

■ S-7 ■

Severe Gastro-esophageal Reflux Disease during antiangiogenic therapy

Department of Internal Medicine, Ewha Womans University School of Medicine, Seoul, Korea

*Jae-in Ryu, Hye-kyung Jung, Ju Young Choi, Sun Hee Roh, Chung Hyun Tae, Seong-Eun Kim, Ki-Nam Shim,
Tae-Hun Kim, Sung-Ae Jung, Kwon Yoo, Il Hwan Moon

Angiogenic inhibitors (AIs) have been found to increase survival and are approved in advanced renal cell carcinoma. Sunitinib (Sutene®: Pfizer, New York, NY, U.S.A.) is a novel agent, acting on tumor angiogenesis. Recently Sunitinib approved for the treatment of advanced renal cell carcinoma (RCC). However, they may cause cutaneous, vascular and mucosal toxicities, including hand-foot skin reaction, skin rash, hypertension and gastroesophageal reflux disease (GERD)-like esophagitis/gastritis. In most cases, GERD-like esophagitis / gastritis is self limited. There are limited reports on severe GERD with upper gastrointestinal bleeding (UGIB). First case: A 70-year-old man was admitted due to bloody vomiting and epigastric soreness. He was treated by left radical nephrectomy due to RCC, however, lung metastasis was newly developed. Sunitinib was initiated as a standard regimen (50 mg/day for 4 weeks every 6 weeks). After the patient was treated at the 4th cycle, he complained for epigastric soreness and hematemesis. Emergency endoscopy revealed reflux esophagitis (RE) LA-B with active ulcerations. Second case: A 56-year-old man presented nausea, bloody vomiting. He was receiving treatment metastatic RCC. He had a right nephrectomy and left lung wedge resection at 2007. He had chemotherapy with sunitinib 50 mg once daily ever since. An emergency endoscopy showed esophageal hematoma with acute ulceration with RE, hiatal hernia and duodenitis. Both of them were treated well with conservative management. We report the two cases of men who were suffering from severe GERD with UGIB while treating with AIs, sunitinib.

Key Word: Sunitinib, Angiogenesis inhibitors, Gastroesophageal reflux, Metastatic renal cell carcinoma

■ S-8 ■

Factors Affecting Insertion Time of Colonoscopy after Colorectal Resection

Department of Internal Medicine, Institute of Gastroenterology, Yonsei University College of Medicine, Seoul, Korea

*Hui Won Jang, M.D., Chang Mo Moon, M.D., Jin Ha Lee M.D., Soung Min Jeon M.D., Jae Jun Park, M.D.,
Tae Il Kim, M.D., Won Ho Kim, M.D., Jae Hee Cheon, M.D.

Background: Colonoscopy can detect both early intraluminal recurrence and metachronous neoplasia after colorectal cancer resection. Since colon length and location change after colorectal resection, factors affecting insertion time during colonoscopy might also be altered. **Aims:** The goal of this study was to examine whether colonoscope insertion time differs between left side resection and right side resection, and to identify factors that can have an impact on colonoscopy performance after colorectal resection. **Methods:** Consecutive patients who underwent colonoscopy between November 2005 and November 2009 after colorectal resection for colorectal cancer were included. We classified surgical Methods: into left side resection (left hemicolectomy, low anterior resection, anterior resection, Hartman, and Mile's operation) or right side resection (right hemicolectomy), and evaluated the colonoscope insertion time retrospectively. Moreover, factors that affected the insertion time were analyzed. **Results:** A total of 1,260 patients underwent colonoscopy after colorectal resection during the study period. Of these, 1,248 patients (771 males) who underwent complete colonoscopy were evaluated in this study. The colonoscopy completion rate was 99.0%, and the mean insertion time was 6.5±5.1 min. Right side resection, female gender, a lower endoscopist case volume, and colonoscopy performed more than one year after colorectal resection were found to be independent factors associated with prolonged insertion time. **Conclusions:** This large study identified four factors that affect colonoscope insertion time after colorectal resection. These findings have implications for the practice and teaching of colonoscopy after colorectal resection.