

Correspondence

The General Rules for Recording Endoscopic Findings on Esophageal Varices

Japanese Research Society for Portal Hypertension*

The Japanese Research Society for Portal Hypertension proposes the following General Rule for Recording Findings on Esophageal Varices obtained by fiberoptic endoscopy. This proposal is based on an agreement of the members, reached on the 12th Annual Meeting of the Society held on the 28th day of June, 1979 in Osaka.

These rules are applicable only for recordings on esophageal varices obtained by fiberoptic endoscopy; they do not apply in recording gastric varices.

Endoscopic diagnoses are to be made by inspection with the naked eye; photographs taken during the examination are not to be used as the basis for classification. Findings are to be classified into four main categories, i.e. Fundamental Color, Red Color Sign, Form, and Location.

I. FUNDAMENTAL COLOR OF THE VARICES

1. White varices (Cw)

Varices that are of white color and those that look like large folds of the esophageal mucosa are to be included in the Cw category.

2. Blue varices (Cb)

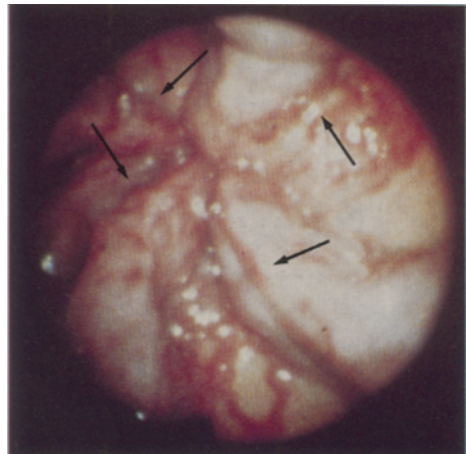
Varices that are of blue color and those that are distended by blood and look bluish-white or cyanotic are to be included in the Cb category. The esophageal mucosa over the varices of this category appears markedly thin.

II. RED-COLOR SIGN ON THE VARICEAL SURFACE (R-C sign)

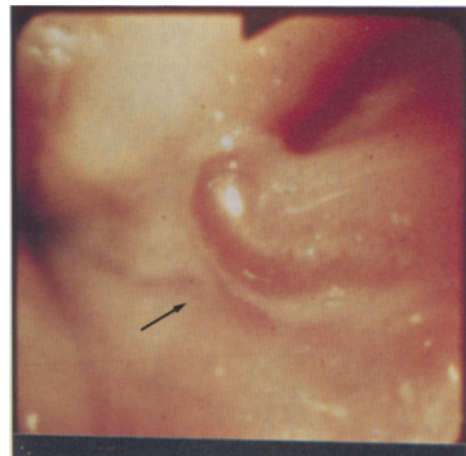
The designation R-C Sign indicates that changes of a reddish color are seen on the

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variceal surface. These changes may be due to dilatation of superficial venules or of those



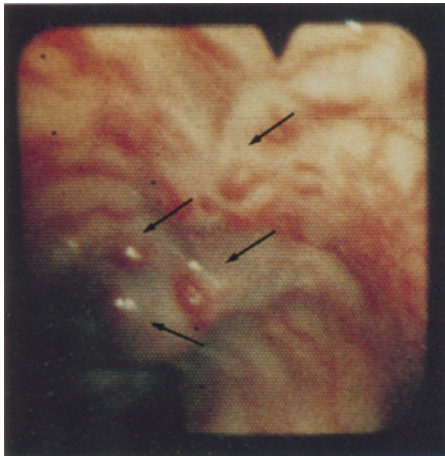
a



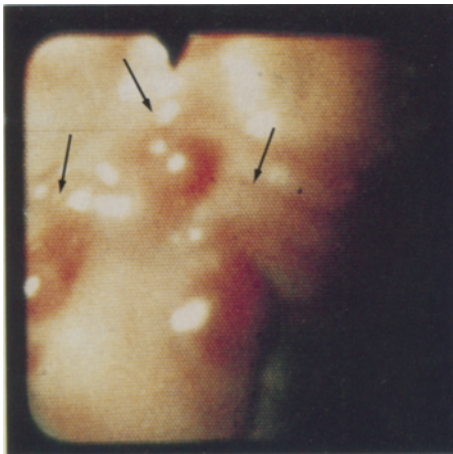
b

Fig. 1. Red wale markings.

Fig. 1-a shows "Red wale markings" (arrows) on coil-shaped blue varices (Cb, F3), and Fig. 1-b the close-up appearance of "Red wale marking" (arrow).



a



b

Fig. 2. Cherry-red spots.

Fig. 2a shows "Cherry-red spots" (arrows) on the coil-shaped white varices (Cw, F3), and Fig. 2b the close-up appearance of "Cherry-red spots" (arrows).

immediately beneath the submucosa. The R-C Sign is divided into the following 4 subcategories:

1. *Red wale markings* (Fig. 1)

Dilated venules are longitudinally oriented on the variceal surface. The appearance is that of a wale or whip mark.

2. *Cherry-red spots* (Fig. 2)

Small red spots (usually about 2 mm in diameter) are noted on the variceal surface.

