

Endoscopy

Supplement

S02/2025

This journal is indexed in MEDLINE, Current Contents (CM + LS), Science Citation Index, and in EMBASE/Excerpta Medica and SCOPUS

Official Organ of the European Society of Gastrointestinal Endoscopy (ESGE) and Affiliated Societies



**Shining a light
on endoscopy**
Barcelona, Spain
April 3 - 5, 2025

**Postgraduate Course, onsite:
April 2**

CCIB • Centre de Convencions
Internacional de Barcelona

ESGE Days 2025

Abstract issue



eP268 Endoscopic resection of multiple duodenal Brunner gland tumors

Authors Kim SS¹, Choi HH², Sin SH²

Institutes 1 Uijeongbu St. Mary's Hospital, The Catholic University, Euijeongbu, Republic of Korea; 2 Uijeongbu St. Mary's Hospital, The Catholic University, Seoul, Republic of Korea

DOI 10.1055/s-0045-1805948

We report a rare case of multiple concurrent Brunner's gland hamartomas diagnosed and treated via endoscopic resection.

A 46-year-old female presented with multiple submucosal duodenal tumors, identified during an upper gastrointestinal endoscopy. Her medical history was unremarkable, but she had experienced several months of epigastric discomfort and dyspepsia. Hematological tests were normal.

Endoscopy revealed six submucosal mass lesions in the second duodenum, the largest measuring approximately 2 cm. The lesions were covered by normal mucosa, and a small hole was observed on top of one lesion with a "soft cushion sign". Endoscopic ultrasound (EUS) showed a homogeneous hypoechoic lesion with a septate wall in the submucosal layer, consistent with a cystic proliferative submucosal tumor.

Due to their size and number, the three largest lesions were removed by endoscopic mucosal resection for definitive diagnosis. Histological examination confirmed all three lesions as Brunner's gland hamartomas. The patient was advised to remove the remaining lesions but declined and was discharged.

One year later, the patient underwent endoscopic resection of the remaining lesion, which was also histologically confirmed as a Brunner's gland hamartoma. The patient was discharged, and no recurrence was observed during several years of follow-up.

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP269V Successful endoscopic management of huge anastomosis site leakage with necrosis after esophagojejunostomy: case series

Authors Ryu CB¹, In C², Bae JY³, Lee MS¹

Institutes 1 Soonchunhyang University Bucheon Hospital, Bucheon, Republic of Korea; 2 Department of Surgery, Soon Chun Hyang University of School of Medicine, Bucheon-si, Republic of Korea; 3 Seoul Medical Center, Seoul, Republic of Korea

DOI 10.1055/s-0045-1805949

Abstract Text The aim of study was to show successful endoscopic stenting for the treatment of huge AL-N associated with the presence of intra-abdominal abscess after total gastrectomy with esophagojejunostomy.

Method A total of 3 patients who was performed with total gastrectomy and esophagojejunostomy between June 2021 and February 2023 at the Soon Chun Hyang University Bucheon Hospital, Rep of Korea developed huge AL-N. All patients received endoscopic therapy with fully covered SEMS by Shim's technique for AL-N.

Results Overall, the complete AL-N closure rate was 100%. The time from the beginning of endoscopic therapy to complete closure of the AL-N was 9 weeks to 13 weeks.

Conclusions Endoscopic therapy using modified fully covered SEMS is an effective method.

Video http://data.process.y-congress.com/ScientificProcess/Data//106/570/1428/4e26c2bd-f6ad-4a4a-a08e-8dace1c0a597/Uploads/16849_7_Short%20Endoscopic%20stenting%20for%20AL%20N%20after%20esophagejejunostomy.mp4

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP270 Anthropometric measurements, body composition and predictive role of phase angle in weight loss after bariatric endoscopy: results from two single-center, randomized trials

Authors Vadalà Di Prampero SF¹, Cosseddu V², Formichetti J², Masia S², Rocchi C², Massidda M², Bazzu P², Giustacchini P³, Costamagna G¹, Bulajic M¹

Institutes 1 Digestive Endoscopy Unit, Ospedale Fatebenefratelli Gemelli Isola Tiberina, Rome, Italy; 2 Mater Olbia Hospital, Olbia, Italy; 3 Agostino Gemelli University Policlinic, Rome, Italy

DOI 10.1055/s-0045-1805950

Aims In the era of pandemic obesity endoscopic bariatric therapy (EBT) is becoming even more common to treat obese patients less invasively than surgery. Nowadays two procedures are mainly widespread: space-occupying procedures through intragastric balloons (IGB) and restrictive procedures through endoscopic gastroplasty (EG). Our study aims to assess changes in anthropometric measurements and body composition after EBT looking for any predictive factors of weight loss related to the procedures in the short-term.

