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Abstract. The general rules made in 1980 for recording endoscopic findings of esophageal varices have widely been used in Japan and in other countries. However, since the development of endoscopic sclerotherapy and other modalities of endoscopic treatment, these 1980 rules were found to be insufficient for recording mucosal changes after treatment. The general rules as revised in 1991 recognize mucosal changes such as erosion, ulcer, scar, thrombosed varices, and bleeding signs. These new 1991 rules, which seem useful for recording initial evaluation of gastro-esophageal varices and for describing mucosal changes after sclerotherapy as well, are described here.

A precise and systematic evaluation and recording of esophagogastric varices is essential for the management of portal hypertension. In 1980, the Japanese Research Society for Portal Hypertension proposed a new system called “The General Rules for Recording Endoscopic Findings of Esophageal Varices [1].” These rules have gradually been accepted [2, 3] and now are employed in many countries. Red color signs documented in these rules are known to provide reliable information for predicting future variceal bleeding [4].

Endoscopic treatment including sclerotherapy has made remarkable progress and has acquired great popularity in the last decade. According to a 1992 nationwide survey, 12,697 cases of esophageal varices and 844 cases of gastric varices have been treated with endoscopic sclerotherapy in Japan so far [5]. After examining many patients following endoscopic treatment, we encountered several kinds of variceal or mucosal findings which were not precisely recorded under the 1980 rules. We thus made some modifications to these rules, which were approved at the 24th annual meeting of Japanese Research Society for Portal Hypertension in July 1991. Newly recognized findings including thrombosed varices, erosion, ulcer, and scars in the esophageal mucosa after sclerotherapy have been added in this revision.

Outlines of the New Rules

The revised rules are called “General Rules for Recording Endoscopic Findings of Esophagogastric Varices (1991)” [6]. These new general rules were designed to deal with 1) applications of prospective therapies including endoscopic injection sclerotherapy, 2) evaluation of therapeutic application for gastric varices, and 3) definition of recurrence of varices after treatment and timing of retherapy.

This system consists of six main categories for evaluation. In addition to the four main categories of location (L), form (F), fundamental color (C), and red color sign (RC), categories of bleeding sign and mucosal finding are delineated in the revised rules (Table 1). In principle, endoscopic diagnosis is to be made by inspection under a fiberscope with the naked eye. Findings of gastric varices, which had been listed separately under the former rules, are now included with esophageal varices in the same table.

Main Categories

Location. The longitudinal placement of different caliber esophageal varices is determined by dividing the esophagus into three distinct areas. Gastric varices are classified into two main groups based on their relationship to the cardiac orifice. 1) Locus superior (Ls) varices are located in the upper part of the esophagus, 2) locus mediiali (Lm) varices are located in the middle part of the esophagus, 3) locus inferior (Li) varices are located in the lower part of the esophagus, and 4) locus gastrica (Lg) gastric varices are further classified as Lg-c and Lg-f under the new rules. Gastric varices are classified as Lg-c if they are adjacent to the cardiac orifice (Fig. 1), Lg-f if they are distant from the cardiac orifice (Fig. 2), and Lg-cf if they extend from the cardiac orifice to the fornix. The subdivision of gastric varices mentioned above is based on the understanding of different blood supply routes to gastric varices depending on their location [7].

Form (F). Esophageal varices are classified into four groups according to their shape and size. 1) F0 lesions have no varicose appearance. This classification is useful in documenting the disappearance of varices in response to treatment. 2) F1 lesions are straight and small-calibered varices. Small venous dilatations
which disappear with insufflation of the esophagus are not included in this group. 3) F2 lesions are moderately enlarged, beady varices occupying less than one third of the esophageal lumen. 4) F3 lesions are markedly enlarged, nodular or tumor-shaped varices occupying more than one third of the esophageal lumen.

The form of gastric varices is further classified into three groups similar to those for esophageal varices. All other codes for the description of esophageal varices are also applied to the gastric varices.

**Fundamental Color (C).** The fundamental color of esophagogastriac varices is classified into two groups. 1) White varices (CW) are