



Musgrove Park Hospital

SURGICAL DIRECTORATE

DEPARTMENT OF ENDOSCOPY

MESSAGE FROM THE ENDOSCOPY TEAM AT MUSGROVE PARK HOSPITAL

Advice to GPs for common **benign** histology findings within the Upper GI tract (likely no follow-up required), written by Musgrove Park Hospital's gastroenterology consultants Dr Rudi Matull & Dr Emma Wesley (endoscopy service leads) and Sister Julie Jones (nurse endoscopist):

1. **Fundic gland polyp (hyperplasia of fundic glands):**

Fundic gland polyps are nothing to worry about; they have little, if any, clinical significance and they are generally not dysplastic. Long-term use of PPI might increase the likelihood for them developing.

(Reference: British Society of Gastroenterology Guideline; Gut 2010;59:1270.)

2. **Duodenal mucosa normal OR with mild non-specific inflammation only:**

Unless serum coeliac screen positive, or the histopathologist raised specific concerns, it is unlikely that additional investigations are required. Mild inflammation can be seen due to medication (e.g. NSAIDs and others).

3. **Chemical (reactive) gastritis/gastropathy OR non-specific antral gastritis:**

Unless dysplasia or intestinal metaplasia reported by the histopathologist, no endoscopic follow-up is required. It can be seen due to excessive use of alcohol, smoking, drugs (e.g. NSAIDs) or stressful events. Life style adjustments +/- anti-acid therapy are recommended.

4. **Reflux-related oesophageal inflammation:**

Unless dysplasia or intestinal metaplasia reported by the histopathologist, or specifically mentioned by the endoscopist, no follow-up is required. Reflux-related life style advice is recommended.

If **LOW-grade dysplasia (or indefinite for dysplasia)** or **INTESTINAL metaplasia** is reported, or you have other questions/concerns, please **contact the endoscopy team via EndoscopyReception@tst.nhs.uk (01823 342318)**; the reception team will make contact with the endoscopist directly (and confirm action).

If **HIGH-grade dysplasia** or **CANCER** identified (**UNEXPECTED FINDING**), **GP please to REFER to UPPER GI MDT service (2-WW pathway) ASAP** (to allow for availability of all relevant clinical information, including 'patient informed' statement).

