

3-4 săptămâni, necesitatea repetării manevrei.

Faze – 1. degradarea proteinei mucoasei cu îngustarea moderată a orificiului dehiscent; 2. modificarea granulației; 3. regenerarea epitelială; 4. remaniere fibrotică. Prezentare 5 cazuri.

Discuții - rezultate net favorabile s-au obținut în 8 cazuri dintr-un total de 11, necesitând mai multe instilații bronșice intramucoase. Eșecurile posibile se pot datora unor situații speciale: hiperglicemie; supurații preexistente; instilarea intramucoasă incorectă. Nu au fost observate efecte secundare locale sau sistemice notabile după instilare cu etanol. Monitorizarea pacientului este necesară la fiecare 3-6 luni în primul an.

În loc de concluzii - această procedură este ieftină și ușor de aplicat pentru pacient. Procesul în sine este relativ simplu de implementat și poate fi efectuat în orice cameră de endoscopie bronșică echipată standard.

ALCOHOL IS A POSSIBLE ENDOSCOPIC METHOD FOR RESOLVING BRONCHIAL BUMP DEHISCENCES

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The dehiscence of the lung resection abutment represents a critical moment in the evolution of the post-surgical patient, requiring surgical reintervention, which represents a new aggression on the patient.

The idea of using pure ethanol arose after observing the appearance of some mucous granulations after the accidental inhalation of alcohol by some patients. Studies performed on the rabbit lung that mentioned a significant granulomatous reaction followed by epithelization and partial fibrosis as a result of the injection of small amounts of ethanol into the bronchial wall. Alcohol injection produced an area of necrosis and subsequent epithelial regeneration and alveolar septal fibrosis

In these patients, surgical intervention was impossible for various reasons - cardiac contraindications; impaired general condition; bacteriological spectrum – MDR-Tuberculosis; the patient's refusal. The procedure was performed after the exhaustion of other treatments - prolonged pleural drainage; antibiotic therapy (3-4 weeks); Eleosser intervention

The procedure itself is relatively simple to apply, requiring only a fibrobronchoscope, a transbronchial puncture needle and ethanol, and can be performed in any standard equipped bronchial endoscopy room

Technique - the transbronchial puncture needle is inserted under visual control, strictly intramucosally. Pure, fractionated ethanolic alcohol (0.5 ml each) is injected strictly intramucosally at the edge of the dehiscent hole. Clean the bronchial tree immediately. It is evaluated after approx. 3-4 weeks, the need to repeat the maneuver.

Phases – 1. degradation of the mucosal protein with moderate narrowing of the dehiscent hole; 2. granulation modification; 3. epithelial regeneration; 4. fibrotic remodeling. Presentation of 5 cases.

Discussions - clearly favorable results were obtained in 8 cases out of a total of 11, requiring several intramucosal bronchial instillations. Possible failures may be due to special situations: hyperglycemia; pre-existing suppurations; incorrect intramucosal instillation. No notable local or systemic side effects were observed after ethanol instillation. Patient monitoring is required every 3-6 months during the first year.

Instead of conclusions - this procedure is cheap and easy to apply for the patient. The process itself is relatively simple to implement and can be performed in any standard equipped bronchial endoscopy room

METHODS OF INCREASING THE ADENOMA DETECTION RATE (ADR). THE ROLE OF ARTIFICIAL INTELLIGENCE



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Colonoscopy can reduce the risk of death from colorectal cancer through detection of tumors at an earlier, more treatable stage and through removal of precancerous adenomas. The adenoma detection rate (ADR), the proportion of screening colonoscopies performed by a physician that detect at least one histologically confirmed colorectal adenoma. We suggest using eight methods of increasing this indicator, including artificial intelligence (AI). The use of AI allows to increase the ADR by 14%.

The use of artificial intelligence (AI-CADe) for the detection of colorectal lesions is a powerful tool that is recommended for implementation in everyday endoscopic practice.

Key words: colonoscopy, adenoma detection rate, interval cancer, optical diagnosis, artificial intelligence.

BIOPSIA PULMONARĂ TRANSBRONȘICĂ (BPT)



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Este o metoda semiinvasivă de prelevare endobronșică, utilă pentru diagnosticul afectățiunilor pulmonare, având sediul dincolo de zonele de vizualizare directă endoscopică (din periferia câmpurilor pulmonare). Constă în recoltarea de țesut pulmonar situat între două bronhii distale.

Indicații dpdv radiologic - Opacități interstițiale – difuze sau localizate; Opacități periferice (dincolo de vizualizarea directă endoscopică). Indicații dpdv etiologic - Patologie tumorală malignă; Boli interstițiale pulmonare; Boli infecțioase pulmonare; Boli fungice.

Contraindicații ale BPT sunt generale ale bronhoscopiei - cardiovasculare - cardiopatie ischemică, pulmonare; neurologice, sau contraindicații speciale - deficit de coagulare, plămân unic, HTA.