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Summary

# NOVEL MAGNIFYING ENDOSCOPIC FINDING, CAPILLARIES PUSHED UP BY CLOUDY MUCOSA (CPCM) MAY BE SUPPORTIVE MARKER FOR POST-HELICOBACTER PYLORI EARLY GASTRIC CANCER

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**A retrospective study of 238 gastric lesions found that scattered capillaries pushed up by cloudy mucosa (CPCM) detected on magnifying endoscopy with narrow band imaging showed higher specificity and positive predictive value for diagnosing early gastric cancer after Helicobacter pylori eradication compared to HP-infected early gastric cancer.**

## KEY POINTS

- Among 103 cancers and 63 non-cancers in HP eradicated lesions, CPCM specificity was 98.5% and positive predictive value was 98.2%, compared to 83.3% and 84.8% respectively in HP-infected lesions.
- CPCM was defined as three or more cloudy mucosa in one maximum magnification ME-NBI image and was present in 33.7% of HP eradicated lesions versus 45.8% of HP-infected lesions.
- The difference in specificity between groups was statistically significant (p=0.0126), as was the difference in positive predictive value (p=0.0248).
- The authors suggest CPCM may serve as a supportive diagnostic marker for HP eradicated early gastric cancer, which is difficult to diagnose due to low atypical epithelium mimicking non-cancerous structure.

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