

Masters of Digestive Endoscopy Prayer at the Opening Ceremony of the 11th International Course on Digestive Endoscopy

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Mr. President, Dr. Fabián Emura of the Colombian Association of Digestive Endoscopy and honorable members of the Board of Directors, the organizers of this 11th international course on digestive endoscopy. Distinguished foreign speakers. Dr. Nageshwar D. Reddy from India, President of the World Endoscopy Organization, WEO, how pleased we are to have a worthy representative of the great country of Rabindranath Tagore and Mahatma Gandhi. Dr. Douglas Fagel, president of the American Society of Digestive Endoscopy. Doctors John Vargo and Prateek Sharma of the United States. Dr. Hisao Tajisi, president of the Japanese Society of Digestive Endoscopy. Dr. Lais Aalakken, Norway, president of the European Society of Digestive Endoscopy. Dr. Cecilio Cerisole, guest speaker from Argentina. Dr. Carmelo Blasco, a corresponding member from Paraguay and guest speaker. Dr. Carlos Robles, guest speaker from Ecuador. Professor Arcio Peñaloza Rosas, founding member of the Colombian Association of Endoscopy. Distinguished Colombian speakers. Representatives of the pharmaceutical industry. Sponsors of the event. Guests. Distinguished ladies.

I am deeply grateful to the Honorable Board of Directors of the Colombian Association of Digestive Endoscopy and especially to its dynamic President, Dr. Fabián Emura, for the undeserved honor of addressing you at this institutional conference, the Masters of Endoscopy. A thousand thanks to Dr. Maria Teresa Galeano for the generous words of your presentation, they are reciprocated with my high esteem and distinction.

Well-known researchers have thoroughly studied the epic of the progress of mankind. They have recorded how that long exciting journey of human evolution began in the land of Canaan, there in the so-called Fertile Crescent, circumscribed by the famous Tigris, Euphrates, and the Nile, cradle of civilization. There, seven thousand years ago the writing, the alphabet, ceramics, pottery and the wheel were invented, and there arose the religious conception of monotheism.

The how and why of this location remain unresolved despite many efforts. Humanity has since embarked on gigantic enterprises to achieve its own development. The most daring of them, the conquest of space. Unspeakable challenges have been overcome by human intelligence, such as mastering infections with asepsis, antisepsis, and antibiotic therapy, and calming pain with anesthesia. When we study how man has been able to prevent diseases with the discovery of vaccines, and cure many pathologies with the mastery of surgery, we doctors are grateful to the Creator for so many achievements.

The epics of the exploration of the different areas of the globe, including its seas, with immense tragedies in between, overwhelm our spirit. That journey to explore the cavities of the human body, especially the digestive tract, which I am now trying to recall with you, something accomplished by hundreds of researchers and scholars on the topic of human pain, becomes incomparable due to its successful results: truly meritorious in the eye of our fellow members of the human race.

Advances in digestive endoscopy have been considered to be among the most important contributions in gastroenterology. Without the diagnostic and therapeutic support of endoscopy, modern gastroenterology would not have developed, and it is still possible to state, as Professor Francisco Villardell of Spain has stated, that if there had been no endoscopic gastric biopsy, the great discovery of *Helicobacter pylori* would not have occurred, or at least that saga would still be hanging from the weak candle lit by Phillip Bozzini, of Italian ancestry (Figure 1) in Frankfurt, in 1806, with the so-called Lichtleiter (Figure 2) which rests in the museum of history of endoscopy in Vienna. This was before the discovery of incandescent lighting. It was followed by several attempts at apparatuses to examine the different cavities of the human body. In 1853, results began to be obtained with Desormeraux's endoscope in the Necker Hospital in Paris (Figure 3). Antoine Jean Desormeraux coined the term endoscopy, following the invention of the laryngoscope by the Spaniard Manuel Garcia, and later by Csermak and Turck in Vienna in the mid-eighteenth century, until the Figure of Kussmaul appeared (Figure 4). He diagnosed esophageal cancer for the first in 1868, in Freiburg, Germany, thanks to his endoscope which had been inspired by circus sword-swallowers. In the annals of history, he is considered to be the father of gastroscopy. Finally, we reach what we enjoy in this twenty-first century: shudder to the sublime.

With great self-consciousness, and abusing all of your patience, but guided by Professor Villardell's history of 100 years of digestive endoscopy in the second millennium, let us follow this brief and exciting journey. Maximilian Nitze (Figure 5), a urologist in Vienna, assisted by Joseph Leiter, a manufacturer of surgical instruments, built a cytoscope that could be used for gastroscopy. It was imperfect and was abandoned (Figure 6). With the arrival of the incandescent lamp, invented by Thomas Alba Edison, new horizons opened. There were several attempts to perfect the gastroscope. This was achieved by Chevalier Jackson in Pittsburg in the United States in 1904 (Figure 7).

