



IMAGE OF THE MONTH

Gastric intestinal metaplasia with a novel high-definition endoscopic system and optical and digital chromoendoscopy[☆]



Metaplasia intestinal gástrica con un nuevo sistema endoscópico de alta definición y cromoendoscopia óptica y digital

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Gastric intestinal metaplasia (IM) is considered a pre-malignant lesion of gastric adenocarcinoma. Endoscopic surveillance of IM is recommended when it is incomplete or has an extensive distribution (antrum and body).¹

High-definition endoscopic systems and optical and digital chromoendoscopy have boosted diagnostic precision in IM thanks to improvements in identification and characterisation of certain endoscopic patterns.



Figure 1 Regular tubulovillous mucosal pattern and, using the VIST modality, said pattern associated with a bluish edge evocative of the light blue crest sign.²

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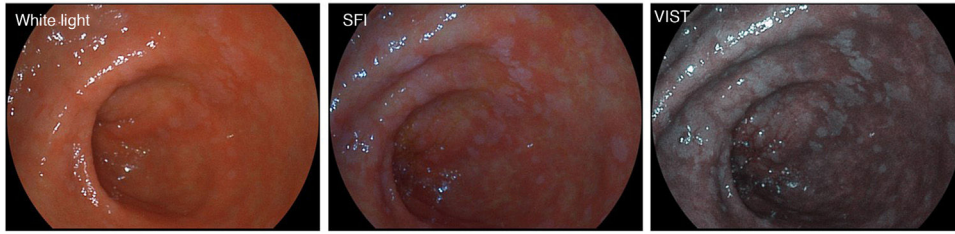


Figure 2 Whitish plaques.^{2,3}

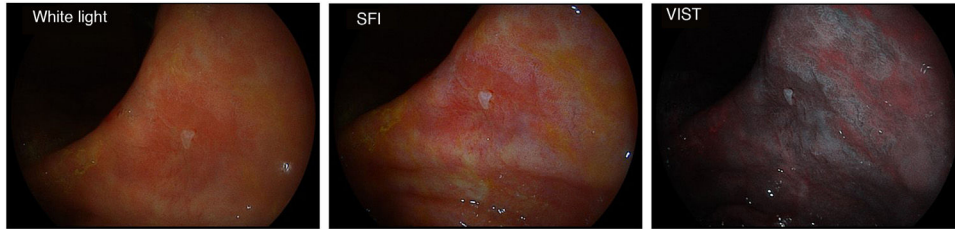


Figure 3 Geographic redness (with a small Forrest III ulcer in the central area).³

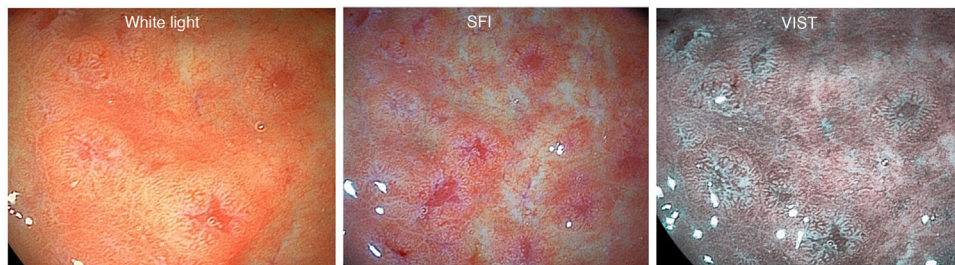


Figure 4 Papules with a central depression.⁴ In addition, the SFI modality shows a violet hue reminiscent of the lavender colour sign.⁵

SonoScape® recently brought these advances in endoscopic imaging enhancement to the market. The SonoScape® 550 processor has two LED light sources and optical chromoendoscopy technology based on wave filtration and digital image post-processing, resulting in two chromoendoscopy modalities: 1) spectral focused imaging (SFI), which combines different wavelengths and wave intensities; and 2) versatile intelligent staining technology (VIST), which specifically uses the blue wavelength. This system has demonstrated similarity in terms of endoscopic signs of IM previously reported using other systems (Figs. 1–4).

Imaging and video (Appendix B Supplementary materials) with endoscopic signs of IM without magnification obtained using SonoScape® 550, with white light as well as the two chromoendoscopy modalities, are shown below. Each case was corroborated with the histology report.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.gastre.2020.12.006>.

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