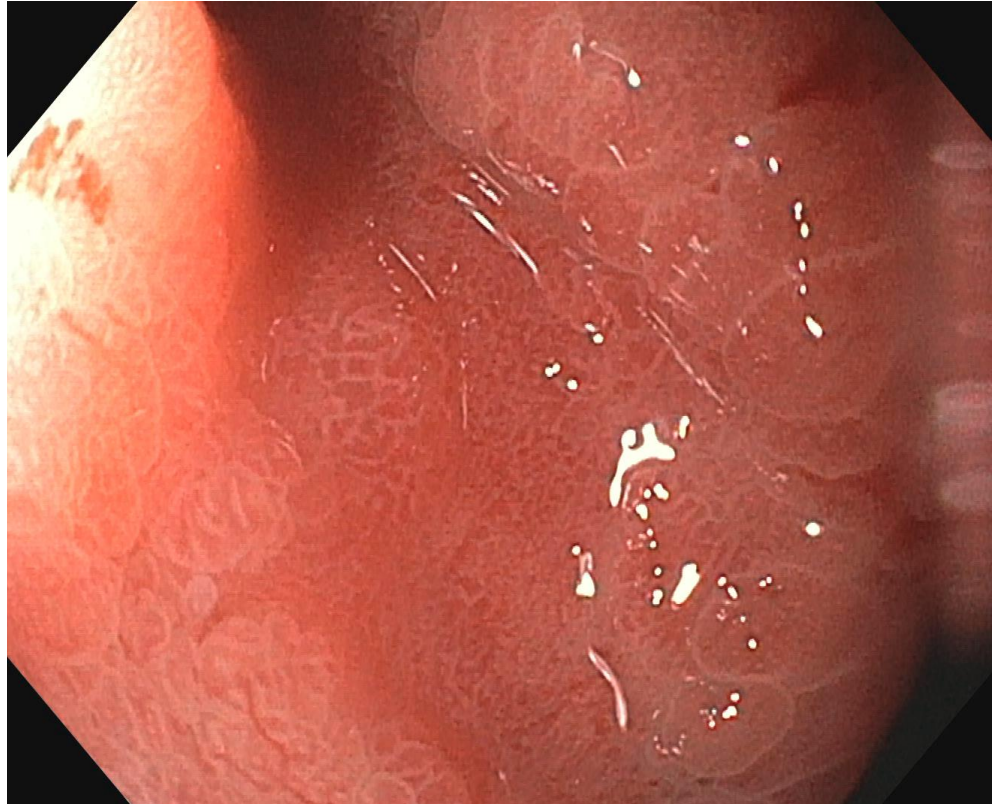
Gastroscopy: ulcer, HP negative



# QUESTION 10

Male, 64y, melena

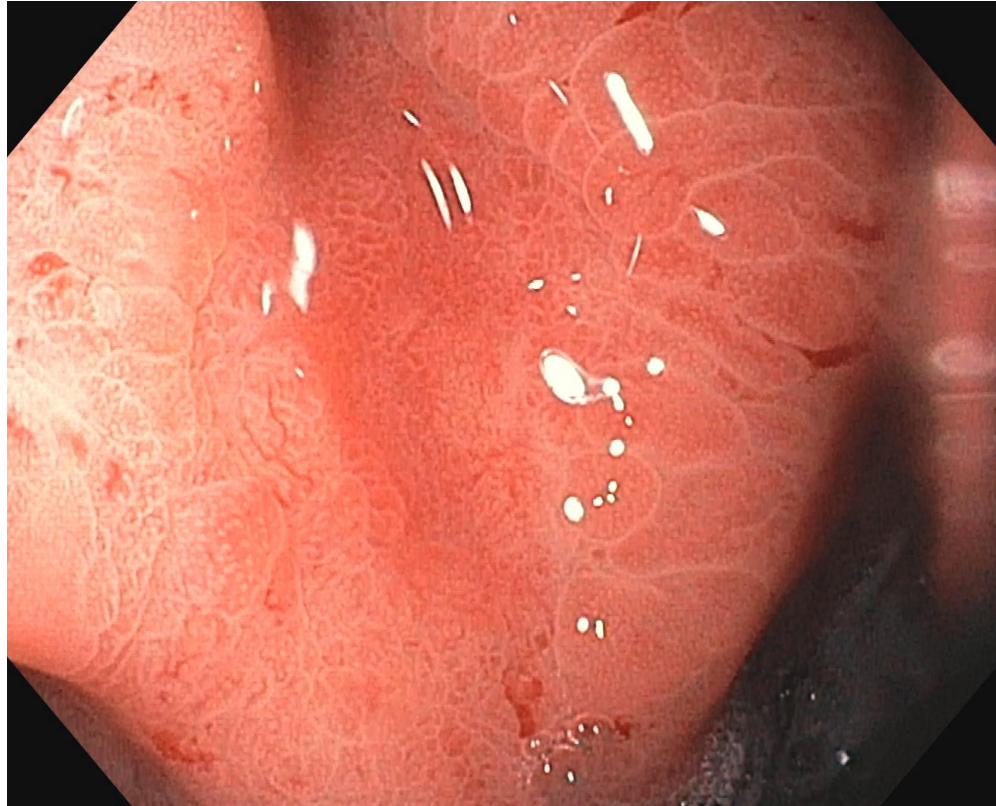
Gastroscopy: ulcer, HP negative



# QUESTION 10

Male, 64y, melena

Gastroscopy: ulcer, HP negative





# QUESTION 10

Male, 64y, melena

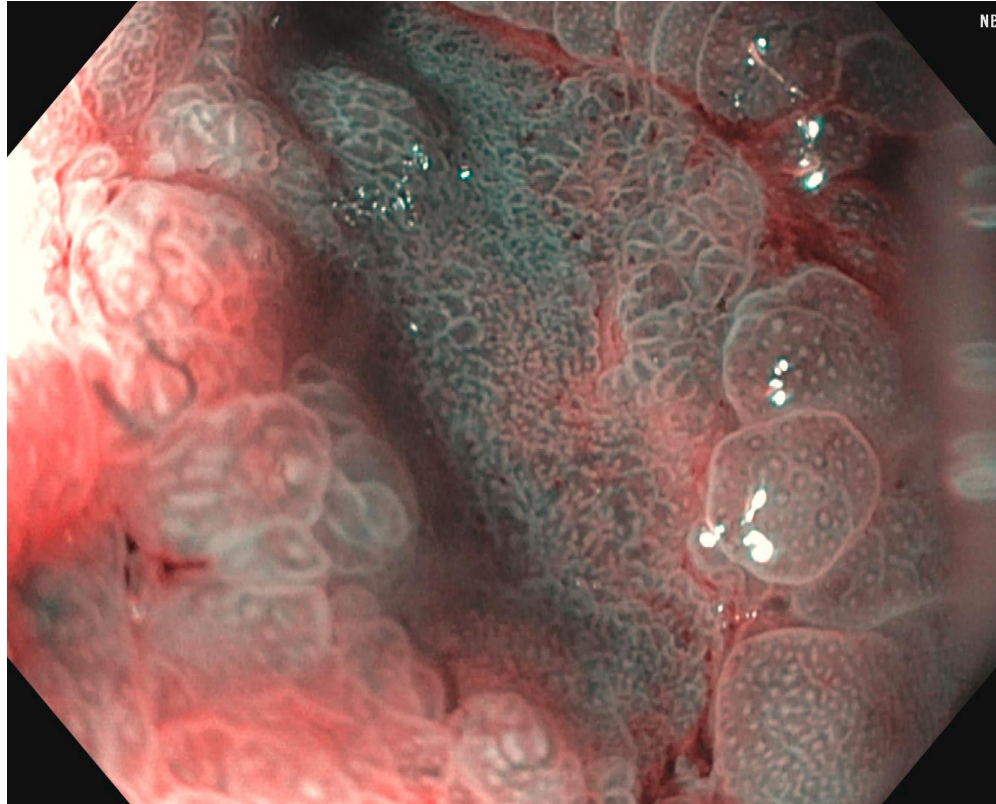
Gastroscopy: ulcer, HP negative



# QUESTION 10

Male, 64y, melena

Gastroscopy: ulcer, HP negative



# QUESTION 10

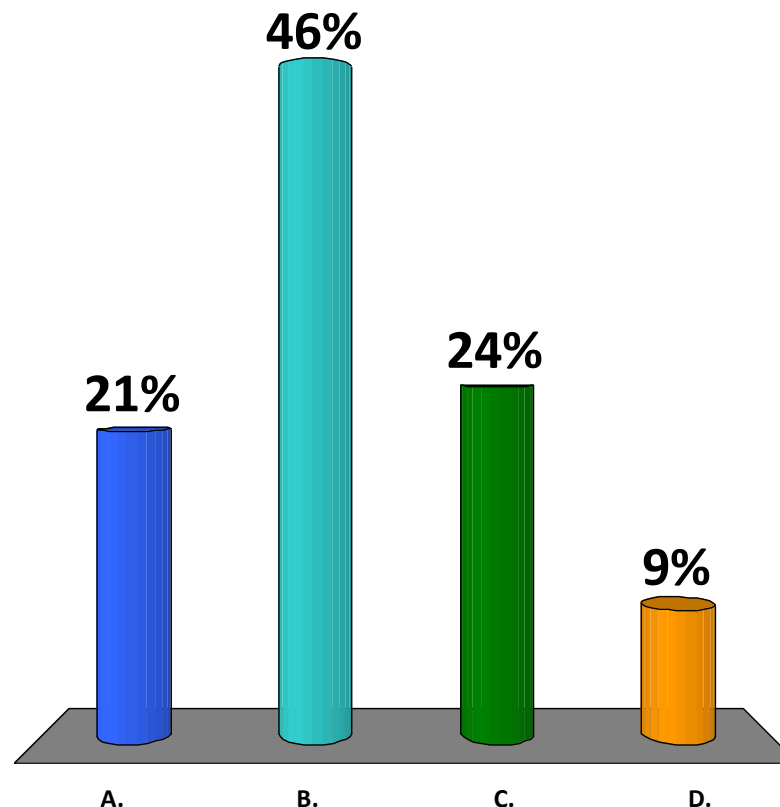
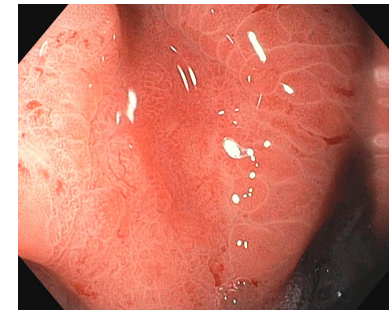
Male, 64y, melena

Gastroscopy: ulcer, HP negative



# Question 10: answer

- A. Definitely deep invasive cancer
- B. Highly likely to be cancer
- ✓ C. Healed ulcer, endoscopically reassuring
- D. Active infection (amoebiasis)