3. *Hematocystic spot* (Fig. 3)

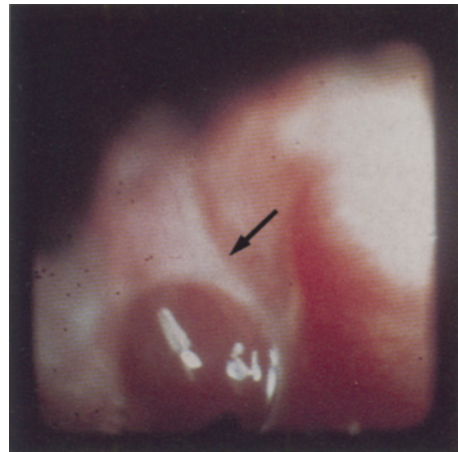


Fig. 3. Hematocystic spot.

The photograph shows a solitary "Hematocystic spot" (arrow) on the white varices (Cw).

A large, round crimson-red projection (greater than 4 mm in diameter), which looks like a blood blister and is usually located solitarily on the surface of large tortuous varices, is noted.

4. *Diffuse redness* (Fig. 4)

Diffuse red areas are seen on the variceal surface. The color of white (Cw) or blue (Cb) varices has changed to reddish, however, no elevated or depressed lesions are noted in the area.

As the R-C sign is the most important indicator in predicting the likelihood of variceal bleeding, subcategories 1 (Red wale markings) and 2 (Cherry-red spot) should be graded as +, ++, or ###, depending on the extent of distribution.

III. FORM OF THE VARICES (F)

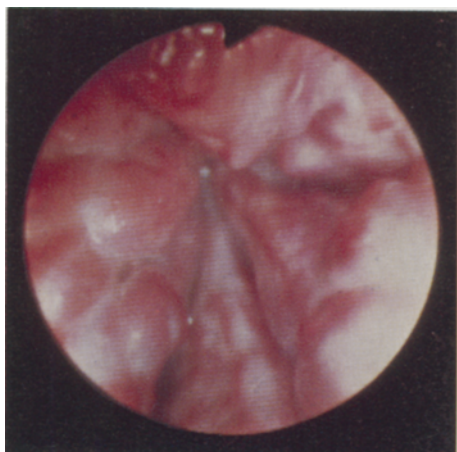
The varices are classified into 3 groups according to shape and size.

1. *Form-1 (F-1)*

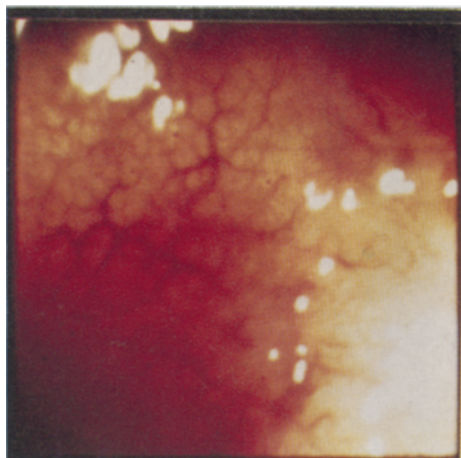
Straight-shaped. The proposed General Rules do not pertain to small venous dilations which disappear with insufflation.

2. *Form-2 (F-2)*

Slightly enlarged tortuous varices occupying less than one-third of the esophageal lumen.



a



b

Fig. 4. Diffuse redness.

Fig. 4-A shows "Diffuse redness." The surface of the nodular white varices (Cw, F3) is seen to be diffused red. Fig. 4-B indicates close-up appearance of "Diffuse redness," demonstrating a fine network with teleangiectasia.

3. Form-3 (F-3)

The largest-sized varices. They are coil-shaped and occupy more than one-third of the esophageal lumen.

IV. LOCATION OF THE VARICES (L)

The longitudinal placement of different-caliber varices is determined by dividing the esophagus into 3 distinct areas.

1. Locus superior (Ls)

Varices located above the level of the tracheal bifurcation.

2. Locus medialis (Lm)

Varices located at or near the level of the tracheal bifurcation

3. Locus inferior (Li)

Varices located within the area encompassing the abdominal and lower thoracic esophagus.

The exact determination of the longitudinal location of the varices is of no great clinical utility. Therefore, the location of the varices is not expressed in terms of exact distance from the incisor teeth or esophago-gastric junction. If varices are noted in the gastric fundus, they should be designated Lg positive (Lg⁺).

ESOPHAGITIS

With respect to erosive or ulcerated esophagitis, its presence or absence should be clearly identified as E⁺ (esophagitis-positive) or E⁻ (esophagitis-negative).

Esophagitis occurs either as discolored, mucosally proliferating, i.e. erosive type, or as ulcerated type. In practice, the identification of esophagitis accompanying variceal

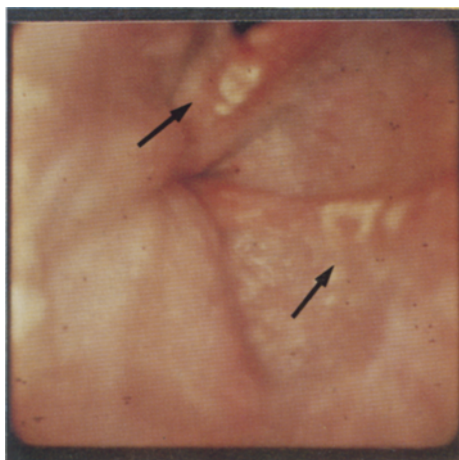


Fig. 5. Erosion.

The photograph shows "Erosion" (arrows) on the white varices (Cw) at the lower esophagus (Li).

lesions is difficult when it is in the discolored or mucosally proliferating stage. Therefore, its description is confined to erosive or ulcerated esophagitis, with or without a white coat (Fig. 5).

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