ISSN 1948-5190 (online)

World Journal of *Gastrointestinal Endoscopy*

World J Gastrointest Endosc 2020 September 16; 12(9): 256-322

Published by Baishideng Publishing Group Inc

World Journal of Gastrointestinal Endoscopy

Contents

Monthly Volume 12 Number 9 September 16, 2020

EXPERT RECOMMENDATIONS

ORIGINAL ARTICLE

Retrospective Study

Observational Study

CASE REPORT

LETTER TO THE EDITOR

World Journal of Gastrointestinal Endoscopy

Monthly Volume 12 Number 9 September 16, 2020

Contents

ABOUT COVER

Editor-in-Chief of *World Journal of Gastrointestinal Endoscopy*, Dr. Sang Chul Lee is a Professor in the Department of General Surgery of the College of Medicine, Catholic University of Korea and a Colorectal Surgeon at Daejeon St. Mary's Hospital, which is famous for minimally invasive surgery in Korea. His clinical practice specialization in laparoscopic surgery involves a focus in the field of single-port laparoscopic techniques. His standard and routine operation modality is single-port laparoscopic SOLO surgery, with application in a vast spectrum of disease entities and conducted by use of a camera-holder instead of a human assistant. His ongoing research interests are minimally invasive surgery and endoscopic procedures, and for the last several years, he has been performing completely scar-less surgeries. He serves as editorial board member and reviewer for several scientific journals and has published more than 120 peer-reviewed articles. (L-Editor: Filipodia)

AIMS AND SCOPE

The primary aim of *World Journal of Gastrointestinal Endoscopy* (*WJGE*, *World J Gastrointest Endosc*) is to provide scholars and readers from various fields of gastrointestinal endoscopy with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJGE mainly publishes articles reporting research results and findings obtained in the field of gastrointestinal endoscopy and covering a wide range of topics including capsule endoscopy, colonoscopy, double-balloon enteroscopy, duodenoscopy, endoscopic retrograde cholangiopancreatography, endosonography, esophagoscopy, gastrointestinal endoscopy, gastroscopy, laparoscopy, natural orifice endoscopic surgery, proctoscopy, and sigmoidoscopy.

INDEXING/ABSTRACTING

The *WJGE* is now abstracted and indexed in Emerging Sources Citation Index (Web of Science), PubMed, PubMed Central, China National Knowledge Infrastructure (CNKI), and Superstar Journals Database.

RESPONSIBLE EDITORS FOR THIS ISSUE

NAME OF JOURNAL
World Journal of Gastrointestinal Endoscopy

ISSN
ISSN 1948-5190 (online)

LAUNCH DATE
October 15, 2009

FREQUENCY
Monthly

EDITORS-IN-CHIEF
Anastasios Koulaouzidis, Bing Hu, Sang Chul Lee

EDITORIAL BOARD MEMBERS
https://www.wjgnet.com/1948-5190/editorialboard.htm

PUBLICATION DATE
September 16, 2020

INSTRUCTIONS TO AUTHORS
https://www.wjgnet.com/bpg/gerinfo/204

GUIDELINES FOR ETHICS DOCUMENTS
https://www.wjgnet.com/bpg/GerInfo/287

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH
https://www.wjgnet.com/bpg/gerinfo/240

PUBLICATION ETHICS
https://www.wjgnet.com/bpg/GerInfo/288

PUBLICATION MISCONDUCT
https://www.wjgnet.com/bpg/gerinfo/208

ARTICLE PROCESSING CHARGE
https://www.wjgnet.com/bpg/gerinfo/242

STEPS FOR SUBMITTING MANUSCRIPTS
https://www.wjgnet.com/bpg/GerInfo/239

ONLINE SUBMISSION
https://www.f6publishing.com

E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com

World Journal of Gastrointestinal Endoscopy

Submit a Manuscript: https://www.f6publishing.com

World J Gastrointest Endosc 2020 September 16; 12(9): 320-322

DOI: 10.4253/wjge.v12.i9.320

ISSN 1948-5190 (online)

LETTER TO THE EDITOR

Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence

Jeremy Meyer, Nicolas Christian Buchs, Boris Schiltz, Emilie Liot, Frédéric Ris

ORCID number: Jeremy Meyer 0000-0003-3381-9146; Nicolas Christian Buchs 0000-0001-9255-3929; Boris Schiltz 0000-0002-8480-748X; Emilie Liot 0000-0002-2856-5260; Frédéric Ris 0000-0001-7421-6101.

Author contributions: Meyer J conceived the letter and wrote the draft of the manuscript; Meyer J, Buchs NC, Schiltz B, Liot E and Ris F reviewed and accepted the manuscript.

Conflict-of-interest statement: The authors have no conflict of interest to declare.