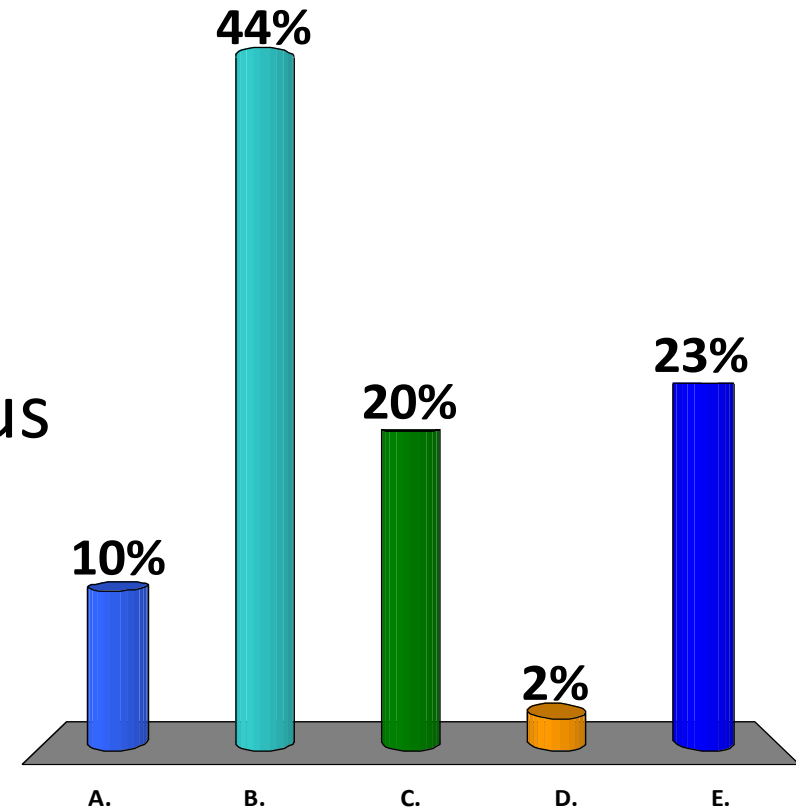
# QUESTION 11

Male, 60y, dysphagia



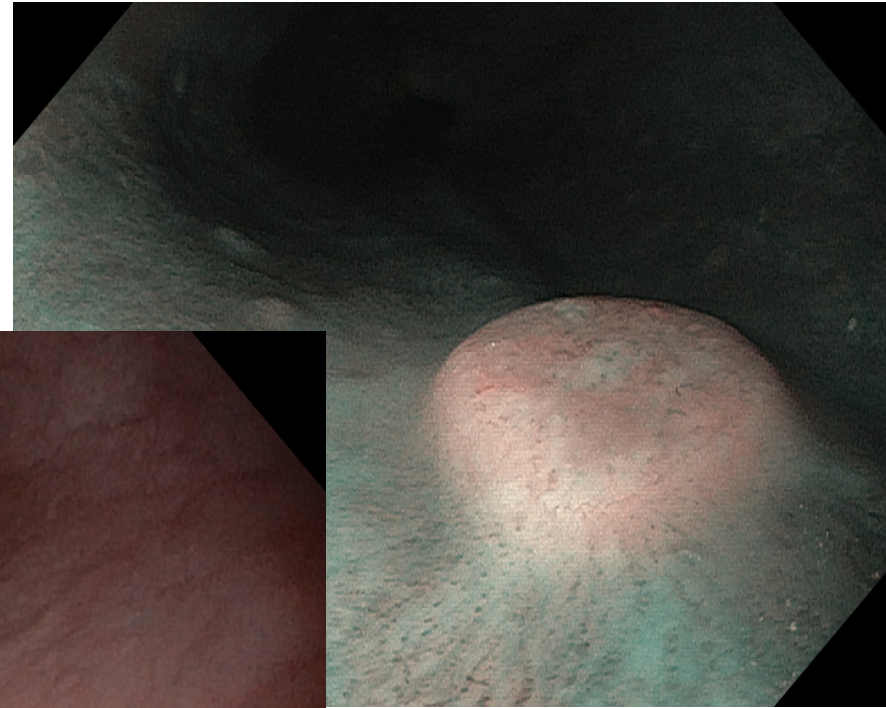
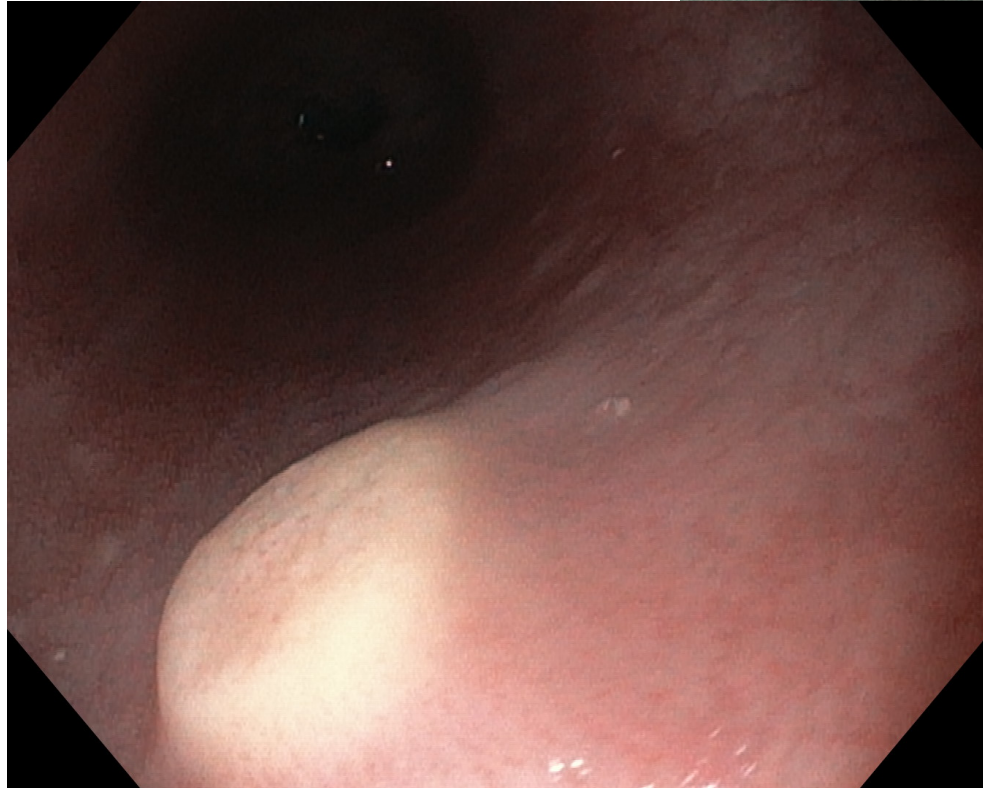
# Question 11: answer

- A. Giant pyloric adenoma of the esophagus
- ✓ B. Giant fibrovascular polyp of the esophagus
- C. Giant lipoma of the esophagus
- D. Pedunculated NET
- E. Esophageal duplication cyst

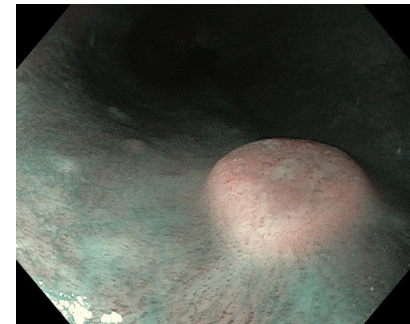


# QUESTION 12

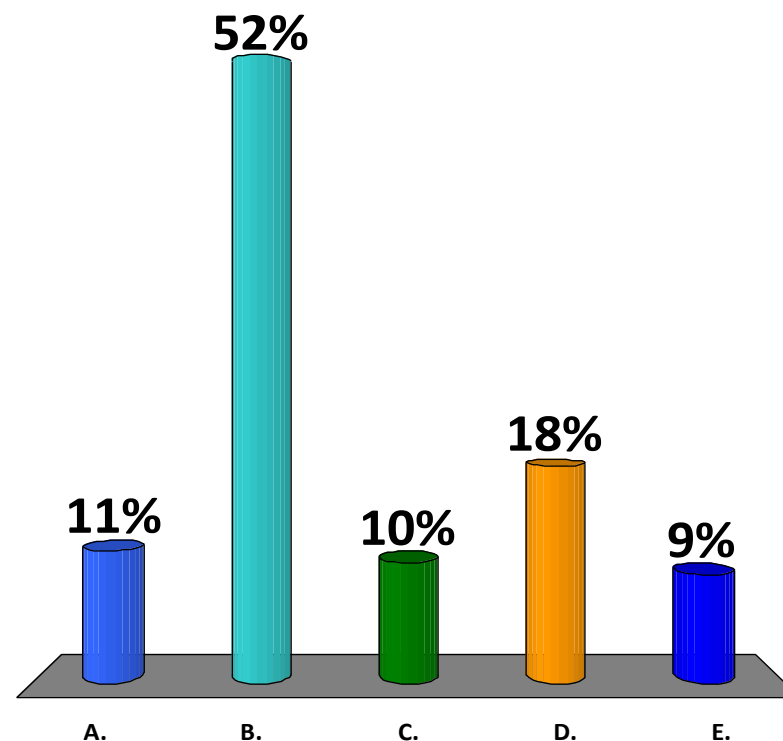
Female, 60y, GERD, lesion in the mid-esophagus



# Question 12: answer



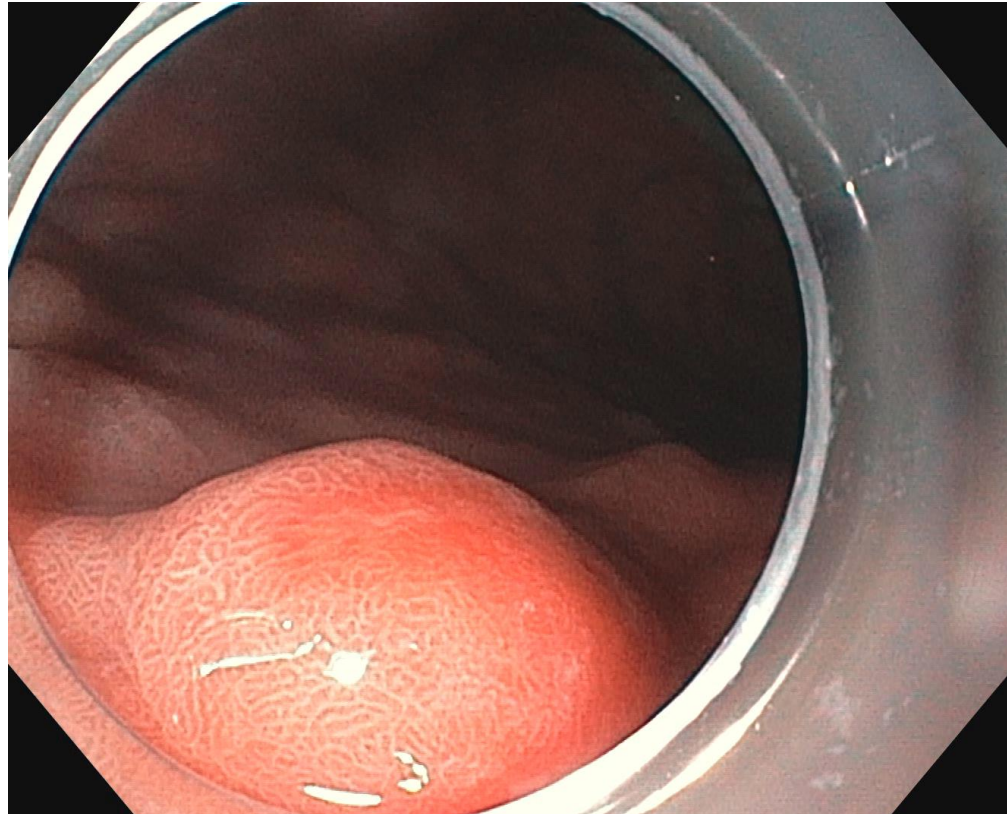
- A. GIST
- ✓ B. Granular cell tumor
- C. NET
- D. Leiomyoma
- E. Lipoma





