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The endoscopic diagnosis of early gastric cancer

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The incidence of gastric cancer in Japan is very high. Therefore, we always focus on endoscopic diagnosis of early gastric cancer. Early gastric cancer occurs in the mucous membrane and invades to the submucosal layer. The prognosis of gastric cancer depends on its stage. We detect an initial lesion of gastric cancer by observing the mucous membrane closely using an endoscope. It leads to a higher survival rate of gastric cancer. The first step of diagnosing early gastric cancer is to find suspicious lesions by white light endoscopy. Close attention is paid to color changes of the lesions such as reddish or pale and to surface morphology changes such as elevation or depression. The second step is image enhanced endoscopy (IEE). Basically, there are two IEE methods; dye-based IEE (chromo-endoscopy) and equipment-based IEE (optical digital endoscopy). These methods enable us to recognize the demarcation line (DL) of the background mucous membrane and the cancerous lesion. The representative optical digital endoscopy is narrow band imaging system (NBI). NBI light is absorbed by hemoglobin contained in the blood vessels. With this light, we can observe blood vessels in the mucous membrane and the submucosal layer and recognize the mucous membrane microstructure. Consequently, we can diagnose early gastric cancer and identify tumor margins. The third step is magnifying observation of lesions. We can determine whether there are any irregularities of micro-vascular architecture and superficial surface structure. When we find either irregularity, the lesion is diagnosed as cancer.

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