**Upper GI endoscopy – Advice for common histology findings (likely no follow-up required),** written by Musgrove Park Hospital gastroenterology consultant Dr Rudi Matull & Dr Emma Wesley (endoscopy service leads) and Sister Julie Jones (nurse endoscopist, upper & lower GI):

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.)

1. Duodenal mucosa normal OR with minimal inflammation only:

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

1. Chemical (reactive) gastritis/gastropathy OR non-specific antrum 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 is recommended.

1. 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 any questions or concerns, please contact [EndoscopyReception@tst.nhs.uk](mailto:EndoscopyReception@tst.nhs.uk) .