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**Evaluation of microvascular findings of deeply invasive colorectal cancer by endocytoscopy with narrow-band imaging**

Hiroki Nakamura et al.
Endosc Int Open 2016: DOI 10.1055/s-0042-117629

Magnifying narrow-band imaging (NBI) is useful for examination of colorectal lesions, and endocytoscopy (EC) allows diagnostic evaluation of structural atypia, nuclear atypia, and vascular structures of colorectal tumors. The aim of this study was to examine surface microvessels in deep invasive colorectal cancer using EC with a new NBI video processor system.

**Prophylactic steroid administration for strictures after endoscopic resection of large superficial esophageal squamous cell carcinoma**

Tomohiro Kadota et al.
Endosc Int Open 2016: DOI 10.1055/s-0042-118291

One of the major complications after endoscopic resection (ER) for large superficial esophageal squamous cell carcinoma (ESCC) is benign esophageal stricture, which can reduce quality of life even if ESCC achieves a cure without organ resection. Recently, steroid administration has been reported as a prophylactic treatment to prevent esophageal strictures. This retrospective study evaluated the stricture rate according to the different width of mucosal defects due to ER and compared it to that seen with prophylactic steroid administration.

**Chromoendoscopy in combination with random biopsies does not improve detection of gastric cancer foci in CDH1 mutation positive patients**

Robert Hüneburg et al.
Endosc Int Open 2016: DOI 10.1055/s-0042-112582

Hereditary diffuse gastric cancer (HGGC), an autosomal dominant tumor-syndrome, accounts for 1% to 3% of gastric cancers worldwide. Presumably 30% to 40% of all patients fulfilling the clinical guidelines for HDGC are carriers of a pathogenic mutation in the CDH1 gene. Patients often show multiple foci of signet ring cell carcinoma at early age and are advised to undergo prophylactic total gastrectomy (PTG). The aim of this study was to improve the endoscopic detection of HDGC by using an enhanced endoscopic protocol.