

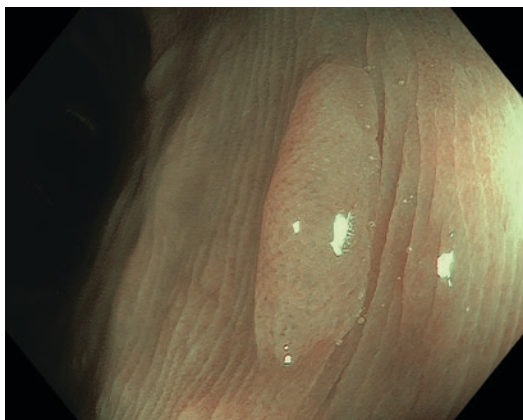
Pises Pisespongsa

The NICE type 1 polyps are most likely nonneoplastic. The color of polyps is similar to or lighter than the background; there is no blood vessels or only isolated lacy vessels on the surface. The surface may show uniform dark spots (Fig. 18.1), white spots (Fig. 18.2), or absence of surface pattern [1] (Fig. 18.3).

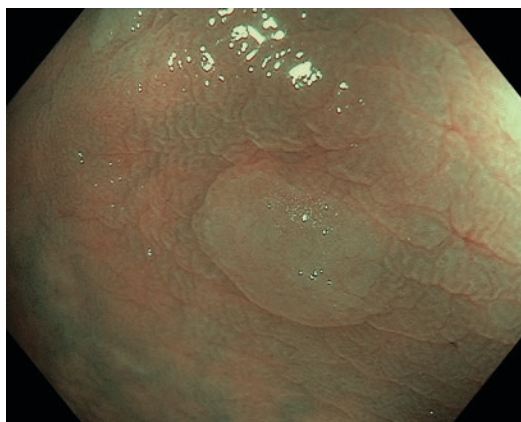
The NICE type 2 polyps are most likely intramucosal neoplasia. Their color is darker than the background. There are brown blood vessels surrounding white structures which represent pit pattern. These surface pit pattern may be oval



**Fig. 18.2** Hyperplastic polyp with uniform white spots



**Fig. 18.1** Hyperplastic polyp with uniform dark spots



**Fig. 18.3** Hyperplastic polyp with absence of surface pattern

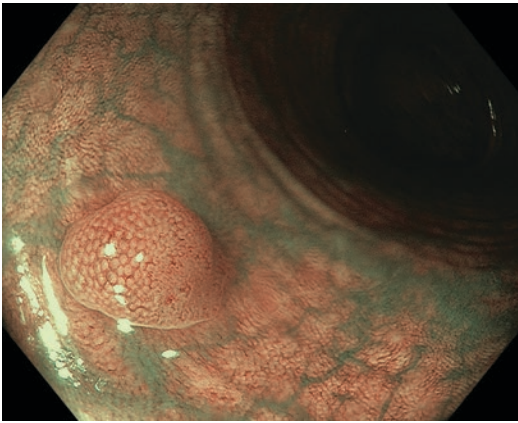
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(Fig. 18.4), tubular (Fig. 18.5), or branched pattern [1] (Fig. 18.6).

The NICE type 3 polyps are most likely invasive cancer. In this group, the color is darker than the background. Moreover, they have area of disrupted blood vessels and the surface pattern are absent [1] (Fig. 18.7).

However, the NICE classification has limitations for differentiation of sessile serrated polyps [2] which are also the precursor lesions of colorectal cancer. The “Workgroup serrated polypS and Polyposis” (WASP) classification

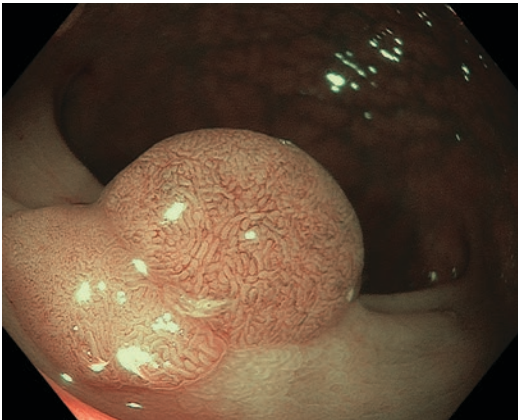
combines four features, namely, cloud-like surface, indistinct border, irregular shape, and dark spots inside the crypts into the NICE classification and the polyps with at least two features should be considered sessile serrated lesions [3] (Figs. 18.8 and 18.9). The mucus cap is a common feature of sessile serrated lesions as well [4] (Fig. 18.10). Some of the sessile serrated lesions may have NICE classification type 1 (Figs. 18.11 and 18.12) while the others may have NICE classification type 2 [3] (Figs. 18.13 and 18.14).



