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Opinion: How to manage subepithelial lesions of the upper gastrointestinal tract?

Matheus Cavalcante Franco, Ricardo Schulz, Fauze Maluf-Filho.

Abstract

Subepithelial lesions (SELs) in the upper gastrointestinal (GI) tract are relatively frequent findings in patients undergoing an upper gastrointestinal endoscopy. These tumors, which are located below the epithelium and out of reach of conventional biopsy forceps, may pose a diagnostic challenge for the gastroenterologist, especially when SELs are indeterminate after endoscopy and endoscopic ultrasound (EUS). The decision to proceed with further investigation should take into consideration the size, location in the GI tract, and EUS features of SELs. Gastrointestinal stromal tumor (GIST) is an example of an SEL that has a

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Abstract. Although **subepithelial lesions** are rarely found in the **upper gastrointestinal tract**, they can cause uncertainty in diagnostic approach and **management**.

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Subepithelial tumors most often appear as protuberances in the **GI tract** with

Metastases to the stomach tend to involve the **upper** and middle-third of the stomach.

Management of subepithelial lesions depends on the etiology, location, size,

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