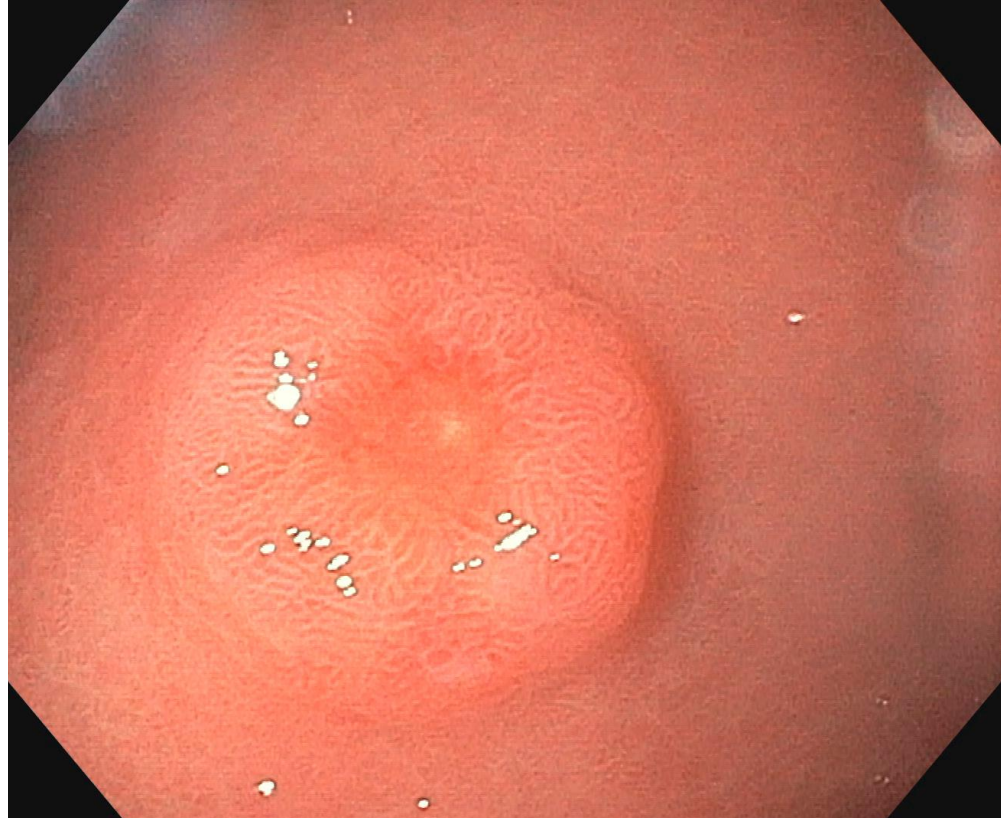
# QUESTION 13

Female, 56y, gastroscopy, symptoms of bloating



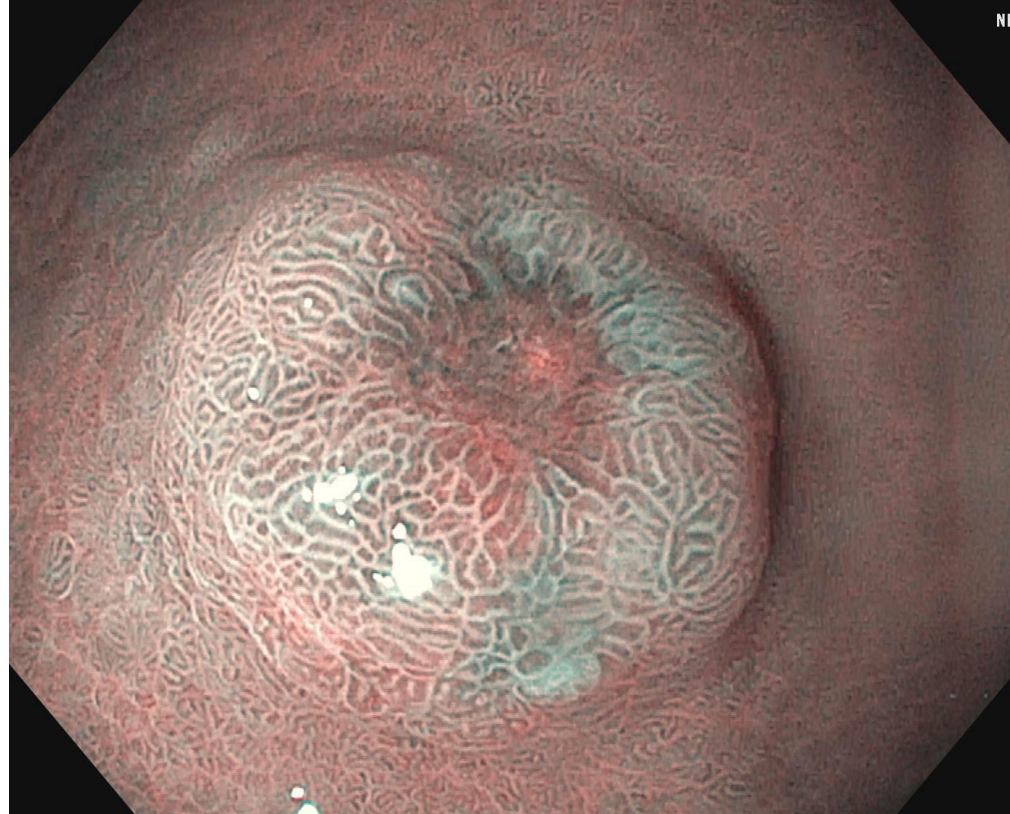
# QUESTION 13

Female, 56y, gastroscopy, symptoms of bloating



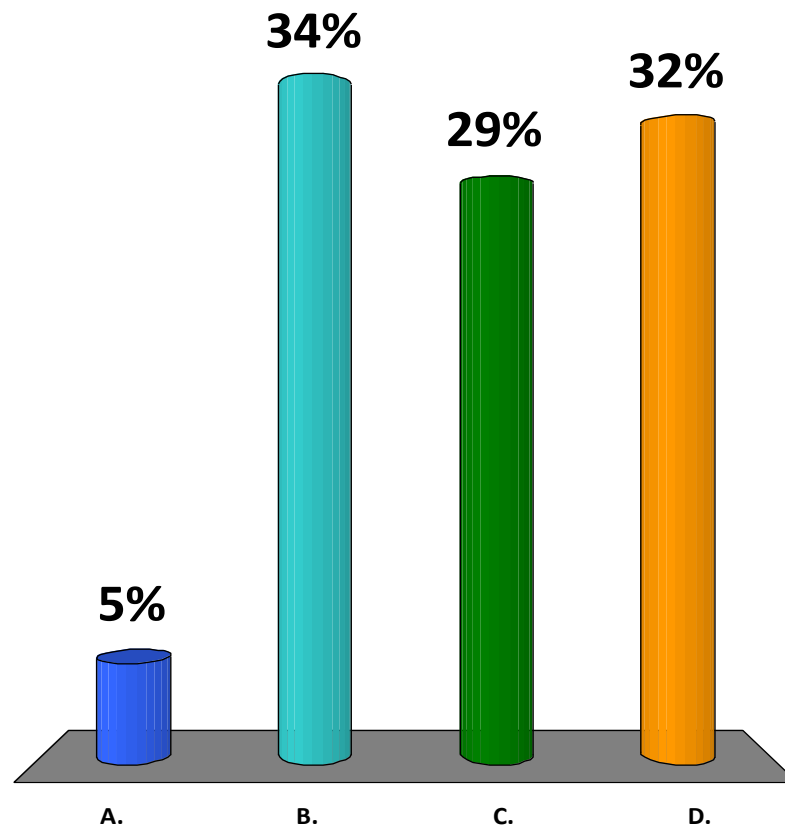
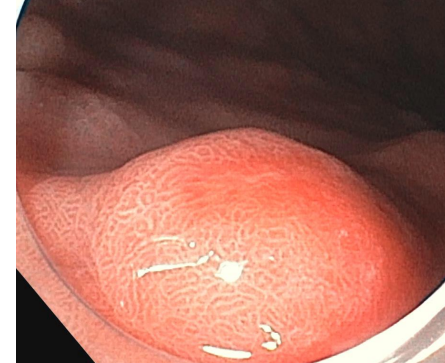
# QUESTION 13

Female, 56y, gastroscopy, symptoms of bloating



# Question 13: answer

- A. Hamartoma
- B. Benign ulcer/erosion
- C. Small adenocarcinoma
- ✓ D. NET

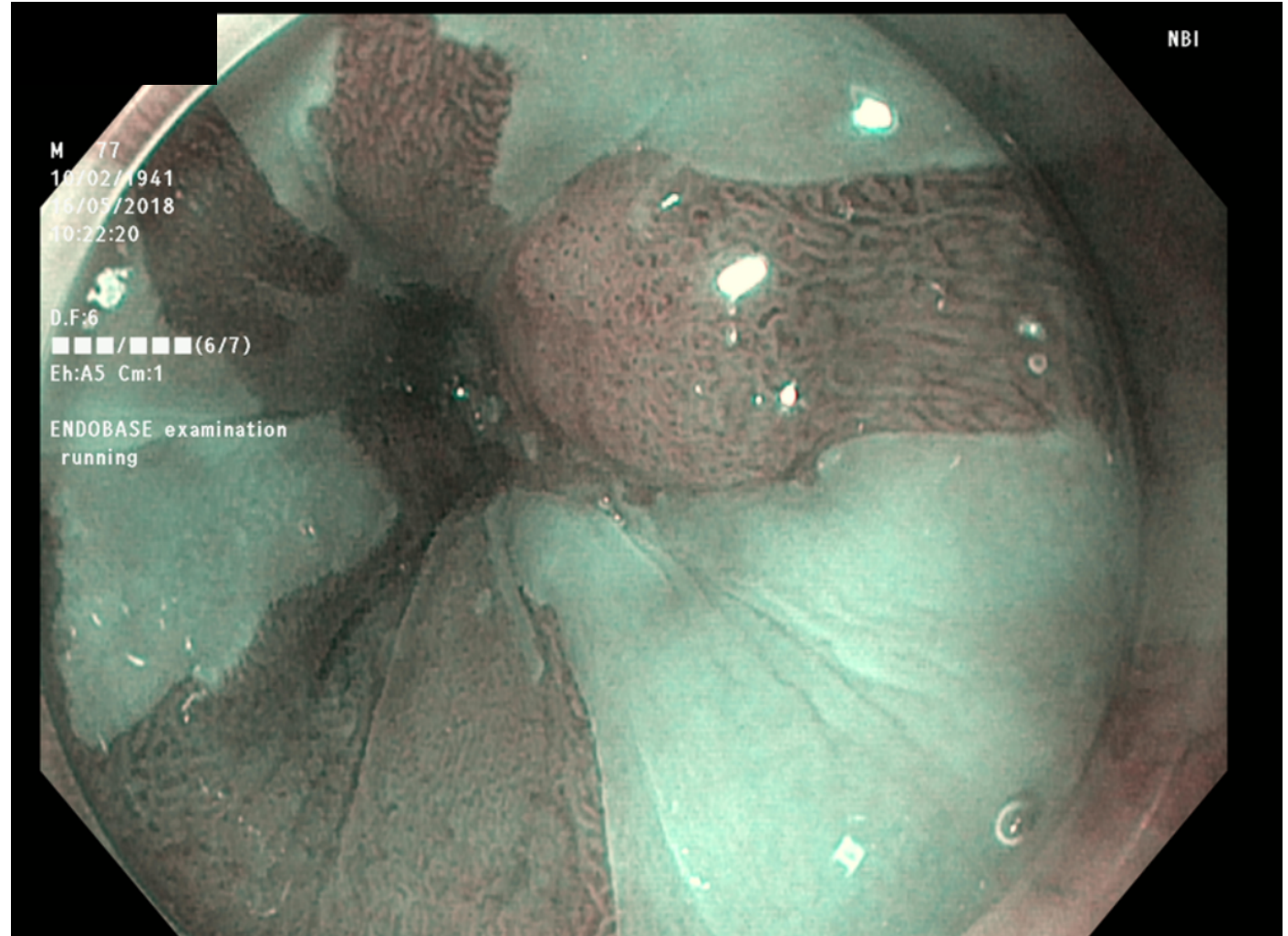




# QUESTION 14

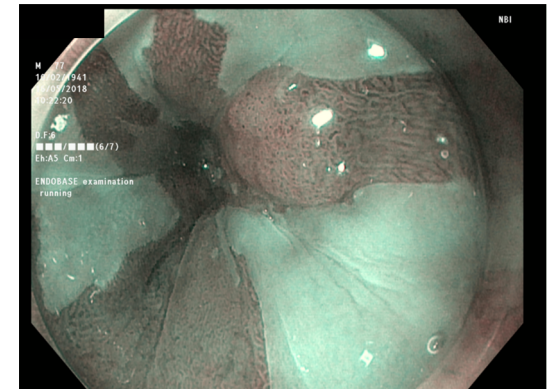
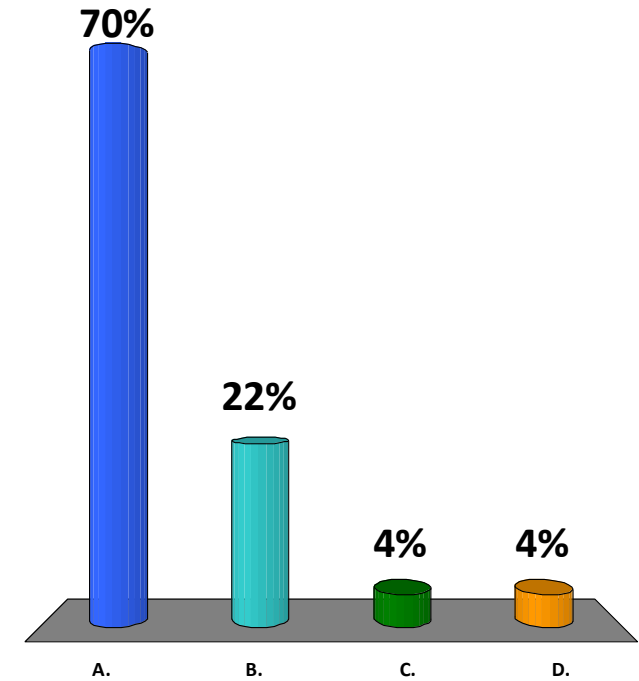
Male, 77y, GERD, Barrett

Visible lesion at 3 or 6 o'clock?  
Prague classification?



