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results, treatments,
diagnosis and other
information. HOW TO CODE GI
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PROCEDURE AND RESULTS !!!~~

**Endoscopy by Dr Atif What
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Colonoscopy?**

How to perform upper GI
endoscopy

Enlarged Nasal Turbinates,

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Endoscopy is a common
procedure used for many
reasons, including: Cancer
prevention – Sigmoidoscopy

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and colonoscopy allow
doctors to find and remove
polyps before they become
colon cancers. Diagnostic
evaluation of symptoms –
Upper endoscopy and
colonoscopy allow doctors to
view organs directly and

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take pictures of any
abnormalities that may be
causing symptoms such as
abdominal pain or rectal
bleeding.

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*Endoscopy Guide: Causes,
Symptoms and Treatment*

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Options

An endoscopy is a test that looks inside the body using an instrument called an endoscope. An endoscope is a thin, flexible tube. The tube has a light and a camera at the end. It is

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passed into the body to help
doctors see inside.

Endoscopy tests can be used
to help diagnose cancer.

They can help doctors to
find out more about your
symptoms.

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*Endoscopy - Macmillan Cancer
Support*

Authors. ASGE Standards of
Practice Committee ; V Raman
Muthusamy , Vinay
Chandrasekhara , Ruben D
Acosta , David H Bruining ,
Krishnavel V Chathadi ,

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Mohamad A Eloubeidi , Ashley
L Faulx , Lisa Fonkalsrud ,
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A Khashab , Shivangi Kothari
, Jenifer R Lightdale ,
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Brooks D Cash , John M
DeWitt.

*The role of endoscopy in the
diagnosis and treatment of*

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Lacrimal endoscopy is a
perfect way to address the

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defects that the traditional
treatments cannot avoid. It
has many advantages. First,
with the help of lacrimal
endoscopy, the diagnosis of
canalculitis becomes easier
than any other time in
history. The image of

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punctum, pathologic change of canaliculus and sac (including concretion, diverticulum, false passage, swollen, purulent discharge, foreign body etc) can be precisely observed in great details.

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Abstract. Endoscopy plays a
fundamental role in the
diagnosis, management, and
treatment of inflammatory

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bowel disease (IBD).
Colonoscopy, flexible
sigmoidoscopy, and
esophagogastroduodenoscopy
have long been used in the
care of patients with IBD.
As endoscopic technologies
have progressed, tools such

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Endoscopy in IBD.

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*Endoscopy in inflammatory
bowel disease: Role in*

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Matsumoto, Takayuki, Aoyagi,
Kunihiko (ISBN:

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*Endoscopy in the Diagnosis
of Small Intestine Diseases*

...

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Approved by the Cancer.Net
Editorial Board, 06/2019
Endoscopy is a procedure
that allows a doctor to view
the inside of a person's
body. Doctors use it to
diagnose diseases in the
following parts of the body:

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When an endoscopy is used.

An endoscopy can be used to:
investigate unusual symptoms
; help perform certain types
of surgery ; An endoscope

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Investigating Clinics 19 The
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can also be used to remove a small sample of tissue to be looked at more closely. This is called a biopsy.

Investigating symptoms. An endoscopy might be recommended to investigate many symptoms, including:

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An upper endoscopy is a procedure in which a thin scope with a light and camera at its tip is used to examine the inside of the upper digestive tract. Learn

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and how to

*Upper Endoscopy to Detect
Digestive Problems*

Endoscopy means 'looking
inside' and typically refers
to the technique of looking

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inside the body for medical reasons using an endoscope. Endoscope is an instrument used to examine the interior of a hollow organ or cavity of the body.

Principles and diagnostic

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use of Endoscopy in canines

Two main "philosophical approaches" face each other

for patients with an

"intermediate to high risk"

of carrying CBDs: on one hand, the "laparoscopy-

first" approach, which

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mainly relies on
intraoperative
cholangiography for
diagnosis and laparoscopic
common bile duct exploration
for treatment, and, on the
other hand, the "endoscopy-
first" attitude, variously

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*Diagnosis and management of
choledocholithiasis in the*

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Endoscopy is a very safe
procedure but your nurse

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will tell you who to contact
if you have any problems
after the test. Your doctor
will make sure the benefits
of having an endoscopy
outweigh the possible risks.
Some of the risks include:

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*Endoscopy / Oesophageal
cancer / Cancer Research UK*
Endoscopy is considered to
be a valuable tool in the
early diagnosis of
iatrogenic perforation. In
the case of an
endoscopically recognized

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iatrogenic perforation, a
comprehensive and clear
written report has a
substantial part in deciding
Further management. 1e The
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*Diagnosis and management of
iatrogenic endoscopic ...*

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As a result, there are
comprehensive articles
devoted to: Role of EUS in
the diagnosis of acute and
chronic pancreatitis; ERCP
for acute biliary
pancreatitis; Prevention of
post ERCP pancreatitis;

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necrotizing pancreatitis and
pseudocysts; Endoscopic
therapy for acute recurrent
pancreatitis; Endoscopic
therapy for chronic
pancreatitis; ERCP for
biliary strictures

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pancreatitis; EUS for
pancreatic ductal access and
drainage; Endoscopic therapy
for . . .

