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Summary

Endoscopic tissue sampling – Part 2: Lower gastrointestinal tract. European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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Standards and Guidelines

Endoscopy

October 29, 2021

ESGE issues recommendations on colorectal biopsy techniques for colitis evaluation, inflammatory bowel disease surveillance, and polyp management.

KEY POINTS

- For inflammatory bowel disease surveillance, pancolonic chromoendoscopy (dye-based or virtual) with targeted biopsies of visible lesions is recommended as a strong recommendation with moderate quality of evidence
- In suspected microscopic colitis, two biopsies from the right hemicolon and two from the left hemicolon should be placed in separate containers
- Potentially malignant colorectal polyps should be excised en bloc rather than biopsied when endoscopically feasible; if en bloc excision is not feasible, images rather than biopsies should be taken and the patient referred to an expert center
- In ulcerative colitis with endoscopic inflammation, at least two biopsies from the worst affected areas are recommended for assessing activity or cytomegalovirus presence
- ESGE suggests not biopsying visible inflammation or normal mucosa to assess disease activity in known Crohn's disease

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