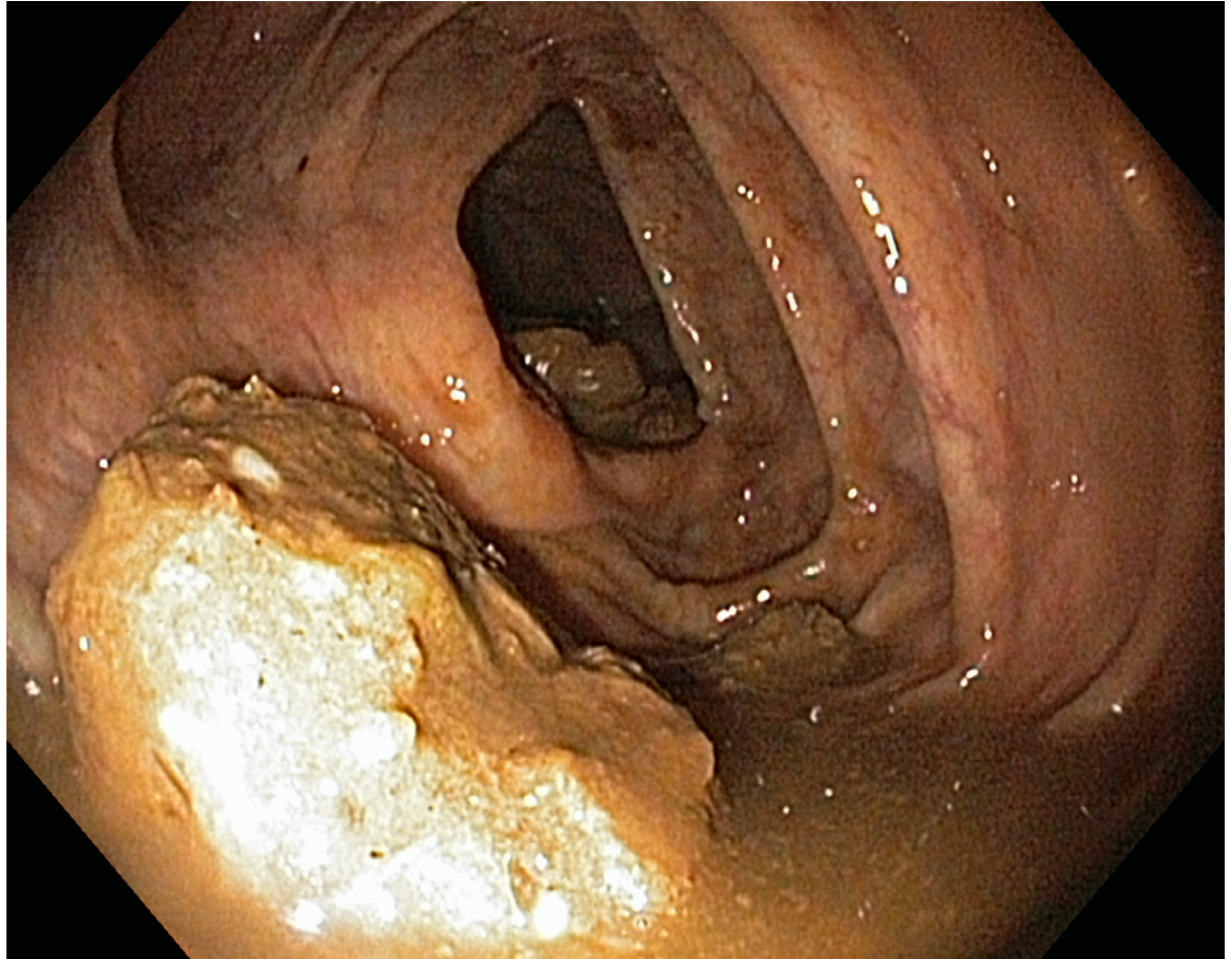
# Question 14: answer

- ✓ A. Barrett C0M3, lesion at 3 o'clock
- B. Barrett C3M3, lesion at 3 o'clock
- C. Barrett C0M3, lesion at 6 o'clock
- D. Barrett C3M3, lesion at 6 o'clock



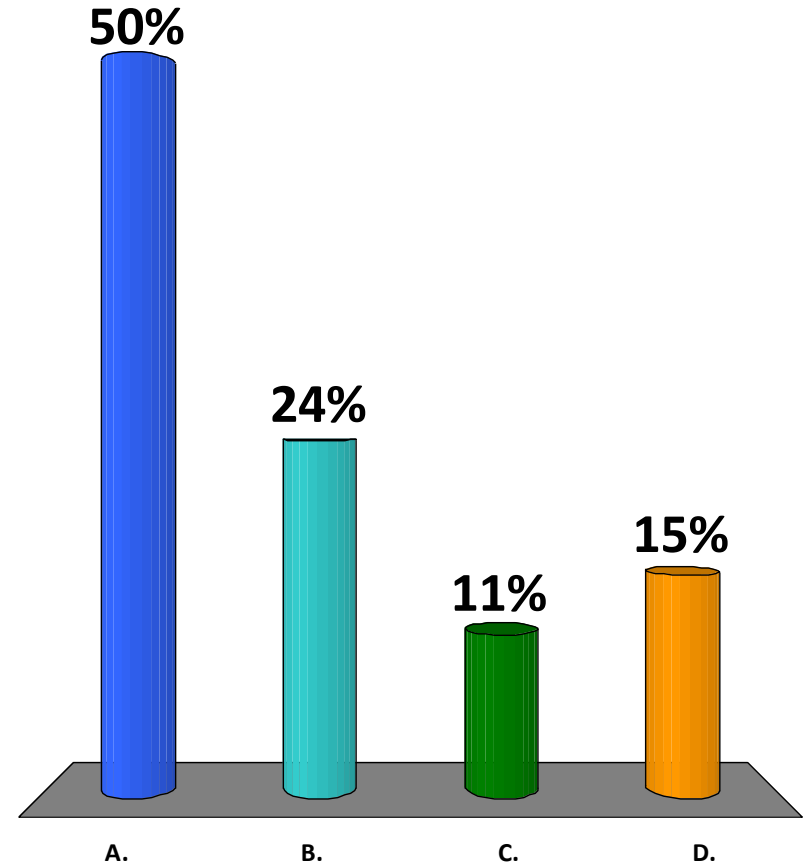
# QUESTION 15

BBPS score for the right colon?



# Question 15: answer




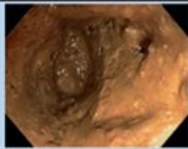
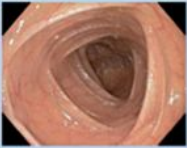



- ✓ A. 1  
B. 2  
C. 3  
D. 4





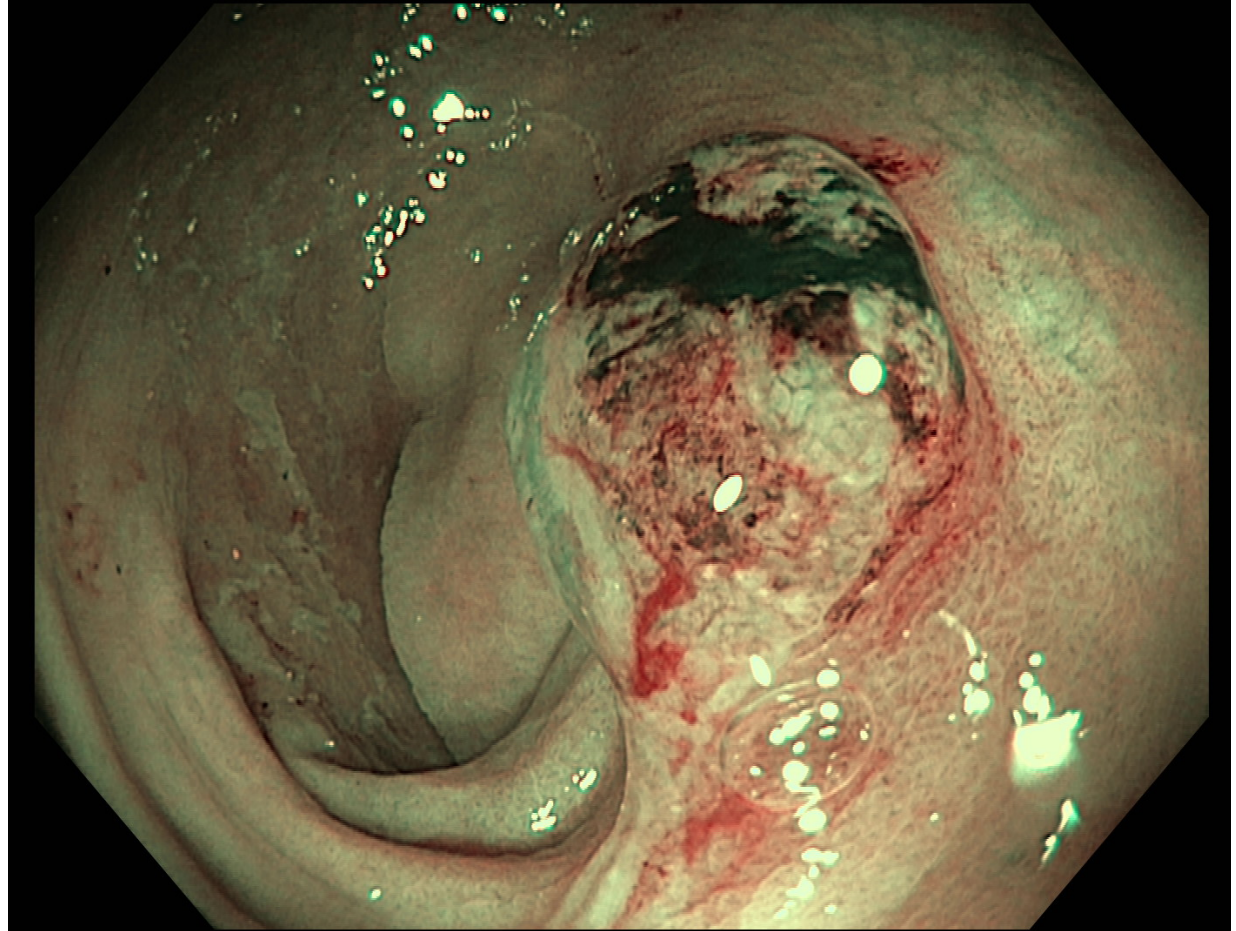
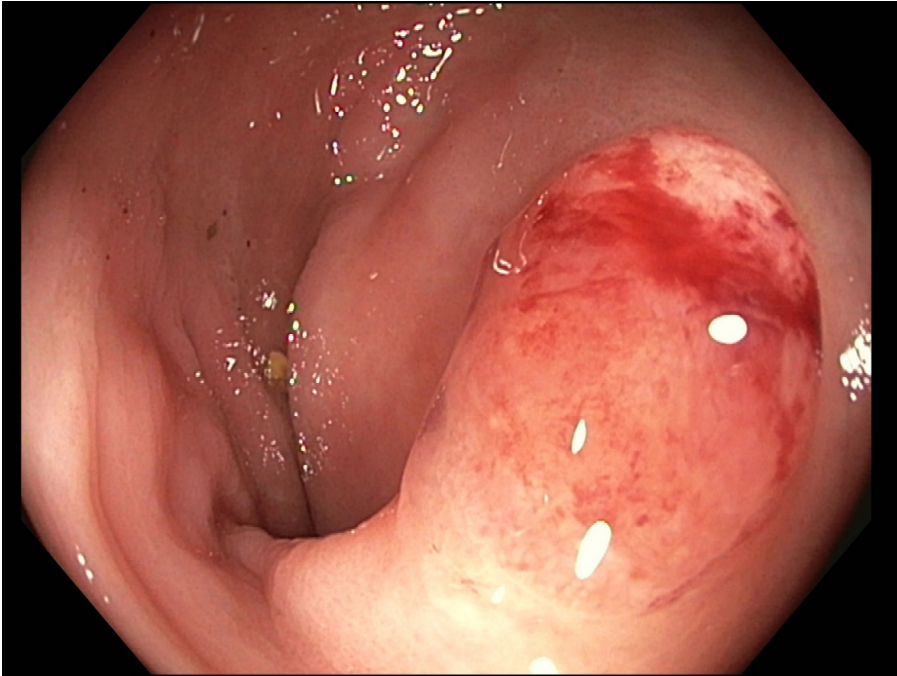
# The Boston Bowel Preparation Scale

