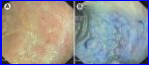


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Controlled Studies on the Use of Chromoendoscopy in UC

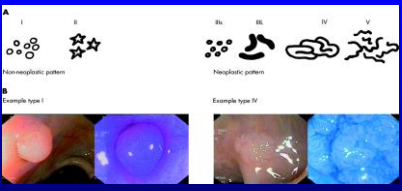


Study	Number of patients	Dye	Number of lesions	Difference (x-fold)
Kiesslich <i>et al.</i> (2003)	165	MB-methylene blue IC-Indigocarmine	42 (32 vs 10)	3.07
Hurstone <i>et al.</i> (2004)	324	IC and magnification	93 (69 vs 24)	3.81
Rutter <i>et al.</i> (2004)	100	IC	7 (7 vs 0)	4.50
Kiesslich <i>et al.</i> (2007)	153	MB and Confocal Endomicroscopy	23 (19 vs 4)	4.75
Marion <i>et al.</i> (2008)	102	MB	20 (17 vs 9)	5.66

Kiesslich R, et al. Endoscopic Surveillance in UC: Smart biopsies do it better. *Gastro* 2007;133:742-5. Kiesslich R, et al. Is chromoendoscopy the new standard for cancer surveillance in patients with ulcerative colitis? *Nat Clin Pract Gastroenterol Hepatol*. 2009 Mar;6(3):134-5.


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Pit Pattern Classification (Kudo)



The typical crypt architecture of types I-V are indicated (A). (B) Examples of type I (left) and type IV (right) lesions before and after chromoendoscopy.

Kiesslich R, et al. *Gut* 2004;53:165-167



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Chromoendoscopy: Which Dye?

- **Indigo carmine (0.1%-0.4%)**
 - Contrast stain neither reacts or is absorbed by the colonic mucosa
 - Pools in mucosal grooves allowing better definition of small or flat lesions as well as alterations in mucosal architecture
 - Can be washed off the mucosa
- **Methylene blue**
 - Vital dye taken up by colonic mucosa within 1-2 minutes staining noninflamed mucosa but is poorly taken up by dysplastic tissue or inflamed mucosa
- **No published studies comparing indigo carmine to methylene blue in patients with IBD**

Farraya FA, Schroy P. Chromoendoscopy: A new vision for colonoscopic surveillance in IBD. *Gastroenterology* 2006;131:323-325.