Thus we arrive at Rudolph Schindler (Figure 8) who, helped by George Wolff, made a semi-flexible instrument (Figure 9). Here, we see him during instrumentation of a patient, aided by his wife, Gabriele. As was his custom, Rudolph Schindler was a leading educator of students from around the world: the most brilliant of them was Francois-Moutier, from Paris (Figures 10 and 11), who achieved great fame, and who trained Charles Debray (Figure 12) from Hospital Bichat, a character very close to Colombia and a contemporary of Pierre Housset (Figure 13).

The successful use of fiberglass for the transmission of light opened the horizons of modernity thanks to Basil Hirschowitz, with the help of Larry Curtis, in 1957 (Figure 14). In October 1960, in Birmingham, they began the first endoscopic studies with flexible fiberglass equipment. Later, in 1969, engineers Willard S. Boyle and George Smith of Bell Labs introduced the Charge Coupled Device (CCD) that revolutionized imaging and provided video endoscopy with great benefits for documentation and teaching.

With some awe, we recorded the first congress of gastroenterology of 1958, which was held in Washington, and was presided over by the well-remembered Henry L. Bockus of the University of Pennsylvania, Philadelphia when he was the first president of the MUM. Also, the first Congress of



Figure 1.

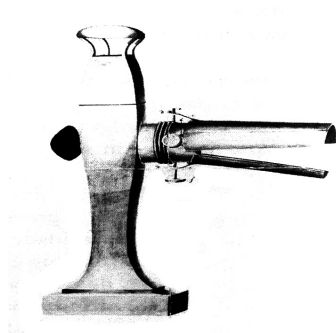


Figure 2.

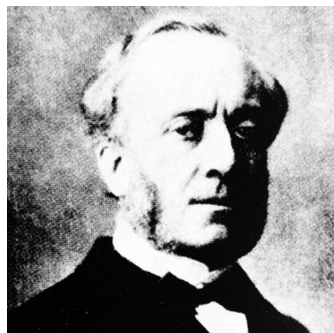


Figure 3.



Figure 4.

Endoscopy in 1966, which was held in Tokyo, Japan, and was chaired by Professor Sadakata Tasaka, in turn the first president of OMED. It is also worth mentioning that during the Pan American Congress of Gastroenterology, held in Buenos Aires in September 1973, the Inter American Society of Digestive Endoscopy SIED was created: its first president was Horacio Rubio from Argentina.

The immeasurable developments that have allowed the diagnosis and treatment of digestive bleeding, exploration of the biliopancreatic pathway, endoscopic ultrasound (both axial and linear), polypectomies, endoscopic prostheses, videocapsule and balloon enteroscopy for the study of the small intestine, laparoscopic surgery, NOTES (natural orifice transluminal endoscopic surgery) and recently POEM (peroral endoscopic myotomy) for the treatment of esophageal achalasia. Nanotechnology at our doors completes this wonderful panorama. The architects of such great achievements are known by us, and we have enjoyed their teachings at international congresses, and we invoke their names in the different countries with almost mystical anointments.

Thanks to advances in laparoscopy, the gynecologist Kurt Semm, on December 13, 1980 at the University of Kiel, Germany, performed the first laparoscopic appendectomy. This event was only communicated in 1983. On the other hand, Eric Mühe at the University of Erlangen, in the service Norbert Henning, and Ludwig Demling, on September 12, 1985, conducted the first laparoscopic cholecystectomy. At almost the same time in March 1987, with no knowledge of the achievement of Mühe et al., Philip Mouret performed another cholecystectomy in Lyon, France. Mouret was followed by Francois Dubois, who in 1988 presented his experiences at the European Congress of Surgery. In the United States, the United Kingdom, the whole of Europe, Japan, Australia, Asia and Latin America, undreamed of achievements are being made. It is

Impossible to name them all because of the brevity of this exhibition, but I dare only to point out some who remain with exalted admiration. Henry Colcher's gastro-chamber in the USA; Jerome D Waye, also from the USA; Vicente Cabré Fiol in Sant Pau, and José Ramón Armengol Miró R. in Spain; Roberto Cheli, pioneer of the gastric biopsy in Italy; Klaus Heinkel in Germany; Eddy Palmer in France; Alexander William in the United Kingdom and finally Nib Soehendra (Figure 15).

