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# Real World Clinical Practice for Low-Grade Gastric Adenoma in South Korea

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The article<sup>1</sup> is well-written and provides valuable insights into the real-world clinical practice regarding low-grade gastric adenomas (LGA) among Korean gastroenterologists. Unlike high-grade adenomas or early gastric cancers, the management of LGA lacks clear and evidence-based guidance, resulting in considerable variability in clinical decisions.

In this nationwide survey, the findings reveal that most clinicians favor endoscopic resection irrespective of lesion size, primarily driven by concerns over histological discrepancies and the potential for underdiagnosis. Notably, treatment methods such as endoscopic submucosal dissection (ESD), endoscopic mucosal resection, and argon plasma coagulation varied significantly depending on lesion size, location, characteristics and clinician's experience. Specifically, ESD was preferred for lesions larger than 1.5 cm, whereas lesions smaller than 1.5 cm were managed with variable treatment methods. Additionally, despite the lack of definitive evidence, nearly all respondents reported performing *Helicobacter pylori* eradication in patients with LGA to prevent metachronous gastric cancer.

This study provides a valuable overview of current trends and raises the urgent need for standardized guidelines for managing LGA. With rising detection rates attributed to national screening programs and advancements in endoscopic technique, establishing evidence-based guidelines will be essential for improving patient outcomes and ensuring consistency in management for LGA.

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## REFERENCE

1. Lee J, Park JY, Kim JS, et al. A survey on the management and surveillance of low-grade gastric adenoma among gastroenterologists in South Korea. Korean J Helicobacter Up Gastrointest Res 2025;25:152-158.