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Summary

Advanced imaging for detection and differentiation of colorectal neoplasia: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2019

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Standards and Guidelines

Endoscopy | Radiology & Imaging

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ESGE guideline provides seven recommendations on the use of advanced imaging techniques including chromoendoscopy, high definition systems, and artificial intelligence in colorectal neoplasia detection and characterization.

KEY POINTS

- ESGE strongly recommends routine use of high definition systems in Lynch syndrome patients and dye-based or virtual chromoendoscopy with targeted biopsies for neoplasia surveillance in long-standing colitis patients.
- High definition endoscopy and chromoendoscopy can be used in average risk patients to increase adenoma detection rate, but routine use must be balanced against costs and practical considerations.
- Virtual and dye-based chromoendoscopy can replace histopathological diagnosis for real-time optical diagnosis of diminutive colorectal polyps (≤5mm) under strictly controlled conditions, requiring validated scales, photodocumentation, and adequately trained and audited endoscopists.
- High definition white-light endoscopy combined with chromoendoscopy is recommended to predict submucosal invasion depth in non-pedunculated polyps and to detect residual neoplasia at piecemeal polypectomy scar sites.
- Computer-aided diagnosis may be incorporated into colonoscopy if high quality multicenter studies demonstrate acceptable accuracy, though risks including endoscopist deskilling, over-reliance on AI, unrepresentative training datasets, and hacking must be considered.

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