A bleeding ulcer was first sclerosized in Germany, and early innovators in the use of prosthesis were Cristhopher William; Meinhard Classen, at the Saint Mark Hospital in London; Ludwing Denling of Erlangen, Munich, Germany; Michel Cremer, in Brussels; and Hiromi Shinya, in Japan (Figure 16). In the United States, Keiichi Kawai was a pioneer of endoscopic colon polypectomies; Rikya Fuyita of Showa University in Japan was the pioneer of endoscopic sphincterotomy, and pioneers in Nancy, France included Jean Laurent, Robert Jean Pierre, Fernand Vicary.

Latin America has not been outside of this march of progress. Noteworthy are Claudio Navarrete and Pedro Llorens in Chile, who have a hundred Colombian students. There are also Glaciomar Machado and Paulo Sakai in Brazil; Néstor Chopita in Argentina; Raúl Monserratt, and Roberto Fogel in Venezuela; Alberto Farca in Mexico; Guido Villa Gómez in Bolivia; and that outstanding educator who has accompanied us so often, and who is among us now: Carmelo Blasco of Paraguay. I cannot name all of the eminent masters of digestive endoscopy of the past and of the present in this one hour, but they all summon our recognition and appreciation.

Colombia, with Professor Fabián Emura's international center for the investigation of gastric cancer, is a landmark for Latin America. Here the advanced technique of resection of malignant submucosal lesions, both gastric and colon, has been implemented with demonstrable success.



Figure 5.



Figure 6.

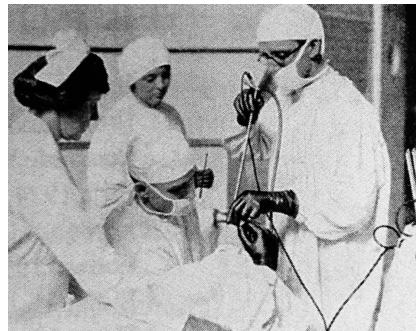


Figure 7.



Figure 8.

The achievements in Specialty Education at Sanitas Universitas Foundation of the Reina Sofia Clinic in Bogotá, led by Dr. Luis Carlos Sabbagh, with the auspices and determined support of the World Organization of Gastroenterology, stimulate us and make us proud.

Dr. Jesús Rodríguez, from the Salvador Dalí Center in Bogotá, performed the first POEM for the treatment of achalasia in Colombia a few months ago. Doctors Michael Khalet and Fernando Casas have 13 more cases already published in *Gastroenterology* 2014. On 6 December 1990, at the Clinica Country in Bogotá, the first laparoscopic cholecystectomy in Colombia was performed by Dr. Moisés Jacob and Ernesto Moreno Mcallister.

Without taking rest, due to the short time of this presentation, let us recall what has happened in Colombia in the last 50 years of the last century.

In 1914, while the catastrophe of the First World War was flooding Europe with death and desolation,, in Medellín Emilio Jaramillo performed the first esophagoscopy for extraction of a foreign body. After that, in 1945 when world war, that episode of madness, was repeated for the second time and covered the entire planet, Dr. Pablo E. Cárdenas published his thesis at the National University of Colombia, entitled " Peritoneoscopy as an adjuvant in the diagnosis of abdominal conditions ".

In the same year of 1945, Ignacio Vélez Escobar, a student of Henry I. Bockus, performed the first gastroscopies using semiflexible Schindler equipment, followed by Ernesto Toro in 1947. In 1948, with the addition of Carlos Camacho to the bronchoesophagology service of the Hospital de San José in Bogotá, the practice of esophagoscopy with Chevalier-Jackson's rigid equipment and gastroscopies with Benedict-Cameron semi-soft equipment, which allows biopsies, began. At that time, esophageal dilations were performed with Hurts-type mercury-weighted bougies or with metal wires.

In 1951 Antonio Ramírez González established a diagnostic and operative esophagoscopy service in the Faculty of Medicine of the University of Antioquia. That same year, Ruddock's laparoscope also began to be used in the Hospital San José of Bogota and by Alberto Jamis in Barranquilla and Tomás Quevedo in Medellín. In 1952, the first laparoscopic cholangiography was performed using the technique of Royer from Argentina of injection to make the gallbladder opaque. Again in 1952, the Oral Endoscopy Unit was established, initially as part of the bronchial-esophageal service and later as an independent digestive endoscopy service. In 1967, at Hospital San José, the first digestive endoscopy course ever given in Colombia occurred. It used Storz cold light equipment, and Norbert Henning from Germany and Pierre Housset from France, among others, were present for the event. Following this event, new services began at the San Juan de Dios Hospital in Bogotá with Milton Arguello and Jaime Campos; in Hospital San Ignacio de Bogotá with Mario Hurtado; and at the San Pedro Claver social security clinic with Vicente Alban. It is noteworthy that on February 11, 1971, all of these doctors, together with Arecio Peñaloza Rosas, founded our Colombian Association of Digestive Endoscopy. In 1948, the First National Congress of Gastroenterology was held in the same Hospital San José. In 1956 the first postgraduate course in gastroenterology was held. Finally, during the Fifth Convention of Gastroenterology in Monteria in 1975, the experience of the San José service in endoscopic cholangiography in Colombia was presented.

