

PENTAX i-SCAN™ with Radiation Proctitis

Case Study

For Medical Professionals

Patient History

CB is an 81-year-old male referred for a colonoscopy for evaluation of rectal bleeding. There is no prior family history of colorectal cancer, and screening colonoscopy done five years earlier was within normal limits. He did have a diagnosis of prostate cancer two years for presentation and was treated with radiation therapy.

Colonoscopy Findings:

Colonoscopy was performed and was advanced into the terminal ileum. Essentially there were no findings of colon polyps, tumors or mass lesions. In addition, no endoscopic findings of Crohn's disease or ulcerative or ischemic colitis were noted. In the distal rectum there was the appearance of radiation proctitis seen on initial White light endoscopy (WLE) imaging which suggested that the degree of proctitis was mild encompassing approximately 25% of the surface area (Figure 1). However, the i-SCAN 1 mode was turned on and in fact revealed extensive radiation proctitis involving approximately 60% of the lumen surface area in the anterior-lateral wall in a

semicircumferential fashion. This was consistent with moderate-to-severe radiation proctitis (Figure 2). This allowed for better targeting of therapy with argon plasma coagulation (APC) using a 10 French treatment probe (Figure 3).

Patient Follow-up and Outcome:

Post-treatment the patients symptoms of rectal bleeding improved markedly. He returned for one more follow-up flexible sigmoidoscopy two months later with additional therapy of the radiation proctitis, which had been downgraded to mild proctitis after the first round of APC therapy. He continues to do well and has not had recurrence of rectal bleeding.

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Figure 1



Figure 2

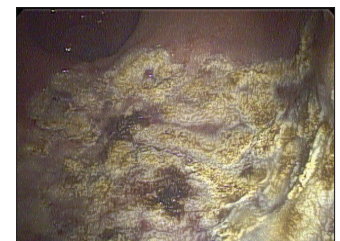


Figure 3

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