

Q24 Alarm features, suggesting serious pathology, that a competent ER practitioner should be able to identify and manage appropriately

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Kudo V pit pattern, depressions, concerning microvascular changes (Sano IIIa/b), non-lifting - Hard/firm tissue appreciated on snare closure -Non-mobility following snare closure suggesting risk of MP entrapment -Target signs	1/13/2018 6:40 AM
2	Fever abdominal pain blood loss shock	12/7/2017 5:48 PM
3	- non lifting and causes - implications of ulceration - disrupted surface morphology in any classification - PARIS IIc, IIa + IIc lesions	12/3/2017 9:54 PM
4	* optical diagnosis of invasive growth (see before) * non-lifting * long coagulation before snare finishes cutting * lots of cooked/white tissue after snaring	11/18/2017 9:37 PM
5	Pain Tenderness/peritonism Distension Fever Tachycardia REstlessness Hypoxia Rectal bleeding	11/14/2017 6:08 AM
6	1. Abdominal pain, guarding, rigidity 2. Haemodynamic instability and rectal bleeding	11/13/2017 1:44 PM
7	Not entirely sure what this is referring to: The competent ER practitioner should be able to identify lesions that represent invasive cancer and should not be subjected to ER (alarm features on inspection) A competent endoscopist should be able to recognize the adverse events during the procedure and if they were appropriately addressed during the procedure (intra-procedural alarm features) A competent endoscopist should recognize and understand delayed manifestations of adverse events of bleeding and perforation (post-procedural alarm features). A competent endoscopist should also recognize alarm features on pathology that may require surgical evaluation	11/5/2017 3:14 PM
8	1. Peritonism 2. Subcutaneous crepitus 3. Hemodynamic instability	11/5/2017 3:26 AM
9	non-lifting despite low specificity depression, ulceration spontaneous bleeding disappearance of pit pattern convergence of folds + absence of mobility	11/3/2017 3:11 PM
10	Not sure what you mean by serious pathology?non-lifting, wall deformity muscle injury severe fibrosis/invasion if performing ESD	11/3/2017 12:46 PM
11	Central non-lifting of sessile lesions with high suspicion of malignant focus. Severe patient distress due to intraabdominal gas.	11/1/2017 11:43 AM
12	Target sign. Deep muscle injury or burn. Evidence of invasive malignancy (base not clean)	10/31/2017 11:04 PM