Methods Two single-center, randomized trials of patients who underwent EBT through IGB (ClinicalTrials.gov NCT06673550) or EG (ClinicalTrials.gov NCT04854317) were considered. Primary outcome concerned the efficacy of the EBT procedures at improving the body circumferences (arm, waist, hip and calf) and the body composition (fat mass (FM), free fat mass (FFM), body cell mass (BCM)). Secondary outcome was to detect any predictive factors of weight loss related to the procedures analyzed. As time frame for analysis, we considered the 6-month follow-up, when we used to remove the IGB.

Results Between July 2020 and January 2024, 318 obese patients were analyzed: 156 underwent IGB (mean age 46 ± 14 years; females 69.2%; body mass index 41.9 ± 9.1 kg/m²; obesity class III as the main obesity class in 53.0% of cases) and 162 underwent EG (mean age 46 ± 10 years; females 87.5%; body mass index 36.6 ± 3.1 kg/m²; obesity class II as the main obesity class in 58.3%). The follow-up visit at 6 months was attended by 146/156 (93.5%) patients in IGB group and by 114/162 (70.4%) patients in the EG group. They experienced respectively 14.2 ± 7.1% and 16 ± 6% total body weight loss (TBWL), and 30.8 ± 23.3% and 39.7 ± 14.9% excess weight loss (EWL). In both groups all the body circumferences homogeneously decreased (p < 0.001). Concerning the body composition, the FM and FM% significantly decreased (p < 0.001), while the FFM% (p < 0.001) and BCM% (p < 0.05) increased. By a linear regression analysis, at 6 months follow-up a significant correlation between the Phase Angle and the percentage of TBWL (r = 0.327, p < 0.05) and EWL (r = 0.274, p < 0.05) was detected in EG group, while in the IGB group this correlation wasn't found, probably because the baseline features of the two groups were different (mainly regarding BMI) and the mechanisms of weight loss are different in the two groups and the EBTs are different themselves.

Conclusions EBTs through IGB and EG seem to be effective for the treatment of obese patients inducing weight loss, improving the anthropometric measurements and the body composition. The Phase Angle could be considered a predictor of weight loss in some EBTs, getting a role in the personalized therapy for obesity.

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP271 Empowering Ukrainian Endoscopists: A Study on the Efficacy of Intensive One-Day Training Courses

Authors Hornik I¹, Janelidze D¹, Dombrovsky Y², Korpiak V³, Kiosov O⁴, Lapsar H⁵, Kryvoryk O⁶, Polishchuk S¹

Institutes 1 LLC "GASTROCENTER", Olymed, Kyiv, Ukraine; 2 Independent Pathology Practice, Kyiv, Ukraine; 3 Lisod, Kyiv, Ukraine; 4 University Clinic ZSMFU, Zaporizhzhia, Ukraine; 5 Medical laboratory "CSD Lab", Kyiv, Ukraine; 6 Clinical Hospital Feofaniya, Kyiv, Ukraine

DOI 10.1055/s-0045-1805951

Aims The Russian invasion disrupted Ukraine's healthcare including endoscopy education. Our previous research highlighted the need for additional training to improve endoscopy quality in Ukraine. We aimed to initiate and evaluate a one-day in-person course intended to increase the knowledge and practical skills of Ukrainian endoscopists.

Methods The training included seven one-day, nine-hour in-person courses taught by expert endoscopists from October 2023 to May 2024. Each course covered core topics on one of the following themes including colorectal cancer screening, upper gastrointestinal endoscopy, endosonography (EUS), and inflammatory bowel diseases (IBD) followed by detailed examination and commentary of histological images by an experienced pathologist with further hands-on practice on training models, allowing the participants to develop practical skills in a controlled environment. The applicants were selected based on their credentials and motivation. The evaluation consisted of pre- and post-course assessments focused on topic understanding and endoscopic image recognition. Only participants who had completed both assessments were included in the analysis to accurately compare scores before and after the training. A paired t-test was conducted to assess the effectiveness of the training.

Results Seventy-seven participants, including 27 women (30.1%), participated in our study. Using a paired t-test to analyze the data, we found a statistically significant increase in post-training scores ($p < 0.001$), indicating a positive impact of the training. The average improvement in test scores was 40.77%, demonstrating a substantial enhancement in the knowledge and skills of the participants following the training.

Conclusions The results of our study suggest that the training program successfully improved the participants' performance, supporting its efficacy as an educational tool.