## Boston Bowel Preparation Scale (BBPS,2010)

BBPS		3	2	1	0
3=Excellent 2=Good 1=Poor 0=Inadequate					
					
LC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RC	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>– 0 points: Segment unprepared colon with mucosa not visualized by the presence of solid stool.</li> <li>– 1 point: Areas colon segment seen by the presence of fecal liquid and semisolid.</li> <li>– 2 points: Low fecal fluid content allows good visualization of the mucosa.</li> <li>– 3 points: Excellent visualization of the mucosa without the presence of liquid remains.</li> </ul>			<input type="checkbox"/>

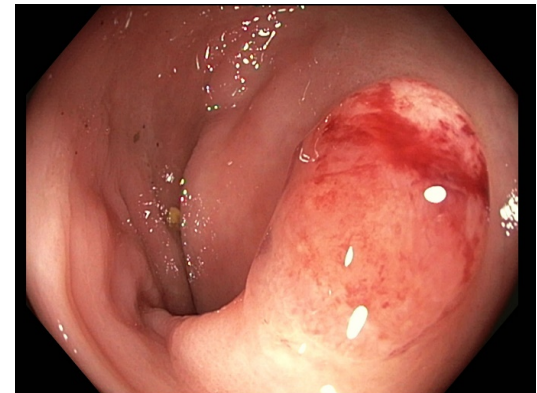
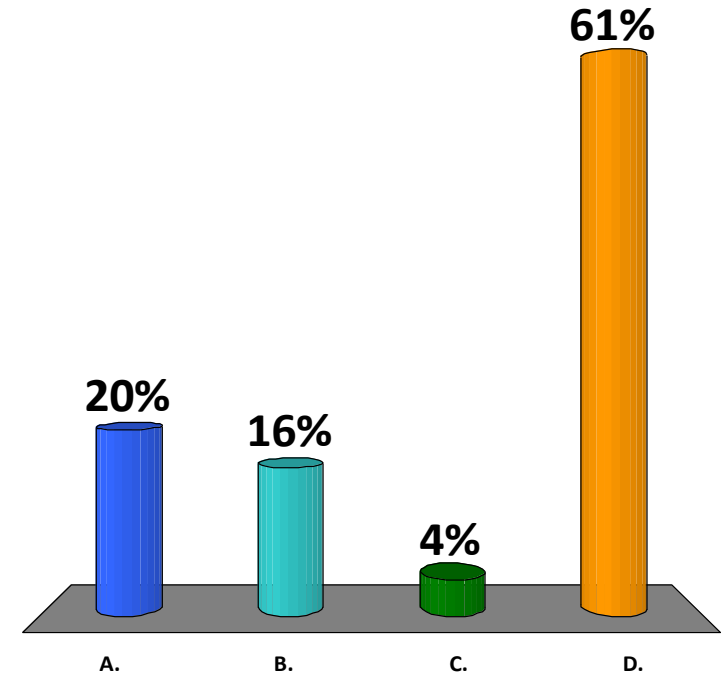
# QUESTION 16

Female, 70y, screening colonoscopy  
Rectal lesion



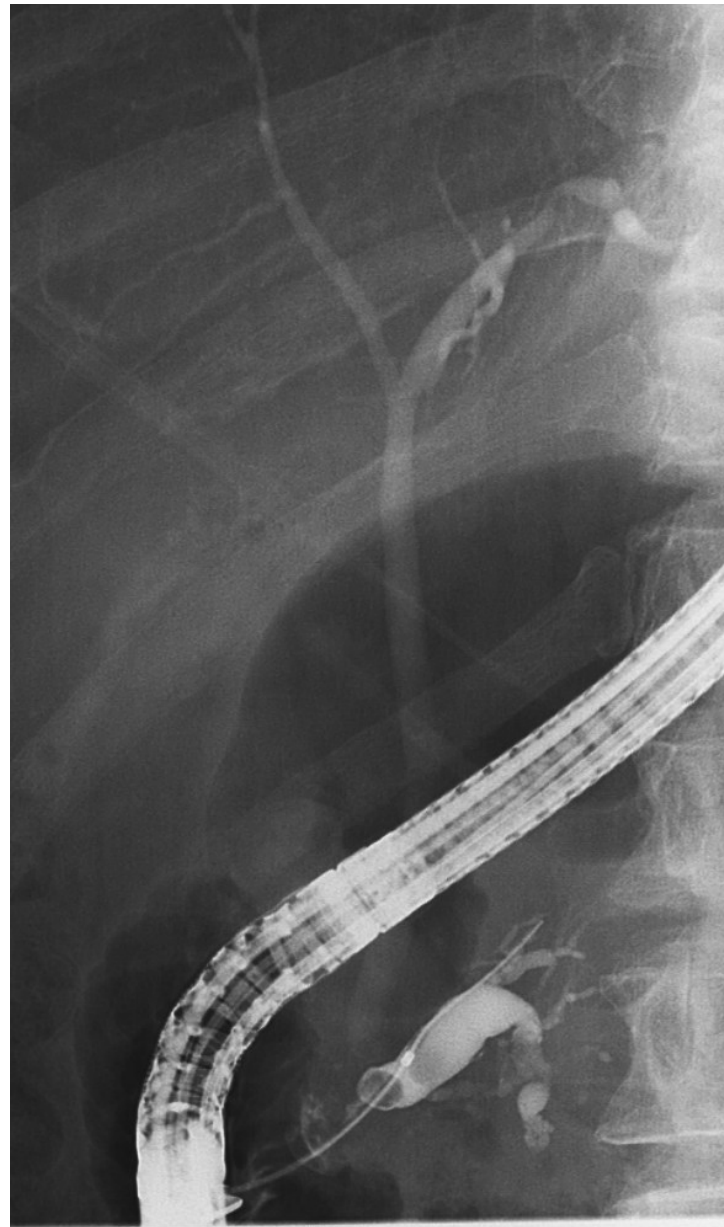
# Question 16: answer

- A. NET
- B. Traditional serrated adenoma
- C. Hyperplastic polyp
- ✓ D. Tubular adenoma with focal pT1sm1 adenocarcinoma



# QUESTION 17

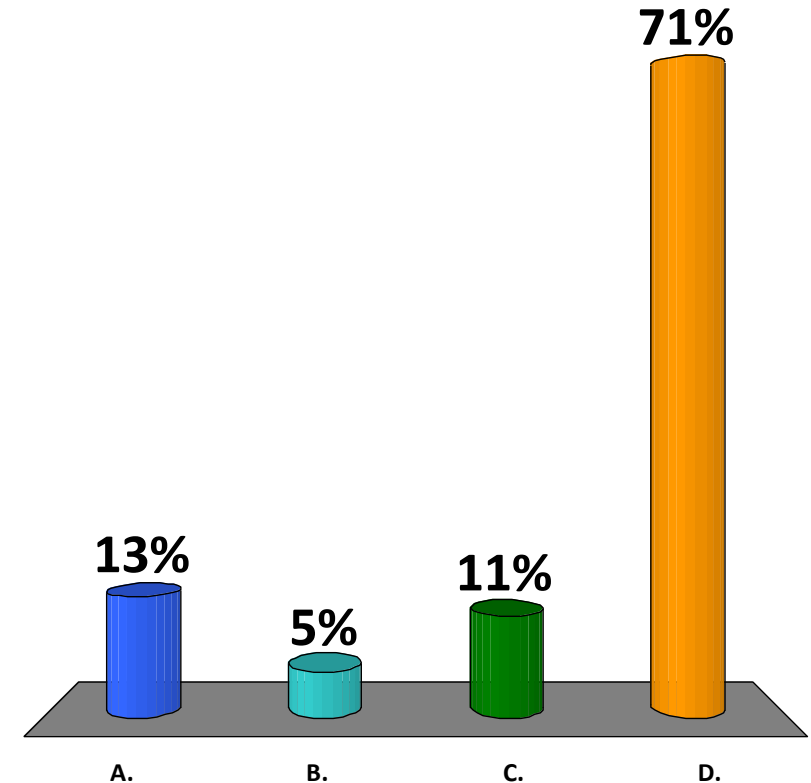
Male, 70y, recurrent pancreatitis





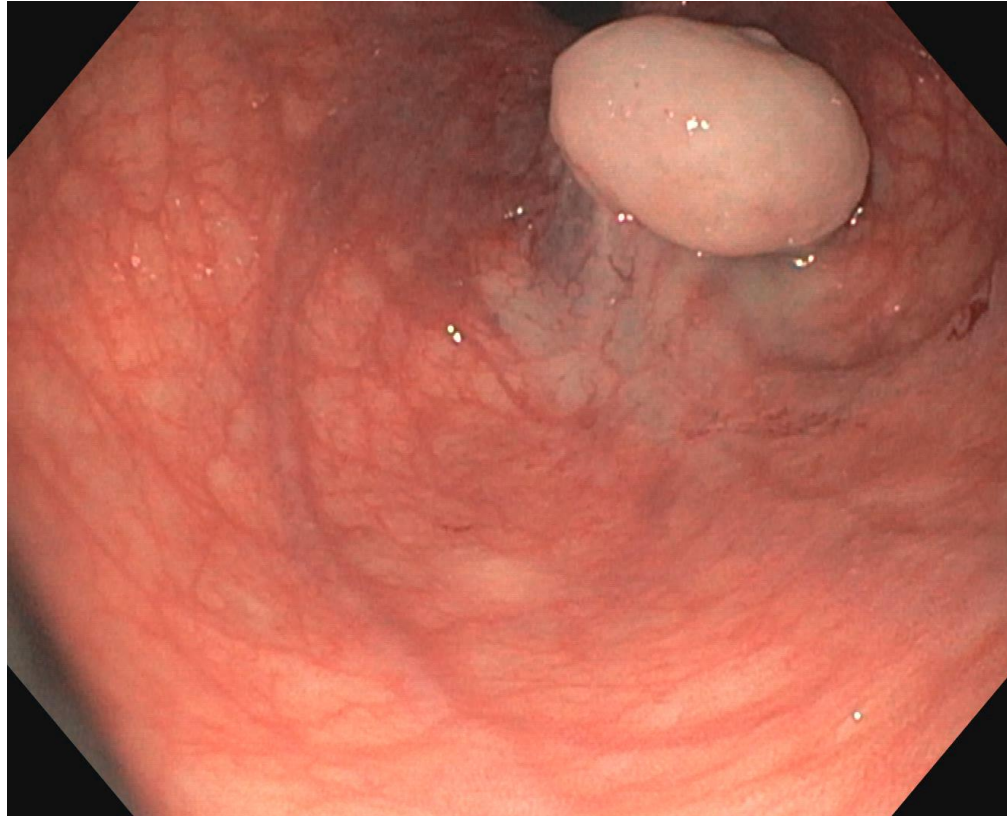
# Question 17: answer

- A. Choledochoceles type III
- B. CBD stone
- C. Main-duct IPMT
- ✓ D. Complete pancreas divisum with stone in the ventral duct