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*Endoscopy in the Diagnosis
and Management of Acute and*

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An endoscopy is a test to look inside your body. Your doctor might arrange for you to have an endoscopy to help diagnose stomach cancer. This page is about having an endoscopy to look at the

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Research UK Clinics 1e The
Endoscopy can be used for
diagnosis, screening and
treatment of digestive

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system problems. Endoscopy
is a generic term that can
be diagnosis of upper tract
or lower tract. There are
generally two types of
endoscopy procedures. Lower
endoscopy is also known as
Colonoscopy.

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Welcome to the endoscopy
hub. On this page, you will
find access to the latest
endoscopy clinical

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Endoscopy Guidelines.

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Combining a professional
development course on
diagnostic endoscopy from
SPIE (the international
society advancing light-
based research) and the

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authors' graduate course on
biomedical optics, this work
is written for researchers
in medical optics and
biomedical engineering as
well as graduate medical
optics students. It uses
extensive examples/case

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Dr. Freeman has organized
his issue address the
continuum between acute and
chronic pancreatitis,
necrosis and pseudocysts,
and the expanding role of
endoscopic diagnosis and

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therapy. As a result, there
are comprehensive articles
devoted to: Role of EUS in
the diagnosis of acute and
chronic pancreatitis; ERCP
for acute biliary
pancreatitis; Prevention of
post ERCP pancreatitis;

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necrotizing pancreatitis and
pseudocysts; Endoscopic
therapy for acute recurrent
pancreatitis; Endoscopic
therapy for chronic
pancreatitis; ERCP for
biliary strictures

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Chronic Pancreatitis; EUS for
pancreatic ductal access and
drainage; Endoscopic therapy
for pancreatic duct leaks
and disruptions; autoimmune
pancreatitis; role of
endoscopy in diagnosis and

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treatment; and Palliation of
pancreatic ductal
obstruction in pancreatic
cancer.

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With its focus on narrow
band imaging, this book is
an excellent reference for

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new as well as experienced
practitioners in the field
of endoscopy. Narrow band
imaging has brought about a
revolutionary improvement in
diagnostic endoscopy,
enabling objective diagnosis
and precise detection of

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lesions. It has enhanced the
capability of endoscopy to
facilitate qualitative
diagnoses for the great
benefit of patients who
undergo endoscopic
examinations. However, a
standardized system of

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classification of acute and chronic pancreatitis. An issue of *Gastrointestinal Endoscopy Clinics of The Clinics Internal Medicine* has not yet been established and many clinicians and researchers are not yet highly skilled in utilizing the technique or interpreting the images that are produced. This atlas addresses those

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simple and easy-to-
understand descriptions
illustrated with generous
use of endoscopic images.

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The most practical,
authoritative guide to

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Managing digestive and liver
diseases A Doody's Core
Title ESSENTIAL PURCHASE!

Authored by expert
physicians at Harvard

Medical School and Brigham
and Women's Hospital,

CURRENT Diagnosis &

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Hepatology, & Endoscopy
offers a streamlined,
templated presentation that
simplifies the diagnosis and
medical management of
digestive and liver
diseases. Clinically

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coverage of digestive and
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medical and surgical
procedures, including
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coverage of the entire
spectrum of gastroenterology

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and esophageal to pancreatic
and liver disorders Complete
review of advances in
diagnostic and therapeutic
endoscopy "Essentials of
Diagnosis" bulleted lists
deliver instant guidance on

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identifying both common and
rare digestive disorders
Over 90 full-color
endoscopic and other images
of GI disorders Over 150
radiographic images clarify
the use of the many
currently available imaging

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Management Key information
from related fields,
including GI surgery, and
subspecialities such as
liver transplantation,
bariatric surgery,
inflammatory bowel disease,
and motility disorder

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The purpose of this book is to improve diagnostic yields of capsule endoscopy and double-balloon endoscopy, because those procedures can depict nonspecific findings that may not lead to a

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proper diagnosis. Another
reason for the publication
was recognition of the
difficulty in distinguishing
enteroscopic findings of
ulcerative colitis from
those of Crohn's disease.

From a practical point of

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view, it is important to
observe endoscopic pictures
first, then to compare the
images of other modalities,
and finally to compare
macroscopic pictures of
resected specimens. For that
reason, a large number of

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well-depicted examples of
small intestinal lesions
were assembled to clarify
differences among small
intestinal lesions that
appear to exhibit similar
findings and morphologies.
Comparisons with

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radiographic findings
comprise another important
element in diagnosis. There
are limitations in
endoscopic observations of
gross lesions of the small
intestine, with its many
convolutions. In Japan, many

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institutions still practice double-contrast imaging, which provides beautiful results. Because a single disorder may exhibit variations, this volume includes multiple depictions of the same disorders. Also

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included are lesions in
active and inactive phases,
as both appearances are
highly likely to be
encountered simultaneously
in clinical practice. The
number of illustrated
findings therefore has been

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limited to strictly selected cases.

