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**Gastrointestinal involvement in patients with vasculitis: IgA vasculitis and eosinophilic granulomatosis with polyangitis**

Keisuke Kawasaki et al.
Endosc Int Open 2019: doi:10.1055/a-0977-2777

Among vasculitides, IgA vasculitis and eosinophilic granulomatosis with polyangitis (EGPA) frequently damage the gastrointestinal tract. However, only a few studies have investigated the entire gastrointestinal tract in patients with IgAV or EGPA by endoscopy. The aim of this study was to clarify endoscopic characteristics of patients with IgAV and those with EGPA.

**Validity and safety of endoscopic biliary stenting for biliary stricture associated with IgG4-related pancreatobiliary disease during steroid therapy**

Yasuhiro Kuraishi et al.
Endosc Int Open 2019: doi:10.1055/a-0966-8494

Patients with IgG4-related sclerosing cholangitis and autoimmune pancreatitis frequently develop obstructive jaundice, which requires endoscopic biliary stenting during steroid therapy to prevent bile duct infection from cholestasis and adverse steroid effects. This study aimed to clarify the validity and safety of EBS for patients with biliary stricture associated with IgG4-related pancreatobiliary disease during steroid therapy.

**Additional value of linked color imaging in colonoscopy: a retrospective study**

Taku Sakamoto et al.
Endosc Int Open 2019: doi:10.1055/a-0982-2904

Linked color imaging (LCI), a newly developed optical modality, enhances mucosal surface contrast. The authors aimed to evaluate the efficacy and feasibility of insertion-phase LCI in terms of additional benefit of colorectal polyp detection over that obtained with white light imaging (WLI). This study showed that LCI improves colorectal polyp detection in the sigmoid colon, especially during insertion.

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**Fig. 2a** Endoscopic retrograde cholangiography showed biliary strictures with a smooth surface and dilatation of the proximal bile duct that mimicked cholangiocarcinoma and pancreatic carcinoma of the head...

**Fig. 2b** Esophagogastroduodenoscopic findings in patients with IgA vasculitis. Mucosal erythemas in the duodenum.

**Fig. 2c** Three lesions were detected in order during the insertion phase. Only two lesions were detected during the withdrawal phase. The lesions were judged to reflect the same lesion by comparing the size and morphology.