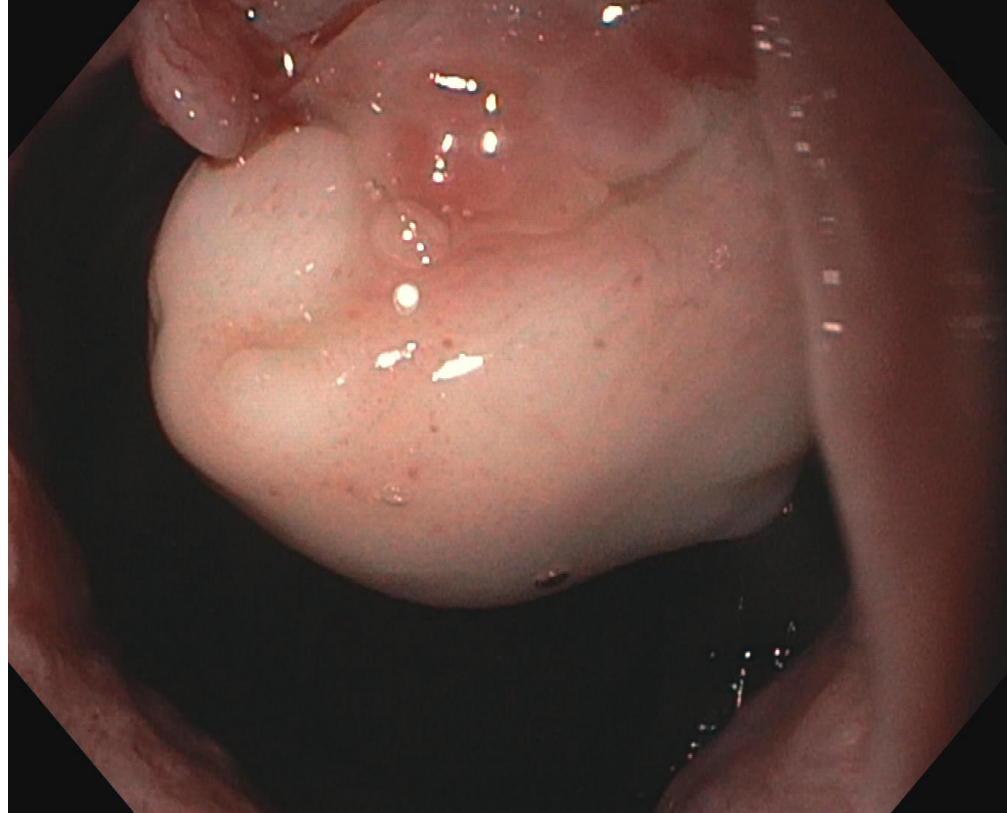
# QUESTION 18

Female, 67y, colonoscopy, anal discomfort, lesion of 2,5 cm



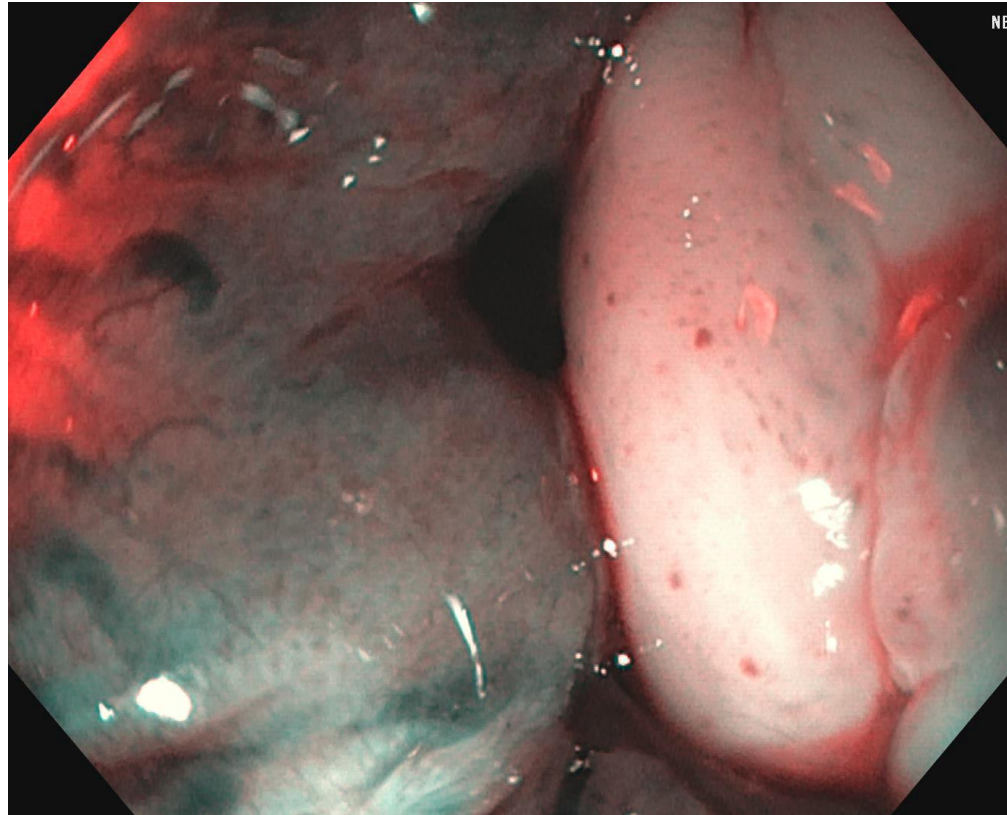
# QUESTION 18

Female, 67y, colonoscopy, anal discomfort, lesion of 2,5 cm



# QUESTION 18

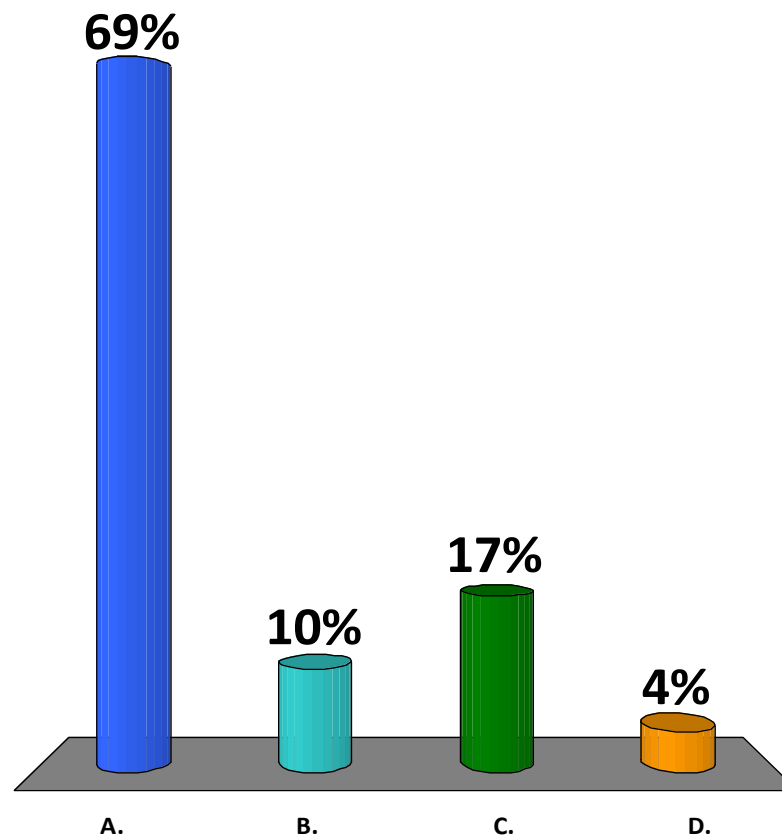
Female, 67y, colonoscopy, anal discomfort, lesion of 2,5 cm





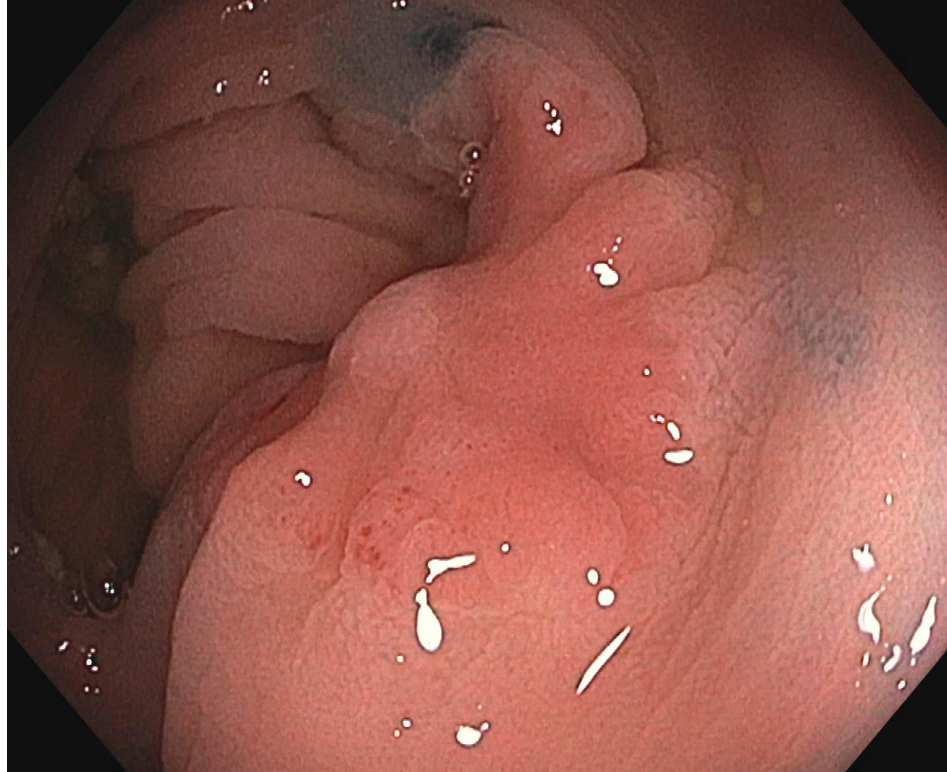
# Question 18: answer

- ✓ A. Hypertrophic papilla
- B. Giant condyloma
- C. Submucosal mass
- D. Rectal cancer