Manuscript source: Unsolicited manuscript

Jeremy Meyer, Nicolas Christian Buchs, Boris Schiltz, Emilie Liot, Frédéric Ris, Division of Digestive Surgery, University Hospitals of Geneva, Genève 1211, Switzerland

Corresponding author: Jeremy Meyer, MD, PhD, Surgeon, Division of Digestive Surgery, University Hospitals of Geneva, Rue Gabrielle-Perret-Gentil 4, Genève 1211, Switzerland. jeremy.meyer@hcuge.ch

Abstract

Latest evidence indicates that patients with acute diverticulitis have higher prevalence of colorectal cancer than reference patients. Therefore, colonoscopy should be offered after an episode of acute diverticulitis.

Key Words: Colorectal cancer; Adenoma; Polyp; Diverticulitis; Colonoscopy; Endoscopy

Core Tip: In a recent meta-analysis, we reported higher prevalences of polyp, adenoma, advanced adenoma and colorectal cancer in patients with diverticulitis than the prevalences reported by Asaad *et al*. Further, evidence indicates that the 1-year incidence of colorectal cancer is higher in patients with diverticulitis than in reference patients. Therefore, we believe that colonoscopy should be offered after an episode of diverticulitis, in opposition with the conclusion reached by the authors.

Citation: Meyer J, Buchs NC, Schiltz B, Liot E, Ris F. Comment on: Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence. *World J Gastrointest Endosc* 2020; 12(9): 320-322

URL: https://www.wjgnet.com/1948-5190/full/v12/i9/320.htm

DOI: https://dx.doi.org/10.4253/wjge.v12.i9.320

Received: April 20, 2020
Peer-review started: April 20, 2020
First decision: June 15, 2020
Revised: August 16, 2020
Accepted: August 31, 2020
Article in press: August 31, 2020
Published online: September 16, 2020

P-Reviewer: Kvolik S, Muguruma N, Syam AF, Yang MS
S-Editor: Liu JH
L-Editor: A
P-Editor: Wang LL

TO THE EDITOR

We thank Asaad *et al*[1] for their interesting publication in the field of colorectal cancer and diverticulitis, that we have read with great attention.

The authors questioned the recommendations of the Association of Coloproctologists of Great Britain and Ireland and the American Society of Colon and Rectal Surgeons to perform a colonoscopy after an episode of acute diverticulitis. To this end, the authors compared the prevalences of polyp, hyperplastic polyp, adenoma, non-advanced adenoma, advanced adenoma and colorectal cancer in 68 patients undergoing colonoscopy after an episode of diverticulitis with the prevalences in 1309 asymptomatic patients undergoing screening colonoscopy.

In patients with diverticulitis, they reported the following prevalences: Polyp 16.2%, hyperplastic polyp 8.8%, adenoma 5.9%, non-advanced adenoma 5.9%, advanced adenoma 0% and colorectal cancer 0%. These prevalences were not significantly different from those found in patients undergoing screening colonoscopy. Then, to support their results, the authors performed a systematic review and meta-analysis of the literature (searching MEDLINE, Embase, CINHAL, the Cochrane Central Register of Controlled Trials, clinicaltrials.gov and the ISTCTN register), including three retrospective cohort studies comparing the prevalences of adenomas and neoplasms between patients with and without diverticulitis, in addition to their own study which they included in the quantitative analysis. Again, the authors described that the pooled risk differences between patients with and without diverticulitis were not different for polyp, adenoma, non-advanced adenoma, advanced adenoma and colorectal cancer.

Asaad *et al*[1] concluded that "*routine endoscopy assessment of patients after an episode of CT proven acute diverticulitis may be unnecessary*". The authors proposed endoscopy to be performed on a "*case-by-case basis*" and to reserve it to patients with complicated diverticulitis.

However, we believe that the authors are drawing hasty conclusions that are not supported by the literature in the field. For instance, in a recent systematic review and meta-analysis pooling 31 studies representing 50445 patients, we showed that the prevalence of colorectal cancer was 1.9% (95%CI: 1.5%-2.3%) in patients with diverticulitis. When only considering patients who underwent endoscopy (12 studies), that prevalence was 2.3% (95%CI: 1.4%-3.7%). Further, we reported the following prevalences for polyps: Polyp 22.7% (21 studies, 95%CI: 19.6%-16.0%), hyperplastic polyp 9.2% (13 studies, 95%CI: 7.6%-11.2%), adenoma 14.2% (15 studies, 95%CI: 11.8%-17.1%) and advanced adenoma 4.4% (8 studies, 95%CI: 3.4%-5.8%)[2,3]. We note that these prevalences are higher than the prevalence reported by Asaad *et al*[1] in patients suffering from diverticulitis.

