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Development and validation of an endoscopic classification of diverticular disease of the colon: The DICA classification

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On March 2012, a group of Italian gastroenterologists began to develop a new classification for diverticular disease. Some classifications are based on imaging, in particular on the appearance of the disease by abdominal computerized tomography (e.g. Buckey or Ambrosetti or Hinchey's modified classification). Surprisingly, an endoscopic classification of the disease is still lacking. DICA (Diverticular Inflammation Complication Assessment) consider endoscopic parameter to classify the disease: extension of diverticulosis (right or left), number of diverticula (more than 15 or less than 15), inflammation (abscess, edema/hyperaemia, erosions and segmental colitis) and complications (pus, rigidity, stenosis and bleeding). All of these parameters are summarized in a DICA classification from Grade I to Grade III. A multicentric retrospective study was done in 26 centers (Italy, Norway, Brazil and Venezuela). The study enrolled 1651 patients. The median (interquartile range) follow-up was 24 (9-38) months. The results states that this classification has a predictive value. It is simple to use, has excellent reproducibility, a significant correlation with some clinical and laboratory markers of diverticular disease. DICA endoscopic classification would seem to be a good way to evaluate the clinical outcome of patients with diverticular disease diagnosed by colonoscopy. In this moment, a multicentric prospective clinical trials is done with the aim to validate this classification, evaluate its reproducibility and to assess its impact in the natural history of diverticular disease. In this moment, more than eight countries are involved in a prospective study.

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Group and social-historic factors that affect the weight regain in patients undergone in bariatric surgery-Roux-en-Y gastric bypass

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The present study aimed to show that group factors and social historical factors interfere in patient's weight regain that have undergone bariatric surgery. The technique of choice for the study was the Roux-en-Y gastric bypass, considered the gold standard in Brazil. To conduct the qualitative study, 10 patients were interviewed. The criteria of selection of these patients were at least 15% of weight regain of the total weight loss and four or more years of bariatric surgery. The patients were interviewed according to semi-structured questionnaires that addressed demographics data, dietary habits, lifestyle changes, behavioral changes, body image, self-esteem and prejudice experienced and weight regain. The interviews were recorded and the data were transcribed to perform content analysis. It was found that all interviewed patients had the fear of weight regain, that getting thin allows to access slimming and younger clothes, pairs feeding do constraint bariatric patients, they considered the social return of body shape an important marker and weight regain was noticed when people spoke about the issue. New eating habits were installed after the operation, like beer and chocolate. It was found that the group insists on observing the amount of food eaten by bariatric surgery patients and the little amount of food raises social and peer food supply.

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