

Anatomical description during standard upper endoscopy

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In this video (*Figure 1*), we demonstrate standard upper endoscopy performed on a 50-year-old patient with history of gastroesophageal (GE) reflux disease and dyspepsia. We highlight the common anatomical landmarks of the upper gastrointestinal tract (*Table 1*, *Figure 2*) and endoscopic techniques for successful esophageal intubation, gastric retroflexion, duodenal access and tissue sampling using biopsy forceps.

Essentials of endoscopic reporting

Esophagus

- ❖ Z line: regular *vs.* irregular;
- ❖ Location of GE junction from incisors (example: 40 cm);
- ❖ Ease of scope passage through GE junction;
- ❖ If varices present: grade, size, location, red wale sign or white nipple sign (stigmata of bleeding);
- ❖ Hiatal Hernia: size, from GE junction to diaphragmatic pinch (example 35–40 cm), Hill classification;
- ❖ Esophagitis: Los Angeles (LA) Grading/Classification;
- ❖ Barrett's esophagus: length, Prague classification.

Stomach

- ❖ Presence of ulcers, erosions, Cameron lesions, gastric antral vascular ectasia (GAVE) and other mucosal pathology;
- ❖ Ulcer: shape, size, clean based, overlying clot, visible vessel, surrounding mucosa appearance;
- ❖ Mass: regular *vs.* irregular, size (measure proximal

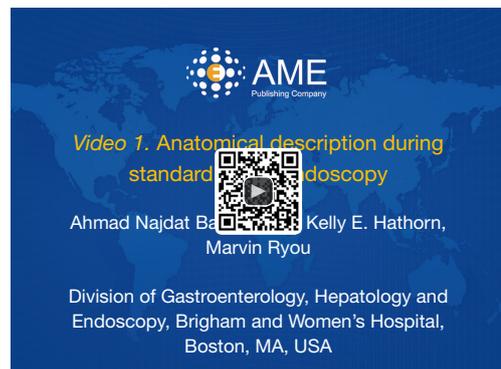


Figure 1 Anatomical description during standard upper endoscopy (1).

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- extension to distal extension), malignant appearing, anterior *vs.* posterior wall or lesser curvature *vs.* greater curvature, extension into esophagus or GE junction, spontaneous bleeding or contact bleeding;
- ❖ If gastritis is present: location, patchy *vs.* diffuse, mild *vs.* severe, contact bleeding *vs.* spontaneous bleeding.

Duodenum

- ❖ Presence of ulcers, duodenitis, villous atrophy, diverticula, and ampullary lesions;
- ❖ Ulcer: shape, size, clean based, overlying clot, visible vessel, surrounding mucosa appearance;
- ❖ Extent of duodenum evaluation (usually 2nd or 3rd part of duodenum).

Table 1 Anatomical location and commonly encountered pathology

Anatomical location	Commonly encountered pathology
Mid-esophagus	Esophageal webs, inlet patches, papillomas, Schatzki ring, varices, esophagitis, malignancy
Gastroesophageal junction	Esophageal webs, Schatzki ring, varices, esophagitis, malignancy, Barrett's esophagus, hiatal hernia, Mallory Weiss tear
Stomach	Fundus: ulcers/erosions, gastric varices, fundic gland polyps, gastric cancer Body: ulcers/erosions, gastritis, gastric cancer, polyps, portal gastropathy Antrum: ulcers/erosions, gastritis, gastric cancer, gastric antral vascular ectasia (GAVE)
Duodenum	Duodenitis, duodenal cancer, duodenal ulcer, villous atrophy, ampullary lesions, diverticula

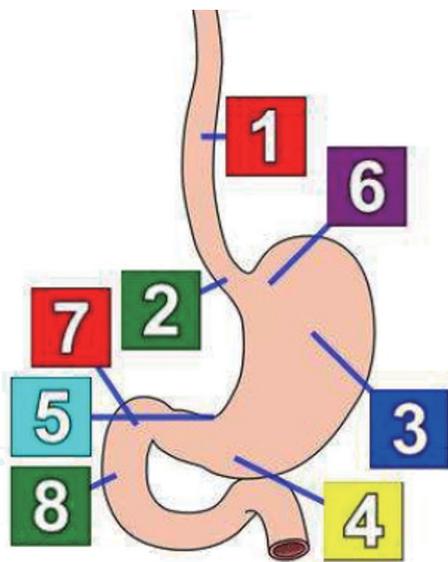


Figure 2 Anatomical landmarks during upper endoscopy. Label 1: mid-esophagus; label 2: gastroesophageal junction; label 3: gastric body; label 4: gastric antrum; label 5: incisura; label 6: gastric fundus; label 7: duodenal bulb; label 8: second part of duodenum.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Informed Consent: Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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