In our meta-analysis, we did not compare our reported prevalences to the ones from a reference population. However, in a retrospective cohort study including 506 patients with CT-proven episode of acute diverticulitis, and comparing the 1-year incidence of colorectal cancer in that population with the incidence in an age- and gender-matched population, we have shown that the incidence of colorectal cancer in patients with diverticulitis was 44-fold higher (standardized incidence ratio, 95%CI: 18.58-75.96) than in the reference population. This was observed in patients with uncomplicated episode as well as in those with complicated episode[4]. These findings were later confirmed by other teams[5,6].

Therefore, we believe that patients with diverticulitis should be offered colonoscopy to exclude neoplastic lesions[7,8].

We think that the opposing conclusions reached by Asaad *et al*[1] might be explained by limitations in their study design, as they have reported in their publication. First, we believe that the number of patients suffering from diverticulitis included by the authors over a three-year period in three centers is too small and that their study is insufficiently powered to show any difference with reference patients. Further, details regarding included patients (inpatients/outpatients, uncomplicated/complicated diverticulitis) were not reported. This is of importance as patients with complicated episode, for instance, were documented to have higher incidence of colorectal cancer[2]. Moreover, patients from the control group were part of the National Bowel Cancer Screening Program, which consisted in the guaiac fecal occult blood test (now replaced by the fecal immunochemical test)[9]. The objective of this program is to offer endoscopic screening to patients with higher probability of colorectal lesion identified by a positive fecal test. Therefore, we believe that the reference population used by Asaad *et al*[1] was not adequate and led to an overestimation of the prevalence of neoplastic lesions in control patients.

To conclude, we think that the conclusions reached by Asaad *et al*[1] should not lead

to a change of practice regarding the indication for colonoscopy after an episode of diverticulitis.

ACKNOWLEDGEMENTS

The authors would like to thank Dr. Elin Roos, MD, Department of Global Public Health, Karolinska Institutet, Sweden, for reviewing the manuscript.

REFERENCES

1 **Asaad P**, Hajibandeh S, Rahm M, Johnston T, Chowdhury S, Bronder C. Should a colonoscopy be offered routinely to patients with CT proven acute diverticulitis? A retrospective cohort study and meta-analysis of best available evidence. *World J Gastrointest Endosc* 2019; **11**: 427-437 [PMID: 31367268 DOI: 10.4253/wjge.v11.i7.427]

2 **Meyer J**, Orci LA, Combescure C, Balaphas A, Morel P, Buchs NC, Ris F. Risk of Colorectal Cancer in Patients With Acute Diverticulitis: A Systematic Review and Meta-analysis of Observational Studies. *Clin Gastroenterol Hepatol* 2019; **17**: 1448-1456.e17 [PMID: 30056181 DOI: 10.1016/j.cgh.2018.07.031]

3 **Meyer J**, Buchs NC, Ris F. Reply. *Clin Gastroenterol Hepatol* 2019; **17**: 212-213 [PMID: 30558893 DOI: 10.1016/j.cgh.2018.08.075]

4 **Meyer J**, Thomopoulos T, Usel M, Gjika E, Bouchardy C, Morel P, Ris F. The incidence of colon cancer among patients diagnosed with left colonic or sigmoid acute diverticulitis is higher than in the general population. *Surg Endosc* 2015; **29**: 3331-3337 [PMID: 25631117 DOI: 10.1007/s00464-015-4093-1]

5 **Grahnat CJ**, Hérard S, Ackzell A, Andersson RE. High Probability of an Underlying Colorectal Cancer Among Patients Treated for Acute Diverticulitis. A Population-Based Cohort Follow-Up Study. *World J Surg* 2016; **40**: 2283-2288 [PMID: 26956904 DOI: 10.1007/s00268-016-3480-7]

6 **Azhar N**, Buchwald P, Ansari HZ, Schyman T, Yaqub S, Øresland T, Schultz JK. Risk of colorectal cancer following CT-verified acute diverticulitis: a nationwide population-based cohort study. *Colorectal Dis* 2020 [PMID: 32301257 DOI: 10.1111/codi.15073]

7 **Meyer J**, Buchs NC, Ris F. Colonoscopy Should Be Performed After an Episode of Uncomplicated Diverticulitis. *Dig Surg* 2019; **36**: 357 [PMID: 30304726 DOI: 10.1159/000493436]

8 **Meyer J**, Buchs NC, Ris F. Risk of colorectal cancer in patients with diverticular disease. *World J Clin Oncol* 2018; **9**: 119-122 [PMID: 30425936 DOI: 10.5306/wjco.v9.i6.119]

9 **GOV.UK.**. Bowel cancer screening: programme overview. 1 January 2015 [cited 19 April 2020]. Available from: https://www.gov.uk/guidance/bowel-cancer-screening-programme-overview - screening-tests

Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-3991568
E-mail: bpgoffice@wjgnet.com
Help Desk: https://www.f6publishing.com/helpdesk
https://www.wjgnet.com