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Flat lesions , i.e., slightly elevated, completely flat, and slightly depressed lesions (IIa, IIb, IIc), are less striking on WLI and deserve continuous attention for changes F. Berr et al. 53 Fig. 4.2 ( a ) Endoscopic classification of superficial neoplasias of the digestive tract (Modified acc. to [ 1 , 11 ]): The macroscopic type is evident from aspect of the lesion as compared to the size of a standard biopsy forceps (\* closed cups of forceps = 2.5 mm, \*\* one jaw = 1.25 mm).

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8 % of polypoid-, 14 % of flat-, and 75 % of depressed-type neoplasias [ 6 ]. Hence, the risk of containing cancer cells is very low in small protruded neoplasias but high in flat and particularly in depressed neoplasias [ 3 , 5 ]. Therefore, we must be aware of the spectrum and different malignant potential of neoplastic lesions.

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