For all of these reason, and much more, we feel that the cradle of gastroenterology and endoscopy in Colombia is in that hundred year old hospital, and that this cradle has been rocked for more than 60 years by the director of the service, Professor Arecio Peñaloza Rosas. More than half a hundred gastroenterologists, clinical endoscopists and surgeons were educated in that cradle, and they were the

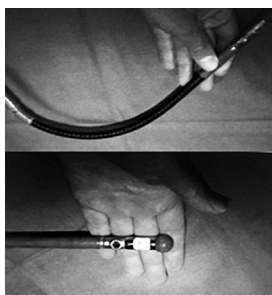


Figure 9.



Figure 10.



Figure 11.

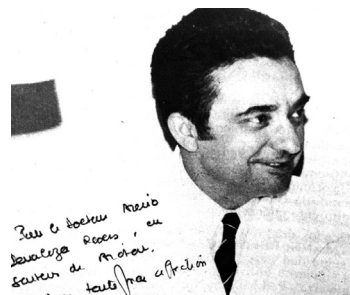


Figure 12.

seeds for the formation of the various services throughout Colombia. At the beginning of the 1970s, more specifically around 1973, Dr. Mario Orozco, started the first service for gastroenterology training in Manizales, and his first student was Eduardo Montealegre Lynett.

As I have said on other occasions, whoever wants to record the development of endoscopy and gastroenterology in Colombia during the last 50 years of the 20th century cannot dispense with the names of Arcio Peñaloza Rosas, Milton Arguello Jiménez, Jaime Campos and Sidney Fassler.

At the beginning of the third millennium, gastroenterology and endoscopy in our country, through the action of our university hospitals in various cities, are comparable to those of other latitudes of great scientific development, and will continue to grow with the help of the World Gastroenterology Organization, the World Endoscopy Organization and the Inter-American Society of Endoscopy. Our teachers are writing the history of Digestive Endoscopy of this third millennium.

They speak to us with their training as general surgeons in the Hospital San Juan de Dios, began their training in gastroenterology and digestive endoscopy in that Hospital of San José. The premises of the service were a astuteness, sweat and a lot of study. Always arrive first, and always leave work as late as possible.

We did not know the terms laziness or fatigue. During 35 years of practice, I have provided balance, decorum and honesty to every test. With my sharp personality I have provided support to institutionalism in scenarios in which I had to perform in this specialty in front of the patient. I have applied the principle of “do no harm” by starting the endoscopic procedure after the patient detects our pre-

sence whenever possible, as well as by documenting the findings in order to contribute teaching (Figure 16).

I encouraged the development of endoscopy units and encouraged many of my friends and co-workers to take on challenges and commitments that led them to achieve goals. My passion has been to achieve the growth of the Colombian Association of Gastroenterology and the Colombian Association of Endoscopy, whose meetings I presided over decisively and with notable effort. I toured the country, demonstrating the benefits of ERCP and endoscopic papillotomy as well as the indications for the procedures and thereby dispelling the fears they aroused at the time.

Assuming that we have reached the middle of the day at this time, I perceive that the initial steps of the journey that gave us life were easier than the second half of the day will be. I begin to realize that this is not so enjoyable and involves suffering. So, to finish, in a low voice, to bring hearts closer, I want to share with you a sincere feeling. Protected by longevity genes, inherited from my ancestors, without diabetes, thin, without autoimmune or degenerative diseases, non-hypertensive, without alcohol or cigarette, without a single atheroma plaque in the radiological studies, I hope the Most High will give me a few more years, so that in the company of my beloved wife, Ligia, companion of happy hours and some difficult times, and with the affection of my children and grandchildren, I can admire and celebrate the future triumphs of all of you, which I am sure will be innumerable.

Thank you and God keep you.

Luciano Aponte López.



Figure 13.

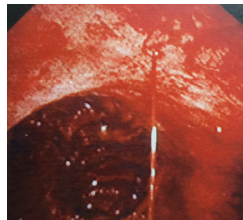


Figure 14.

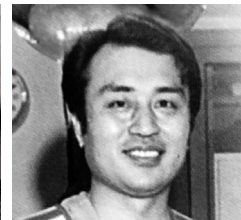


Figure 15.



Figure 16.