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Summary

RED DICHROMATIC IMAGING IMPROVES THE RECOGNITION OF BLEEDING POINTS DURING ENDOSCOPIC SUBMUCOSAL DISSECTION IN THE UPPER GASTROINTESTINAL TRACT

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Red dichromatic imaging significantly improved recognition of bleeding points compared with white light imaging during endoscopic submucosal dissection in a retrospective video-based study of 58 bleeding episodes.

KEY POINTS

- Red dichromatic imaging achieved a median visibility score of 2.17 versus 1.42 for white light imaging ($p<0.001$) and a recognition rate of 62.1% versus 27.6% ($p<0.001$) when six endoscopists evaluated 116 paired videos.
- Red dichromatic imaging demonstrated superior visibility scores across both oozing and pulsating hemorrhage patterns and under conditions with or without blood pooling.
- The visibility advantage of red dichromatic imaging was consistent for both trainee and expert endoscopists, with median scores of 2.00 versus 1.33 ($p<0.001$) and 2.67 versus 1.67 ($p<0.001$) respectively.
- The median color difference was significantly higher with red dichromatic imaging (8.97 versus 3.69, $p<0.001$), showing strong correlation with visibility scores (correlation coefficient 0.712).
- This study provides quantitative evidence for red dichromatic imaging in bleeding point recognition during endoscopic submucosal dissection; further studies are needed to assess impact on clinical outcomes.

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