

Improve the Application Value of Endoscopy in Intestinal Obstruction [Letter]

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Dear editor

We have read with great interest the article by Abdihamid Mohamed Ali et al, titled “Etiology, Clinical Manifestations, and Imaging Evaluation of Intestinal Obstruction in Adults at Tertiary Hospital in Mogadishu, Somalia: A Retrospective Study”.¹ The study presents a comprehensive analysis of intestinal obstruction; But we think that something else still needs to be discussed, especially in endoscopy.

IO presents a critical surgical emergency, associated with considerable morbidity and mortality. The study underscores the paramount importance of early diagnosis and intervention, areas where endoscopy's impact is profound. Especially in patients with small bowel obstruction, microenteroscopy and capsule endoscopy can provide significantly reduced the blind spots in the diagnostic landscape of IO and provide valuable information on the site and nature of the obstruction.

Endoscopy offers real-time, high-resolution imaging of the intestinal lumen, which is crucial for distinguishing between mechanical and functional obstructions. It is instrumental in identifying strictures, tumors, and foreign bodies—common etiologies of IO. Beyond diagnostics, endoscopy also serves a therapeutic purpose; it can dilate strictures or extract foreign bodies, thereby resolving the obstruction.²

The study highlights the prevalence of computed tomography (CT) in IO assessment, with 87% of cases undergoing CT scans—a figure that likely reflects the local medical infrastructure. While CT excels at identifying transition points and bowel wall alterations, endoscopy complements these findings by providing a direct view of the mucosal surface and access to minimally invasive therapeutic options. The synergy between endoscopic and radiographic approaches enhances diagnostic precision and informs treatment strategies.

In the context of decompression, endoscopy is invaluable in managing IO by enabling the strategic placement of decompression tubes or stents.³ These interventions reduce bowel wall tension, alleviate symptoms, and facilitate planning for definitive surgical procedures. Endoscopic decompression is especially advantageous for high-risk surgical candidates or patients with recurrent obstructions.

Anticipating future developments, the evolution of endoscopic techniques continues to broaden the therapeutic horizons for IO. Innovative procedures such as endoscopic submucosal dissection (ESD) and peroral endoscopic myotomy (POEM) present minimally invasive solutions for treating obstruction-inducing lesions like gastrointestinal stromal tumors (GISTs) and achalasia.⁴

In conclusion, endoscopy is an essential component of the diagnostic and therapeutic toolkit for IO. Its contributions to direct visualization, minimally invasive treatment, and decompression are indispensable. With the advancement of endoscopic techniques, we further improved IO management, possibly reduced reliance on open surgery and improved patient outcomes.

Disclosure

The authors report no conflict of interest in this communication.

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