

## Endoscopic classification of superficial neoplastic intestinal lesions

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Stomach related endoscopy is an ongoing part of medication, which joins gastroenterology. In Europe, it has never become a different order. Endoscopy was at first connected with medical procedure, particularly in Italy, yet along these lines, according to European arrangements, this branch is currently an indispensable piece of gastroenterology. Gastroenterology educators meet at any rate two times every year, at gatherings sorted out by UNIGASTRO, which is the relationship of college teachers of gastroenterology in Italy. Most importantly, at the degree of specialization schools, we set ourselves the issue of separating the control of gastroenterology into two subtypes: Hepatological gastroenterology and endoscopic gastroenterology. This has never happened, for reasons of political opportunity, neither in Italy nor in Europe. However, it is clear that the specialist in gastroenterology must make a choice.

Digestive endoscopy increasingly takes on an autonomous role, considering all the diagnostic and therapeutic procedures that can be performed. A quick reference was made to diagnostic and interventional echo-endoscopy with ultrasound-guided biopsies, needle aspiration and pancreatic cyst drainage. Then, there are endoscopic fundoplication interventions for reflux disease, such as the GERDX and the MUSE methods and the Per-Oral Endoscopic Myotomy (POEM), for the treatment of achalasia. Digestive endoscopy has made and is making huge strides in the autonomous diagnosis of superficial neoplastic lesions, known as intestinal polyps. This aspect is very important, in order to be able to decide, on the spot, from the operator, if and how to intervene on the lesion, in which one comes across. Being able to have validated classifications, on the basis of which it is possible to know what type of neoplastic lesion we are facing and how much it invades the surrounding tissues, gives us the possibility of deciding whether to resect it immediately or not and how to resect it. In this important choice, the endoscopic instruments at our disposal and their advanced features, such as magnification, electronic staining and laser confocal endomicroscopy have a fundamental role.