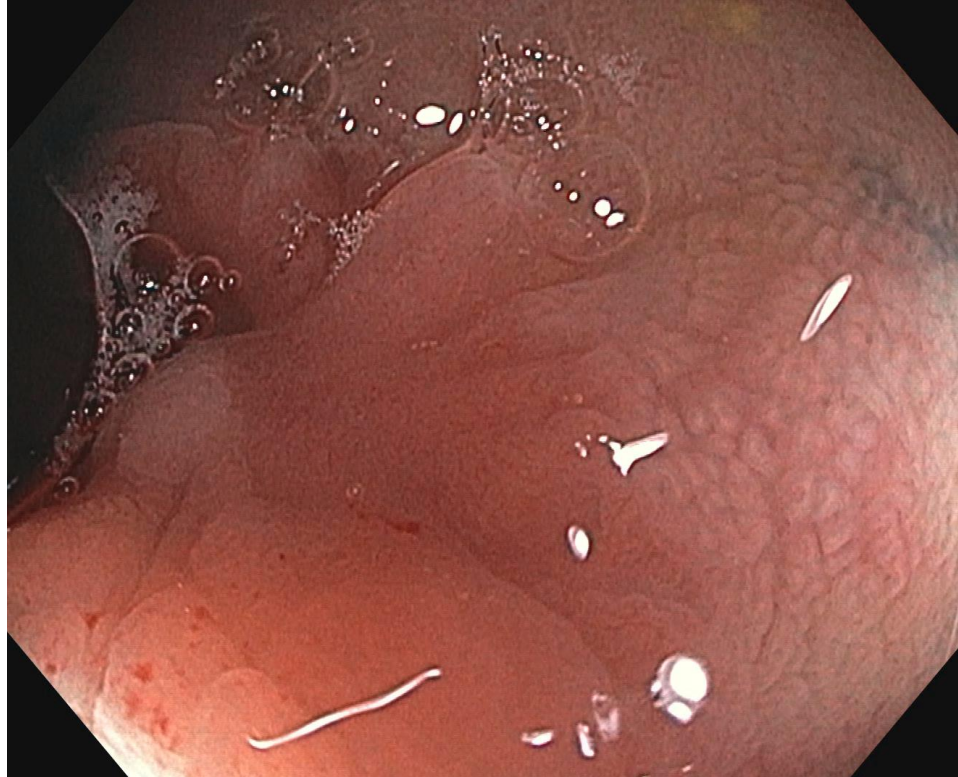
# QUESTION 19

Female, 69y, referral for resection of lesion in ascending colon.



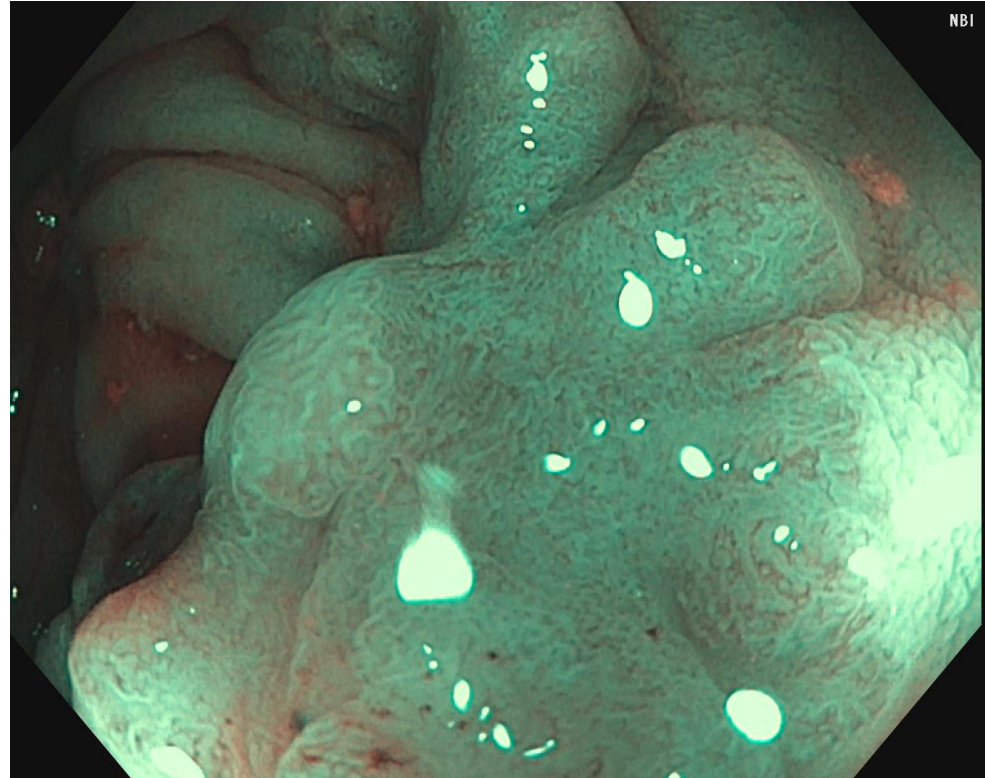
# QUESTION 19

Female, 69y, referral for resection of lesion in ascending colon.



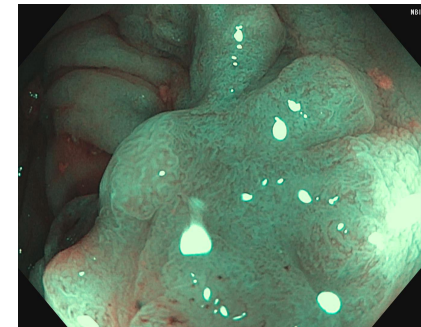
# QUESTION 19

Female, 69y, referral for resection of lesion in ascending colon.

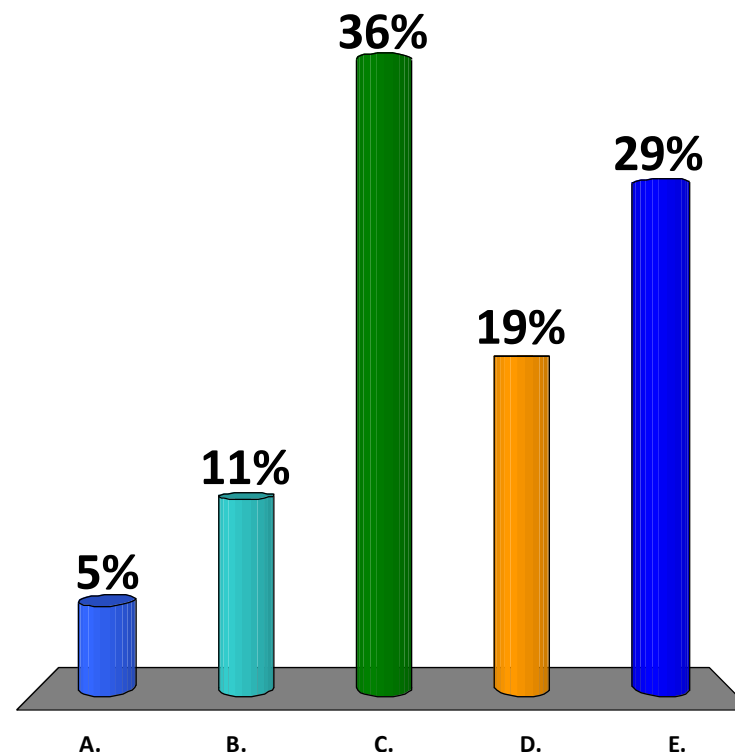




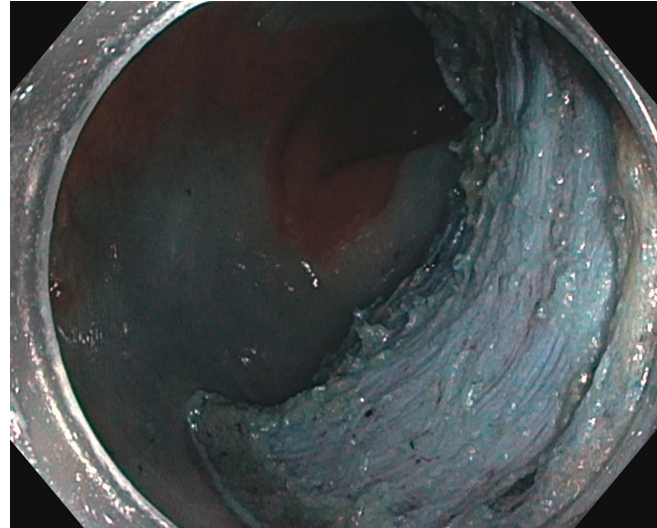
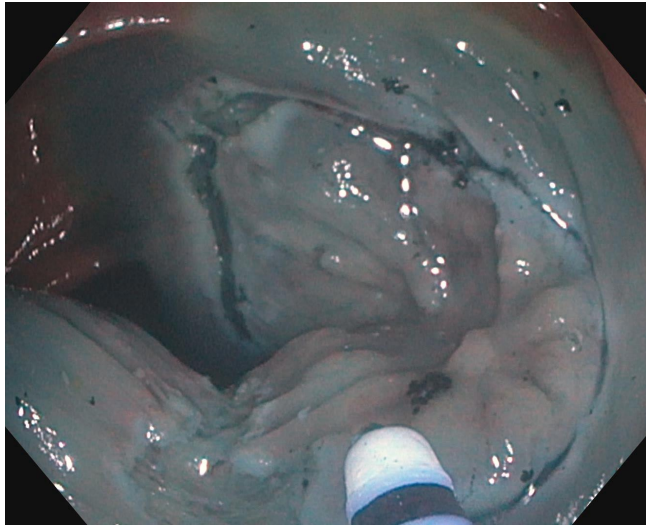
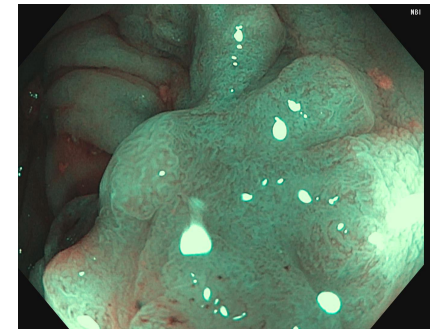
# Question 19: answer



- A. Indication EMR: LGD
- B. Indication ESD: LGD
- ✓ C. Indication ESD: maximum shallow Sm invasion
- D. Indication surgery: maximum shallow Sm invasion
- E. Indication surgery: deep Sm invasion

