

Symposium : Interventional Gastroenterology

OUR GUEST EDITOR



Dr. A. K. Khurana

Dr. A. K. Khurana is a graduate of UCMS, Delhi. He did his M.D. Medicine in 1988 from Delhi University and D.N.B. Medicine in 1989. He was ranked first in the all India combined medical services examination held in 1986. He did his D.M. in gastroenterology from G B Pant hospital, Delhi University, in 1991. In 2006, he was awarded fellowship (FRCP) by the Royal College of Physicians, Ireland.

After working at the G B Pant and Safdarjung Hospitals, Delhi, he joined private sector in 1993. Presently, he is working as senior consultant & Head, Deptt. of Gastroenterology at Jaipur Golden Hospital and Rajiv Gandhi Cancer Institute & Research Centre, Rohini, Delhi. His main areas of interest are onco-gastroenterology and therapeutic endoscopy. He is actively involved in various academic activities including holding regular gastro CMEs (JGCON – gastrovision). He has been invited as faculty member in various national and international conferences. Dr. Khurana also brings out a quarterly newsletter from the department titled “*JGH Gastrovision*” which has national and international circulation.

EDITORIAL

Endoscopic evaluation of gastrointestinal tract and hepatobiliary system has revolutionised the management of GI disorders. Initially the endoscopes were mainly fiberoptic but now, most centres world over use video-endoscopic system which not only provides magnified view but also helps in storing the data for future reference and comparison. Newer diagnostic techniques introduced for evaluation of upper and lower GI tract include- chromoendoscopy, zoom endoscopy, narrow band imaging and confocal endoscopy. These techniques are especially useful for evaluation of premalignant and malignant lesions. For evaluation of pancreatico-biliary system, we now have mother and baby endoscopes and spyglass technologies for doing pancreatoscopy and cholangioscopy. Advent of endoscopic ultrasound (EUS) has made evaluation of malignant lesions, nodal involvement, and assessment of pancreaticobiliary system much better with added advantage of tissue sampling. Endoscopic evaluation of entire small bowel, a forbidden territory, has become a reality by the use of video-capsule endoscopy and double/ single balloon endoscopy.

On the therapeutic front, most of the lesions which were treated surgically can be managed endoscopically. These include – endoscopic sclerotherapy (EST) and band ligation for variceal bleed; EST for non variceal bleed; use of hemoclips for bleed control and perforation closure; endoscopic mucosal resection and submucosal dissection for superficial premalignant and early malignant lesions and benign submucosal lesions; placement of self expandable metallic and plastic stents for malignant and benign GI stenoses; and use of laser or APC or PDT for treating premalignant lesions. Endotherapy of various benign and malignant lesions of pancreatico-biliary system like stones, stricture, leaks and pseudocysts is well established. Efforts are on to develop newer techniques which are safe, easily available, cost effective and user and patient friendly.

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