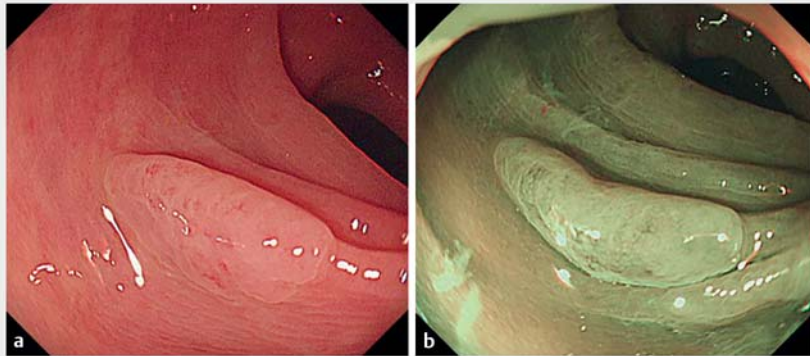


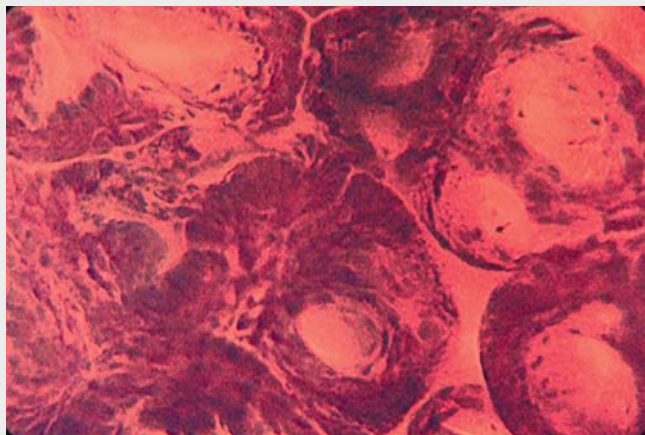
New-generation endocytoscopy with CM double staining for optical characterization of colon sessile serrated adenoma



► **Fig. 1** A colon polyp was detected at the sigmoid colon. **a** White-light image. **b** Narrow-band image.



► **Fig. 2** Prior to endocytoscopic observation, a mixture of 0.05% crystal violet and 1% methylene blue was prepared to stain the cytoplasm and nucleus, respectively.



► **Video 1** Endocytoscopy with CM double staining (crystal violet and methylene blue) to characterize the colon sessile serrated adenoma, demonstrating dilated oval crypt openings with some small round nuclei.

New-generation endocytoscopy (single lens, continuous zoom) enables in vivo ultra-high magnification (520×) for visualization at the cellular level and allows a precise pathological prediction of gastrointestinal (GI) neoplasia [1].

A 60-year-old man received colonoscopy screening owing to a positive fecal immunochemical test. A 1.2-cm slightly whitish colon polyp was found at the sig-

moid colon by white imaging and narrow-band imaging (► **Fig. 1**). Endocytoscopy (CF-H290ECI endocytoscope; Olympus, Tokyo, Japan) was performed after CM double staining (0.05% crystal violet and 1% methylene blue mixture) (► **Fig. 2**, ► **Video 1**). It showed dilated gland lumens, i.e., oval crypt openings with some small round nuclei (► **Fig. 3**) [2–4]. Polypectomy was done, and the

histology revealed typical features of sessile serrated adenoma, with dilated and L-shaped crypts (► **Fig. 4**) [5]. Sessile serrated adenomas are precursors of colorectal cancers and must be distinguished from hyperplastic polyps and treated endoscopically. Endocytoscopy is a promising tool for optical characterization of sessile serrated adenoma to guide subsequent endoscopic management.

Endoscopy_UCTN_Code_CCL_1AD_2AB

Competing interests

The authors declare that they have no conflict of interest.

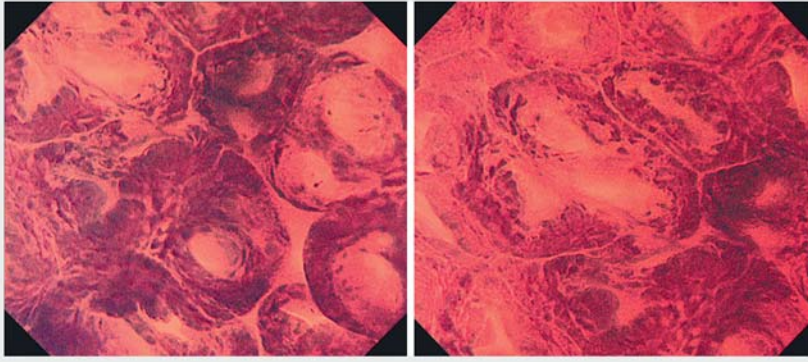
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Wen-Lun Wang^{1,2}, Hsiu-Po Wang³, Ming-Lun Han³, Ching-Tai Lee¹

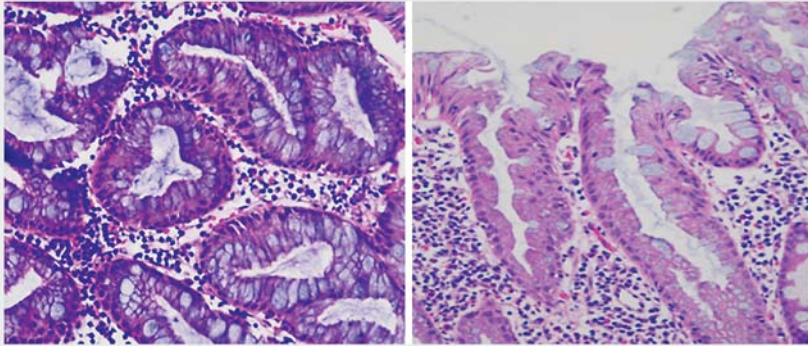
1 Department of Internal Medicine, E-Da Hospital/I-Shou University, Kaohsiung, Taiwan

2 School of Medicine, College of Medicine, I-Shou University, Kaohsiung, Taiwan

3 Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan



► **Fig. 3** Endocytoscopy for characterization of sessile serrated adenoma demonstrated dilated crypt openings with some small round nuclei.



► **Fig. 4** The pathological analysis of the polyp showed dilated and L-shaped crypts, which are compatible with the diagnosis of sessile serrated adenoma.

Corresponding author

Ching-Tai Lee, MD

Department of Internal Medicine, E-Da Hospital/I-Shou University, No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 82445, Taiwan
 Fax: +886-7-6150940
 fattoo@gmail.com

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