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Summary

Endoscopic management of subepithelial lesions including neuroendocrine neoplasms: European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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Standards and Guidelines

Endoscopy

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ESGE clinical practice guidelines provide recommendations for the diagnosis, surveillance, and endoscopic management of subepithelial lesions in the gastrointestinal tract.

KEY POINTS

- EUS is recommended as the best tool to characterize SEL features including size, location, originating layer, echogenicity, and shape, but EUS alone cannot distinguish among all types of SEL
- Tissue diagnosis is suggested for SELs with features suggestive of GIST if they are larger than 20 mm, have high risk stigmata, or require surgical resection or oncological treatment, using either EUS-guided fine-needle biopsy or mucosal incision-assisted biopsy for lesions ≥ 20 mm
- Surveillance is not recommended for asymptomatic leiomyomas, lipomas, heterotopic pancreas, granular cell tumors, schwannomas, and glomus tumors if the diagnosis is clear
- For asymptomatic esophageal and gastric SELs without definite diagnosis, surveillance intervals vary by size: 2–3 years for lesions under 10 mm, 1–2 years for lesions 10–20 mm, and 6–12 months with EGD plus EUS for lesions over 20 mm that are not resected
- Endoscopic resection is recommended for type 1 gastric neuroendocrine neoplasms larger than 10 mm, and may be considered for histologically proven gastric GISTs smaller than 20 mm or for gastric SELs smaller than 20 mm of unknown histology after failed diagnostic attempts

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