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Upper and lower gastrointestinal endoscopy mortality: the medical examiner's perspective.

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Abstract

Fiberoptic endoscopy is utilized to diagnose and treat a wide variety of gastrointestinal tract diseases and is currently one of the most commonly performed invasive medical procedures. Though generally considered to be safe, the procedure may be associated with serious complications including death. Herein, we correlate the clinical history with the autopsy findings in gastrointestinal endoscopy (GIE) related fatalities that were reported to the New York City Medical Examiner Office over a 5 year period. The complication rate is higher in therapeutic procedures when compared to diagnostic procedures. Though fatalities following iatrogenic complications are four times more common, emphasis is placed on patients who died following a cardiorespiratory event during or immediately following the procedure. Of 41 upper and 36 lower GIE related fatalities, 10 and 9 respectively, fit this category. The comorbidities frequently associated with fatal cardiorespiratory events were: hypertension and obesity with associated cardiac hypertrophy, diabetes mellitus and coronary artery atherosclerosis. For colonoscopies, the approximate incidence of perforation was 0.00625% and the procedure-related fatality rate was 0.014%. The literature on anesthesia for GIE is also discussed.

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