No ‘Learning Effect’ in Colonoscopy Comparison

Early Data Look Good for Rear-View Colonoscopy

**San Diego** — Preliminary data from two studies suggest that the Third Eye Retroscope may improve polyp detection during colonoscopy by 15%-20%. The Third Eye Retroscope is a disposable device inserted through the instrument channel of a conventional colonoscope after intubation to the cecum. The tip of the Retroscope bends 180 degrees so that the camera and an integrated light source can be directed backward toward the tip of the colonoscope.

During the withdrawal phase of colonoscopy, a split-screen display gives the colonoscopist both a conventional camera view and a continuous retrograde view from the Retroscope camera.

The device can help find lesions located on the proximal aspect of flexures or haustral folds.

**DR. DIMARCO**

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Chromocolonoscopy Can’t Beat White Light in High Definition

**San Diego** — High-definition chromocolonoscopy did not significantly increase detection of adenomas, compared with high-definition white light colonoscopy, in a randomized, multicenter study of 660 patients. In average-risk patients aged 50 years or older undergoing first-time screening colonoscopy, at least one adenoma was seen in 35.5% of 321 patients using chromocolonoscopy and in 48.4% of 339 patients using white light colonoscopy. The 7.1 percentage point increase in the detection rate did not reach statistical significance (P value, 0.07), Dr. Charles J. Kahi and his associates reported at the annual meeting of the American College of Gastroenterology.

Chromocolonoscopy detected an average of 1.3 adenomas per patient, while white light colonoscopy detected 1.1.

**DR. KAHI**

In general, flat and depressed colon neoplasms are easy to miss on colonoscopy, he noted, but awareness is increasing that these precursors for colorectal cancer in Western populations. Flat or depressed lesions are more difficult to visualize than polypoid lesions with conventional colonoscopy and are more likely to contain high-grade dysplasia or invasive carcinoma.

The mean procedure time was significantly longer in the chromocolonoscopy group (31 minutes) compared with the white light colonoscopy group (22 minutes), and the mean dose of the sedative propofol was significantly higher in the chromocolonoscopy group (345 mg) than with white light (297 mg).

Dr. Kahi reported having no conflicts related to this study.