

Endoscopy in people at risk of vCJD: from scope quarantined to access denied
MC Allison, G Dolan
Gut 2007; 56 (suppl ii) A87.

Introduction:

- In 2005 the Advisory Committee on Dangerous Pathogens (ACDP) classified patients at risk of variant CJD (vCJD).
- Approximately 6,500 patients who received blood products between 1980 and 2001.
- Consensus reached with the BSG in defining an "invasive procedure"
- Mucosal biopsy, polypectomy, sphincterotomy and other tissue vaporization deemed invasive. PEG and dilatation also invasive unless risk avoidance procedure done.
- Quarantine of endoscopes used for invasive procedures is advised, because there is no certain method for decontaminating prion particles.

Aims & Methods:

• Two independent surveys:

- (i) Haemophilia Centres surveyed by UK Haemophilia Centre Doctors Association.
- (ii) Endoscopy units serving them surveyed by BSG Endoscopy Committee.

• Questions focused on:

- (i) Whether access to endoscopy is being restricted in people with bleeding disorders;
- (ii) What precautions endoscopists are taking to avoid endoscope contamination;
- (iii) The extent to which endoscopes are being quarantined.

PrP diagram PrP accumulation in Peyer's patches

Results:

- 43 Haemophilia Centres responded.
- Referrals for endoscopy being delayed or declined by endoscopy units serving 25 (58%) of these 43 centres.
- 12 responding endoscopy units commonly endoscope people with haemophilia (median 10 such patients per year - range 3-20), and a further unit routinely scopes other patients with or at risk of vCJD.
- Of these 13 units:
 - 3 avoid mucosal biopsy in patients at risk of vCJD.
 - 4 perform biopsy but take no special precautions against endoscope contamination.
 - 3 use a dedicated endoscope.
 - 1 unit does one biopsy per procedure and withdraws the endoscope with forceps protruding; tip removed with wire cutter.
 - 1 unit has two dedicated consultant endoscopists to reduce risk.
- Only two units we surveyed quarantine endoscopes after biopsy in such patients (as per the ACDP/BSG guidelines).
- At least 11 units have quarantined at least 36 endoscopes, but only two of these have access to dedicated resources for replacing quarantined endoscopes.

Conclusions:

- Wide variation, both in the interpretation of national recommendations and in clinical practice.
- Also variation in acceptance of patients at risk of vCJD for endoscopy, and in risk avoidance.
- Endoscopists must balance need for biopsy and therapy against any alternative avenues for diagnosis and therapy.
- Access to endoscopy for patients at risk of vCJD might improve if there was central funding for replacement and/or refurbishment of quarantined endoscopes