letters to the editor

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Endoscopy simulator training course: a delegate's view

Editor – The use of models and simulators is increasingly recognised as an important tool in endoscopy training and has been proven to play an important role in motivating junior doctors. The aim of this article is to provide detailed information on the endoscopy simulator training experience from a delegate's view.

What are the aims of the course?

The course aims to provide aspiring gastroenterologists or gastrointestinal surgeons with an introduction to the essential core skills of endoscopy with hands on practical experience for oesophago-gastro-duodenoscopy (OGD) and colonoscopy procedures.

Who is it for?

The course is aimed at junior trainees (core training level 1 or 2) both in medicine and surgery looking to apply for a specialist training post in gastroenterology or gastrointestinal (GI)/colorectal surgery. Foundation year 2 doctors can also apply to take the course.

What is the course structure?

The course is delivered over one day. The morning consists of a series of short lectures discussing the theoretical aspects of endoscopy which include detailed information on the scope structure, design and function. The lectures also cover important aspects of endoscopy such as consent, indications, contraindications and complications. This is followed by practical workshops, practicing on models and simulators in the afternoon. These sessions allow participants the opportunity to gain hands-on experience on the technical aspects of how to safely handle a gastroscope and colonoscope, with individual feedback from experienced faculty members. The main focus of the session was to enhance hand-eye coordination. The day ends with a session on JAG (Joint Advisory Group on GI endoscopy) registration and advises on future accreditation.

Lunch is provided as well as tea and coffee breaks throughout the day. The day is very relaxed and trainees are encouraged to participate as much as possible. Faculty members are either gastroenterologist or GI surgeons.

How much did it cost?

The course costs between £150 and £250; the value of this varies depending on the location. You can use your study budget towards it. The best time to do the course is probably between the end of the first core training year and the beginning of second year.

Where can I do the course?

A list of regional centres, dates and contact details can be found on the website (www.jets.nhs.uk). Those interested in attending can apply directly to these centres. The course is very popular and therefore it is important that you book your place as early as possible to avoid disappointment.

Was it worth it?

It was definitely worth every penny. The combination of theory with hands-on practical sessions has helped me to develop an understanding of the important underlying principles of endoscopy as well as the hands-on feel of the scope. There was plenty of opportunity to practice on models and simulators, which was extremely enjoyable. The faculty members were enthusiastic and approachable and were excellent in providing individual feedback.

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Ulcerative colitis presenting as pyrexia of unknown origin (PUO) without bowel symptoms

Editor – I read with interest the case report by Khan *et al* of ulcerative colitis presenting as a pyrexia of unknown origin (PUO) (*Clin Med* August 2012 pp 389–90). In their clinical search for a cause of PUO they briefly mention a lesion of the lower leg which is described as a shallow leg ulcer with no clinical evidence of infection, but which grew methicillin-resistant *Staphylococcus aureus* and was treated with teicoplanin. No further details or sequelae are reported.

Ulcerative colitis is associated with the uncommon ulcerating skin condition pyoderma gangrenosum (PG). PG may affect any part of the skin, although the classical scenario describes a lesion of the lower leg in a female patient over 50 years of age, as reported by Khan in their case. While PG can be painful and debilitating, early or vegetative lesions can present simply as low grade leg ulcers in otherwise healthy patients. Skin biopsy shows a non-specific neutrophilic infiltrate but is only useful in excluding other differential diagnoses for painful ulcers such as vasculitis. Diagnosis is a clinical one based on the characteristic appearance of a rapidly enlarging, painful ulcer with a purple and undermined edge and a cribriform (colander-like) base.

The clinical diagnosis of PG should trigger a search to identify the 50–70% of patients who have associated disorders, including inflammatory bowel disease, arthritis and haematological malignancy. Treatment with high dose oral steroids and/or ciclopsorin can be effective and response can be rapid. Indeed a response to oral steroids is one of the minor diagnostic