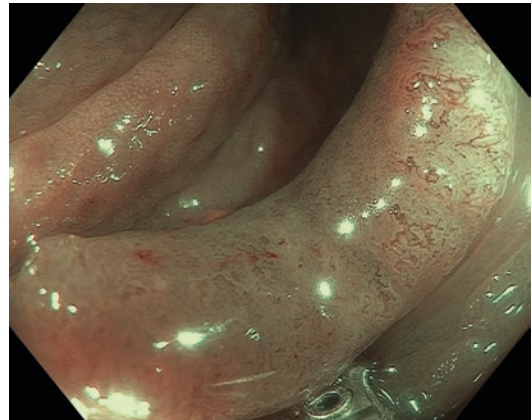
**Fig. 18.4** Tubular adenoma with oval surface pattern



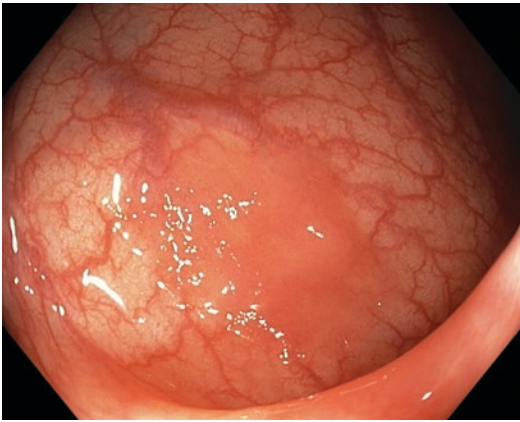
**Fig. 18.6** Tubular adenoma with branched surface pattern



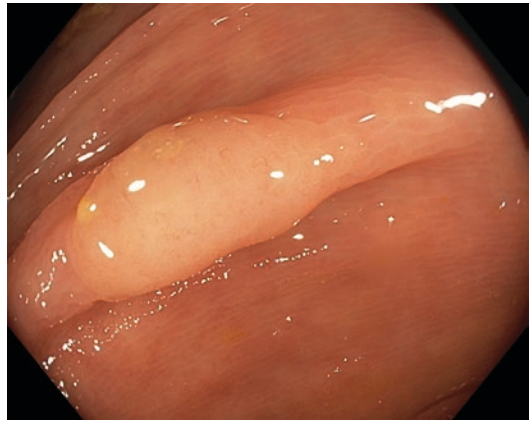
**Fig. 18.5** Tubular adenoma with tubular surface pattern



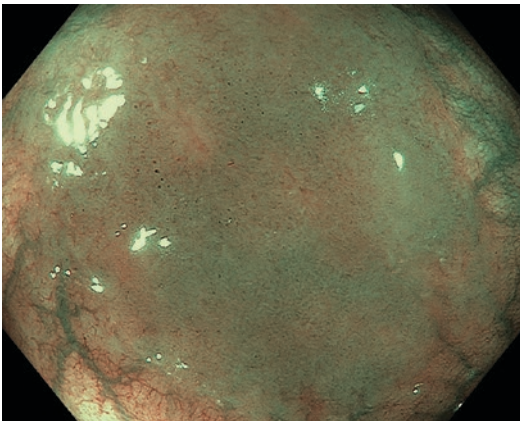
**Fig. 18.7** Colonic carcinoma



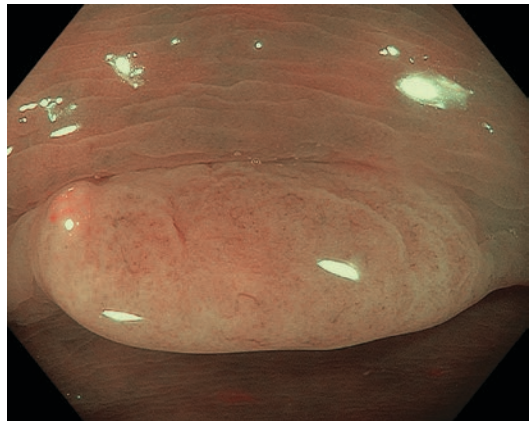
**Fig. 18.8** Sessile serrated lesion with white light imaging



**Fig. 18.11** Sessile serrated lesion



**Fig. 18.9** Sessile serrated lesion with cloud-like surface, indistinct border, irregular shape, and dark spots inside the crypts



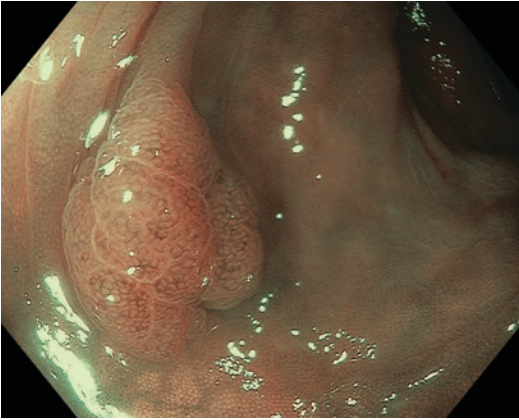
**Fig. 18.12** Sessile serrated lesion with NICE 1 pattern



**Fig. 18.10** Sessile serrated lesion with mucus cap



**Fig. 18.13** Sessile serrated lesion with white light imaging



**Fig. 18.14** Sessile serrated lesion with NICE 2 pattern

## References

1. Sano Y, Tanaka S, Kudo SE, Saito S, et al. Narrow-band imaging (NBI) magnifying endoscopic classification of colorectal tumors proposed by the Japan NBI Expert Team. *Dig Endosc.* 2016;28:526–33.
2. Kumar S, Fioritto A, Mitani A, et al. Optical biopsy of sessile serrated adenomas: do these lesions resemble hyperplastic polyps under narrow-band imaging? *Gastrointest Endosc.* 2013;78:902–9.
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