Endoscopic diagnosis of gastrointestinal tumors consists of the following processes: (i) detection; (ii) differential diagnosis; and (iii) quantitative diagnosis (size and depth) of a lesion. Although detection is the first step to make a diagnosis of the tumor, the lesion can be overlooked if an endoscopist has no knowledge of what an early-stage ‘superficial lesion’ looks like. In recent years, image-enhanced endoscopy has become common, but white-light endoscopy (WLI) is still the first step for detection and characterization of lesions in general clinical practice. Settings and practice of routine esophagogastroduodenoscopy (EGD) such as use of antispasmodics, number of endoscopic images taken, and observational procedure are customarily decided in each facility in each country and are not well standardized. Therefore, in the present article, we attempted to outline currently available evidence and actual Japanese practice on gastric cancer screening using WLI, and provide tips for detecting EGC during routine EGD which could become the basis of future research.

Key words: gastric atrophy, gastric cancer, Helicobacter pylori, Kimura-Takemoto classification, screening gastroscopy

MEDICAL INTERVIEW PRIOR TO ESOPHAGOGASTRODUODENOSCOPY

MEDICAL INTERVIEW BEFORE esophagogastroduodenoscopy (EGD) is important in terms of the following two points. One is to confirm indication of the EGD and the other is to assess risk of examinees. Whether indication for EGD is to screen for early gastric cancer (EGC) or to make a diagnosis of a patient’s symptoms or abnormal findings in other diagnostic examinations should be distinguished. In the screening endoscopy, the entire gastric mucosa is thoroughly observed to detect any suspicious findings for neoplasia, whereas only the presence of apparent lesions that may cause symptoms or abnormal image findings are investigated. Although endoscopy is usually intended to make a diagnosis of symptoms or abnormal findings in other diagnostic images, EGC are often found in patients with neither obvious symptoms nor abnormal findings in other diagnostic tests. Therefore, in high-risk patients, it is important to screen for EGC unrelated to symptoms or abnormal findings of other diagnostic tests during EGD. The examinee should be asked about status and history of eradication therapy of Helicobacter pylori (H. pylori), family history of gastric cancer, smoking and drinking habits. Another reason for the medical interview is to reduce