

DIGESTIVE ENDOSCOPY IN MOROCCO: WHAT FUTURE PERSPECTIVES?

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The first Moroccan gastroenterologists receive the credit for introducing, during the 70s, digestive endoscopy. In the 90s, it is the first video endoscopy columns that have changed the common practices and have promoted both Interventional and Diagnostic endoscopy in Digestive Disease. Ultrasound Endoscopy has appeared in 1996; later, came Enteroscopy, natural and virtual Chromoendoscopy and Capsules.

Interventional endoscopy has evolved in parallel with diagnostic endoscopy and throughout the years, the performance of interventional endoscopy has proved to be efficient in improving morbidity and mortality in many diseases: biliopancreatic catheterism, dilatations of most stenosis in different parts of the digestive tube, haemostatic treatment, prosthetic fitting and installation, as well as benign and malignant tumors removal (polypectomy, mucosectomy...). Nowadays, the diagnosis of most if not all digestive diseases is done through endoscopy.

Morocco currently has around 600 gastroenterologists, the majority of which are equipped with video endoscopy columns and a big part of them practice interventional endoscopy. Apart from the first gastroenterologists who have mainly been trained in France, Moroccan Gastroenterologists are currently trained in Moroccan University Hospitals with an average of 30 Residents recruited year year in each of the 5 training endoscopy units in Morocco at Ibn Sina University Hospital in Rabat, Ibn Rochd University Hospital in Casablanca, Hassan II^d University Hospital in Fes, Mohammed the Vth University Hospital in Marrakech and Mohammed the VIth University Hospital in Oujda.

However, despite all this progress (Increasing number of gastroenterologists, the improvement of diagnosis possibilities and the quality of all the interventions performed), Digestive Endoscopy in

Morocco still faces some difficulties and has many challenges to resolve:

- The majority of public hospitals suffer from a serious lack of equipment

- The partial lack of equipment (Few and incomplete sets of endoscopes) and the absence of maintenance in most of CHUs has a bad impact on the training provided to Residents.

- The nurses who assist Practitioners in Interventional Endoscopy are polyvalent nurses and can always be transferred at all times to other units or definitely retire.

- The sterilization process in endoscopy still has many shortcomings because of the lack of machines and standardization in hygienic norms in Morocco.

- The current pricing and nomenclature in endoscopy make it hard to remunerate the different endoscopic interventions performed at the hospital.

- This leads to a lack of interest and involvement of gastroenterologists in performing such acts, which can deprive many patients of therapeutic care that can be vital for them.

- The medical devices are expensive and material is mostly single-use which is a big obstacle to the development of endoscopy.

- The Continuous Training in endoscopy has been developed in Morocco, especially since the creation of the Moroccan Society of Digestive Endoscopy (SMED) 15 years ago, but it still faces difficulties linked to the organization of "live" and "hand to hand" workshops.

With all this in mind, the Ministry of Health, the Ministry of Higher Education – Training and Scientific Research, the National Council of Doctors, the SMED and the civil society should all try to work towards important decisions making to address the issues previously mentioned and to allow endoscopy to continue its development in Morocco in order to reach the level of more developed countries.