This book is a compilation of endoscopic images of the upper gastrointestinal tract. The 3rd edition is enriched with high-

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Endoscopy. Serial Clinics 1e The
documentation of diseases
and procedures like
corrosive injury, variceal

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obliteration, peptic ulcer
etc. provides a complete,
informative and interesting
perspective. Rare conditions
like Dieulafoy's disease and
Gastric antral vascular
ectasia (GAVE) have been
extensively discussed along

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GI tract. This book outlines
the technique and
interpretation of endoscopic
images proving to be a
helpful guide to endoscopy
practitioners. Key Features
Explores various GI tract

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diseases through coloured,
high resolution clinical
photographs. Serves as a
useful reckoner for trainee
endoscopists and
practitioners pursuing
gastroenterology or
gastrointestinal endoscopy.

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The text is updated with
tables, flowcharts,
classifications and
international treatment
guidelines.

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This practical step-by-step
guide to performing GI

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endoscopy safely and
effectively in children
covers the use of endoscopy
as both a diagnostic and a
therapeutic modality. Now
with an entirely new section
focusing on advanced
endoscopic techniques, such

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gastrostomy, confocal endo-
microscopy, and single
balloon enteroscopy, the new
edition gives trainees and
practitioners access to the
most recent, as well as the
most dependable,

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Endoscopic techniques are widely used for screening, diagnostic and therapeutic maneuvers in all groups of patients and for a large spectrum of complaints. The

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availability of basic
iterations of endoscopic
techniques made screening
programs for various
diseases viable in most
parts of the world, while
the advent of modern
techniques opens new

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Management of acute and
correct diagnosis. Going
beyond normal human vision,
innovative techniques opened
the prospect of in-situ
pathology. Endoscopic
ultrasound has made
incredible progress in

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Management. Reaching the
smaller orifices by
endoscopy was a major step
forward in the surveillance
of previously inaccessible
lesions. Investigatory
techniques were complemented
by advances in therapy, with

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novel applications in many
major areas of medicine.

This volume addresses three
general themes in the
preoperative diagnosis of
early-stage esophagus cancer
starting. Beginning with

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detailed observations of
diagnosis using Endoscopic
Submucosal Dissection (ESD),
subsequent sections describe
the current medical
treatments for various types
of carcinoma and conclude
with detailed explanations

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Endoscopy, helping scholars
understand the diagnosis and
treatment visually.

Endoscopic Diagnosis of

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for ESD is an essential book
for clinicians and
professionals in the fields
of endoscopy and
gastroenterology, offering
them a comprehensive guide
to diagnosis and treatment

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using ESD. Further, it is a
valuable companion piece to
the Editor's well-received
book Endoscopic Diagnosis of
Superficial Gastric Cancer
for ESD.

Everything clinicians need

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treating digestive tract and
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liver disorders Striking the
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perfect balance between
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of use, this popular entry
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in the CURRENT series
delivers high-yield coverage

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of the entire spectrum of
gastroenterology and
hepatology in a streamlined,
consistent presentation.

Edited by three expert
physicians from Harvard
Medical School, the third
edition has been updated to

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latest clinical issues,
Chronicle Pancreas An Issue
advances, and developments
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in the field, and is
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enhanced by an important new
chapter on C. difficile
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bacterial infections.

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features bulleted lists that
deliver instant guidance on
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both common and rare
digestive disorders,
numerous tables that

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encapsulate must-know
information, and more than
60-full-color radiographic
and endoscopic images of GI
disorders. This trusted text
is known world-wide for its
thorough coverage of
procedures and techniques in

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various liver disorders.
Market: Internal medicine
residents (23,000), general
internists (77,000), family
medicine residents (8,000),
gastroenterologists
(12,000/USA), international

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gastroenterologists, and
physician assistants
(50,000) Includes key
information from related
fields, including GI
surgery, liver
transplantation, bariatric
surgery, inflammatory bowel

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disease, and motility
disorder Norton J.
Greenberger, MD (Boston, MA)
is a Senior Attending
Physician and Clinical
Professor of Medicine at
Harvard Medical School. Dr.
Greenberger is a past

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Association, the American
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Research and the Association
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of Professors of Medicine.

He is the author or co-

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author of more than 230
publications including
chapters in major medical
texts. Richard S. Blumberg,
MD (Boston, MA) is Professor
of Medicine, Harvard Medical
School Chief, Division of
Gastroenterology, Hepatology

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and Endoscopy at Brigham and
Women's Hospital. Robert
Burakoff, MD, MPH (Boston,
MA) is Associate Professor
of Medicine, Harvard Medical
School Clinical Chief of
Gastroenterology, Division
of Gastroenterology,

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