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Colonoscopy and infectious disease

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Colonoscopy is the endoscopic examination of the large bowel and the distal part of the small bowel with a camera on a flexible tube passed through the anus. It can provide a visual diagnosis (e.g. ulceration, polyps) and grants the opportunity for biopsy or removal of suspected colorectal cancer lesions. Complications of colonoscopy are rare. These complications are perforation, bleeding, anaesthesia related bowel preparation and infection. The rate of infection was found as 1/1.8 million. The risk of infection development differs depending on gastrointestinal system region in which the endoscopic procedure is performed, and on type of procedure, and on patient's underlying disease. The incidence of bacteremia after colonoscopy whether with or without biopsy and polypectomy varies between 0 and 25%. Bacteremia developing in immunocompetent patients during or after colonoscopy is generally transient or asymptomatic. The incidence of transient bacteremia in flexible endoscopes varies between 0 and 1%. Colonoscopy related infections are of two forms: 1) Endogenous infection: The spread of patient's own microbial flora in gastrointestinal system to other organs or prosthesis via the bloodstream during colonoscopy. Endoscopic procedures most often result in endogenous infections (i.e., infections resulting from the patient's own microbial flora), and *E. coli*, *Klebsiella* spp., *Enterobacter* and *Enterococcus* are the species most frequently isolated. 2) Exogenous infections: The spread of microorganisms from one patient to other patient by a contaminated endoscope (opportunistic pathogens such as bacteria, HBV, HCV, fungi, parasites etc.). The important risk factors of exogenous infections in colonoscopy are the number of microorganisms present inside the endoscope or biofilm production, invasive procedure which is resulting tissue damage, immunocompromised status of the patients (malignancy, solid organ transplantations, immunosuppressive treatment, human immunodeficiency virus, etc.) and presence of infectious focus during colonoscopy. Such infections are preventable with strict adherence to accepted reprocessing guidelines.

Biography

Sebnem Calik has completed her MD at Trakya University and Post-doctoral studies at Ege University, Medical Faculty of Infectious Diseases and Clinical Microbiology. She is interested in Febrile Neutropenia, Bloodstream Infection, Nosocomial Infection and Fungal Infection. She has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of reputed journals.

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