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP272 Perceptions of Artificial Intelligence in Endoscopy among Italian Gastroenterologists: a National Survey

Authors Maida M^{1,2}, Sferrazza S³, Calabrese G³, Marasco G^{4,5}, Furnari M^{6,7}, Boskoski I⁸, Vitello A¹, Sinagra E⁹, Facciorusso A¹⁰

Institutes 1 Department of Medicine and Surgery, University of Enna 'Kore', Enna, Italy; 2 Gastroenterology Unit, Umberto I Hospital, Enna, Italy; 3 Gastroenterology and Endoscopy Unit, "ARNAS Civico – Di Cristina – Benfratelli" Hospital, Palermo, Italy; 4 Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy; 5 S. Orsola-Malpighi Polyclinic, Bologna, Italy; 6 Division of Gastroenterology, Department of Internal Medicine, University of Genoa, Genoa, Italy; 7 IRCCS Ospedale Policlinico San Martino, Genoa, Italy; 8 Digestive Endoscopy Unit, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy; 9 Gastroenterology Unit, Fondazione Istituto San Raffaele, Cefalù, Italy; 10 Gastroenterology Unit, Department of Medical and Surgical Sciences, University of Foggia, Foggia, Italy

DOI 10.1055/s-0045-1805952

Aims An extensive body of evidence regarding artificial intelligence (AI) in endoscopy is currently available, but the transition of these technologies to the bedside is still in progress. This national survey aims to assess the perceptions of AI among gastroenterologists in Italy.

Methods 320 Italian gastroenterologists and trainees in gastroenterology were invited to answer a web-based survey.

Results Data from 150 respondents from 20 Italian regions were analyzed. Overall, 67.3% of the participants were practicing gastroenterologists, and 32.7% were trainees. 99.3% have heard of AI in gastroenterology and 49.3% of them currently use AI tools in endoscopy. Median perception of AI systems was 8 (6–8) for simplicity in use, 8 (3–7) for diagnostic sensitivity, 6 (5–8) for diagnostic specificity, and 5 (2–6) for extension of procedure time on a scale from 1 to 10. About one-half of participants raised a fair concern about using AI systems. The main concern was on regulatory issues, with a median score of 6

(4–7) on a scale from 1 to 10, followed by legal and data protection, with a median score of 5 (3–7) and 5 (2–7), respectively. On the contrary, fair concern was expressed regarding the reliability of the tools and ethical issues, with a median score of 4 (2–6). Moreover, 78.3% of respondents believe that AI should be applied in the endoscopy training of young gastroenterologists. At subgroup analysis, male gastroenterologists showed higher understanding of AI compared to female, as older gastroenterologists compared to younger ones, and gastroenterologists compared to trainees. Additionally, older gastroenterologists reported finding AI endoscopy tools simpler to use and expressed more concerns about regulatory issues.

Conclusions The data from this survey show that Italian gastroenterologists have proper awareness and favorable perception of AI in endoscopy, with a good diffusion of AI tools across the national territory and fair concerns about regulatory issues.

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP273 Exploring the Effectiveness of ChatGPT in Addressing Direct Patient Queries on Colorectal Cancer Screening

Authors Maida M^{1,2}, Mori Y^{3,4}, Fuccio L^{5,6}, Sferrazza S⁷, Vitello A¹, Facciorusso A⁸, Hassan C^{9,10}

Institutes 1 Department of Medicine and Surgery, University of Enna 'Kore', Enna, Italy; 2 Gastroenterology Unit, Umberto I Hospital, Enna, Italy; 3 Clinical Effectiveness Research Group, Oslo University Hospital, Oslo, Norway; 4 Digestive Disease Center, Showa University Northern Yokohama Hospital, Yokohama, Japan; 5 Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy; 6 IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy; 7 Gastroenterology and Endoscopy Unit, "ARNAS Civico – Di Cristina – Benfratelli" Hospital, Palermo, Italy; 8 Gastroenterology Unit, Department of Medical and Surgical Sciences, University of Foggia, Foggia, Italy; 9 Endoscopy Unit, Humanitas Clinical and Research Hospital, IRCCS, Rozzano, Italy; 10 Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Italy

DOI 10.1055/s-0045-1805953

Aims Recent studies showed that large language models (LLMs) could enhance understanding of CRC screening, potentially increasing participation rates. However, a limitation of these studies is that questions posed to LLMs are generated by experts. This study aims to investigate the effectiveness of ChatGPT-4o in answering CRC screening queries directly generated by patients.

Methods Ten patients formulated questions across four CRC screening scenarios, which were posed to ChatGPT in two separate sessions. Responses were assessed by five experts and ten patients.

Results Experts rated the responses with mean scores of 4.1 ± 1.0 for accuracy, 4.2 ± 1.0 for completeness, and 4.3 ± 1.0 for comprehensibility. Patients rated responses as *complete* in 97.5%, *understandable* in 95%, and *trustworthy* in 100% of cases. Finally, we evaluated the text similarity in each pair of responses obtained by ChatGPT-4o in the first and second sessions. The results showed an average similarity of $86.8 \pm 2.7\%$ (range 82%–93%), indicating good consistency of outputs over time.

Conclusions Despite variability in questions and answers, ChatGPT confirmed good performances in answering CRC screening queries, even when used directly by patients.

Conflicts of Interest YM: Olympus (consulting, device loan, speaking honorarium); Cybernet System Corp. (loyalty). All the other authors have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of this manuscript.