Introduction to the volume 2, second issue

Dear Colleagues,

In the current issue research papers deal with the use of new modalities. Confocal endomicroscopy (CEM) can improve efficiency of Barrett surveillance. Limited data suggest that endoscopists with minimal experience in CEM can effectively use this technology for “smart” biopsy to decrease the need for intense tissue sampling but without lowering the diagnostic yield in detecting dysplasia. String capsule endoscopy for screening and surveillance of esophageal varices in patients with cirrhosis had an acceptable sensitivity and specificity for the diagnosis of clinically significant esophageal varices. The lack of air insufflation, however, still hampers its correlation with the grading used with EGD. A protocol-based strategy is described to minimize complications during selective biliary cannulation. Colonic diverticulosis is associated with an increased adenoma detection rate in patients

undergoing first-time screening colonoscopy. The presence of colonic diverticulosis does not adversely affect the cecal intubation rate, scope insertion or withdrawal times, or sedation requirements. A review paper touches on the approaches to endoscopic retrograde cholangiopancreatography in patients with Roux-en-Y anatomy. Reports and cases series describe endoscopic removal of foreign body from hepatic duct using wire guided forceps and basket, a novel technique on EUS-guided access to dorsal pancreatic duct in a patient with pancreas divisum, synchronous EUS-guided choledochoduodenostomy with metallic biliary and duodenal stents placement in a patient with malignant papillary tumor, and symptomatic gastric inlet patches in children treated with argon plasma coagulation, and endoscopic management of biliary leak following gunshot wound to the liver. These articles from around the world continue to reflect the worldwide support of the relatively new journal.

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