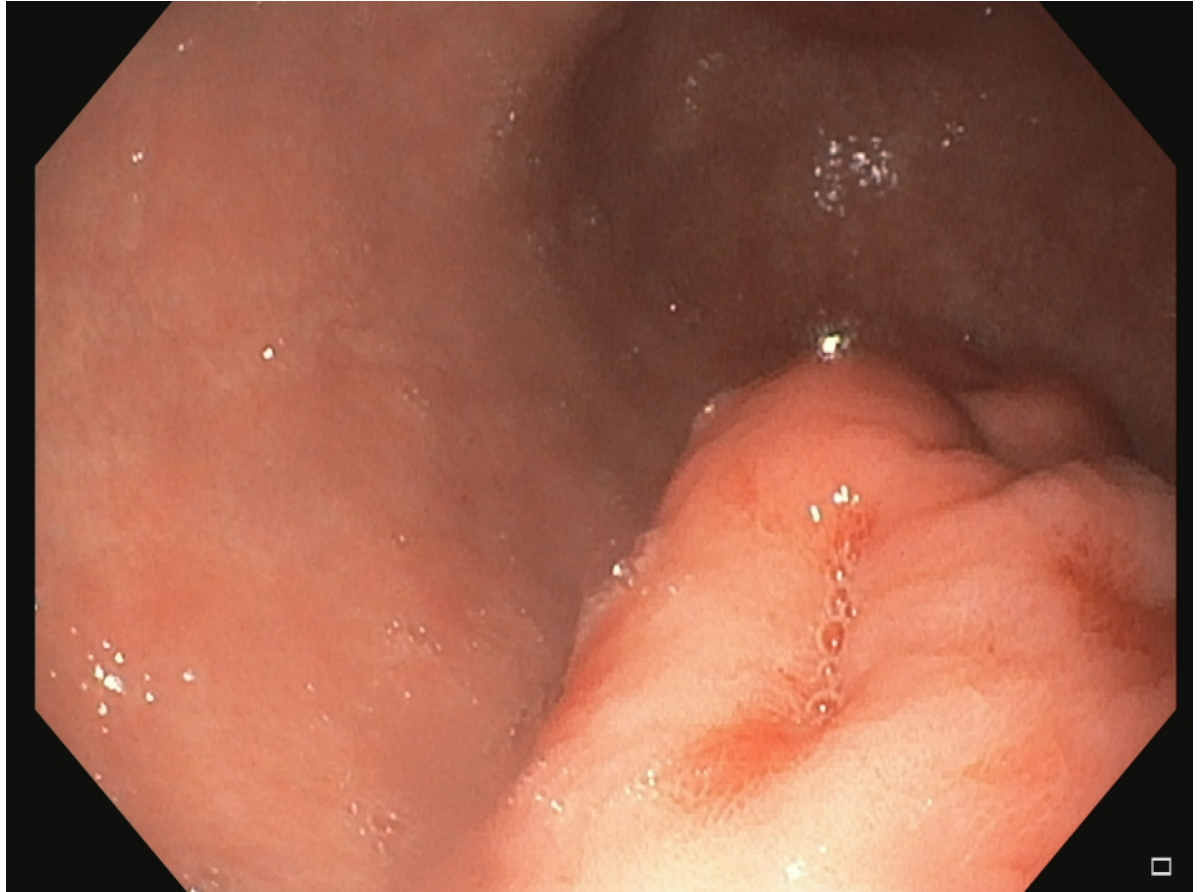


# Question 19: answer



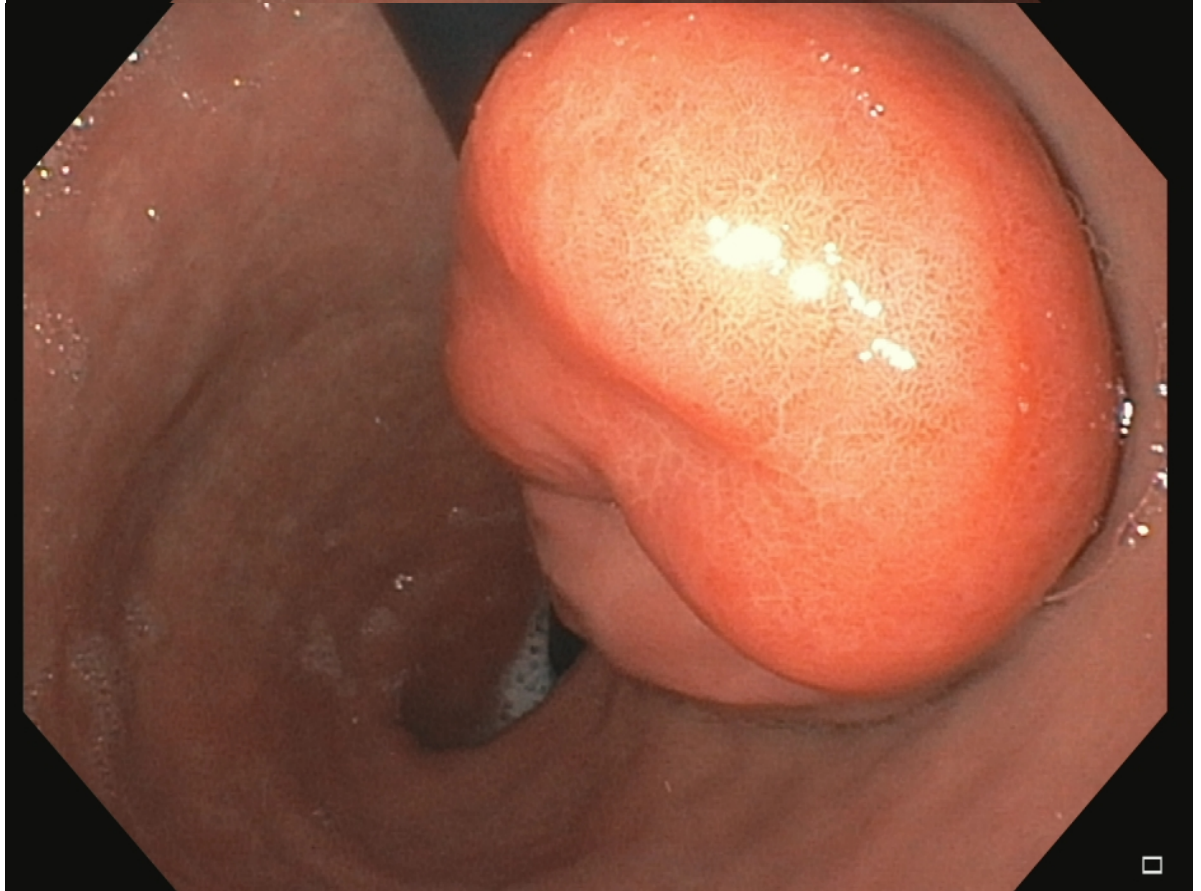
# QUESTION 20

Male, 65y, melena after NSAID use  
Antral lesion



# QUESTION 20

Male, 65y, melena after NSAID use  
Antral lesion

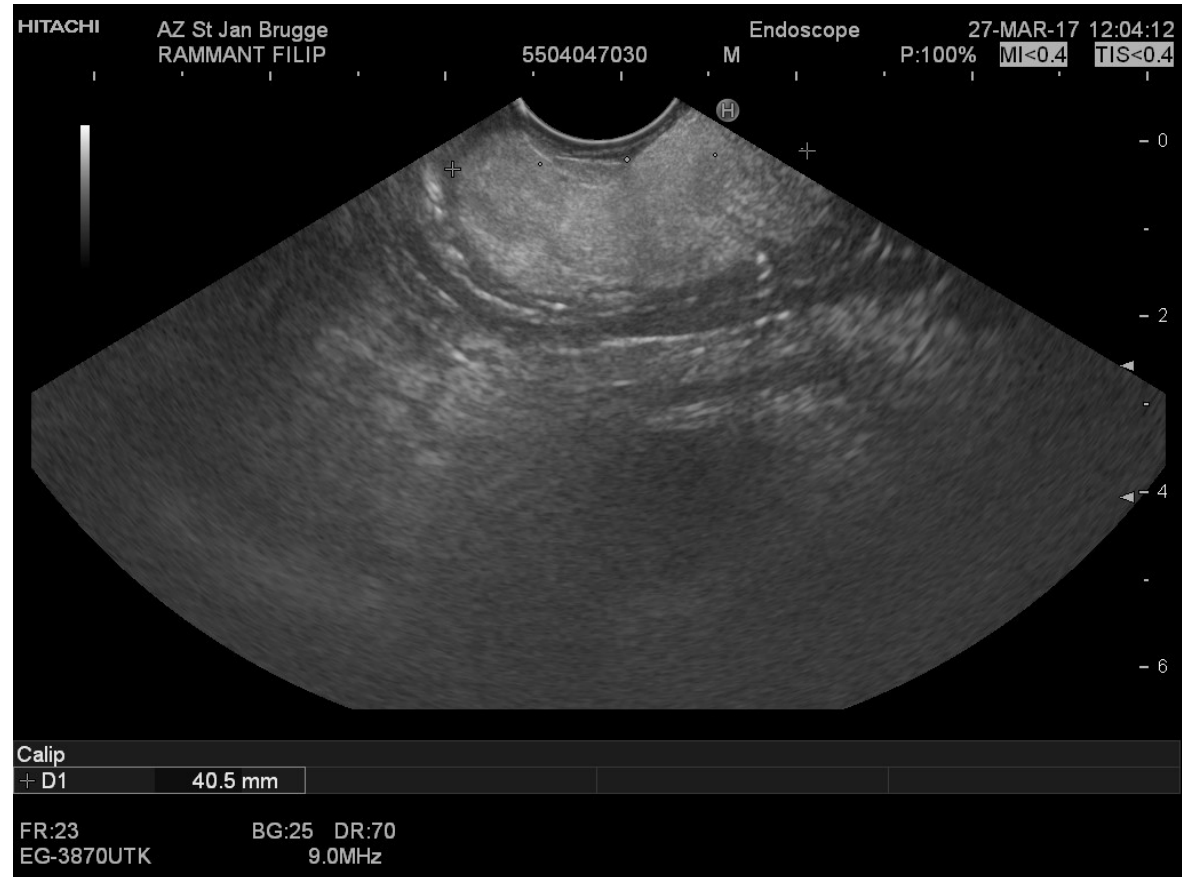




# QUESTION 20

Male, 65y, melena after NSAID use  
Antral lesion

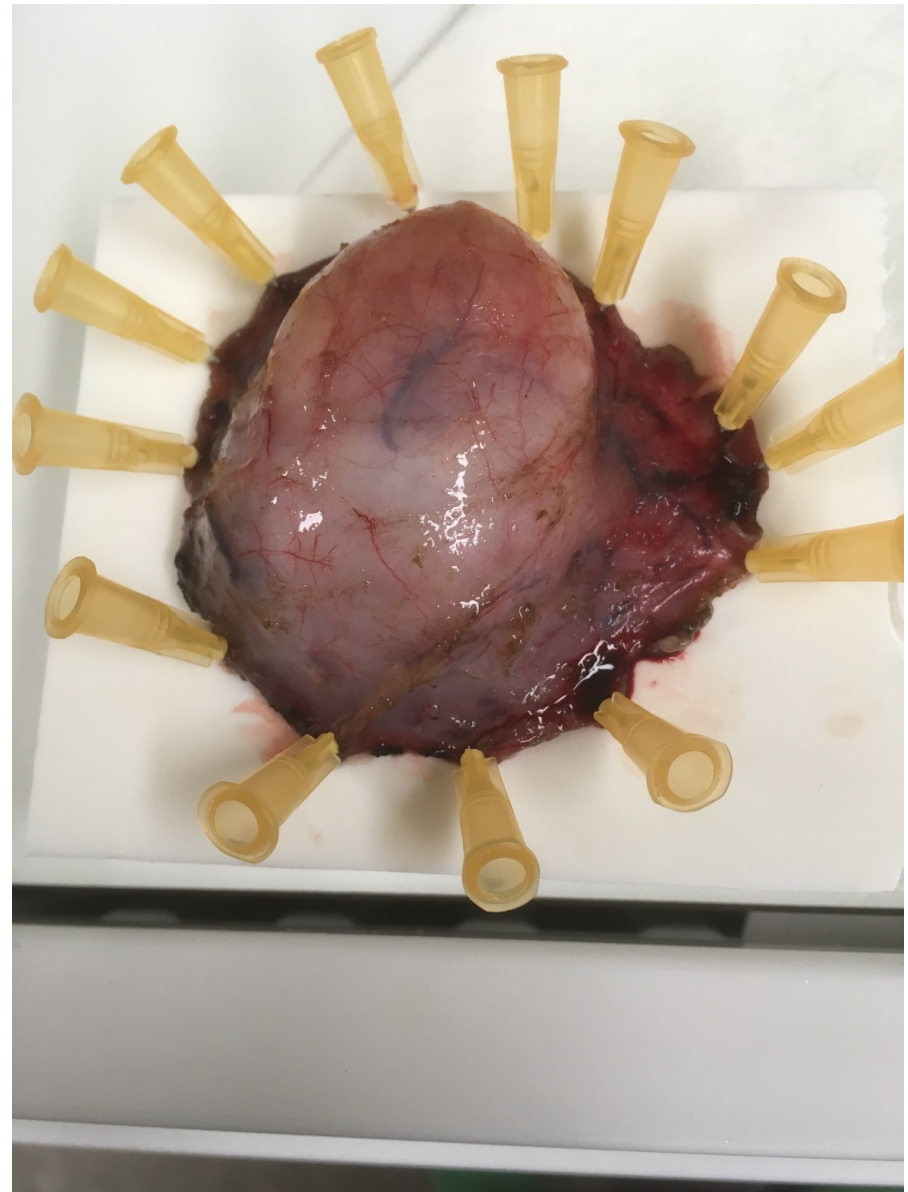
*EUS:*



# QUESTION 20

Male, 65y, melena after NSAID use  
Antral lesion

*After endoscopic resection:*



# Question 20: answer

- A. GIST
- B. Ectopic pancreas
- ✓ C. Lipoma with superficial NSAID ulcerations
- D. NET

