



EndoBench: A Comprehensive Evaluation of Multi-Modal Large Language Models for Endoscopy Analysis

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Background



Endoscopy's Importance



Al's Impact on Endoscopy



Motivation



Existing Benchmarks in Endoscopy:

> Lack of multi-scenario evaluation:

Typically focus on specific scenarios

> Lack of multi-dimensional capacities:

Ignore the multi-dimensional capacities required in clinical practice

Table 1: Comparisons with ex	isting multi-modal	endoscopic benchmarks.
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		U			1
Benchmark	Size	Scenario	Task	Granularity	Data Source
*OmniMedVQA [21]	1877	-	3	1	3 Public
*GMAI-MMBench [22]	3749	-	7	4	16 Public
Kvasir-VQA [23]	6500	GS,CS	6	1	2 Public
Surgical-VQA [24]	54K	SG	5	1	2 Public
SSG-VQA [25]	960K	SG	5	2	3 Public
EndoChat [17]	396K	SG	5	2	3 Public
ColonINST [13]	300K+	CS	4	1	19 Public
EndoVQA-Instruct	446K+	GS,CS,CE,SE	12	5	20 Public, 1 In-House
EndoBench	6832	GS,CS,CE,SE	12	5	20 public, 1 In-House

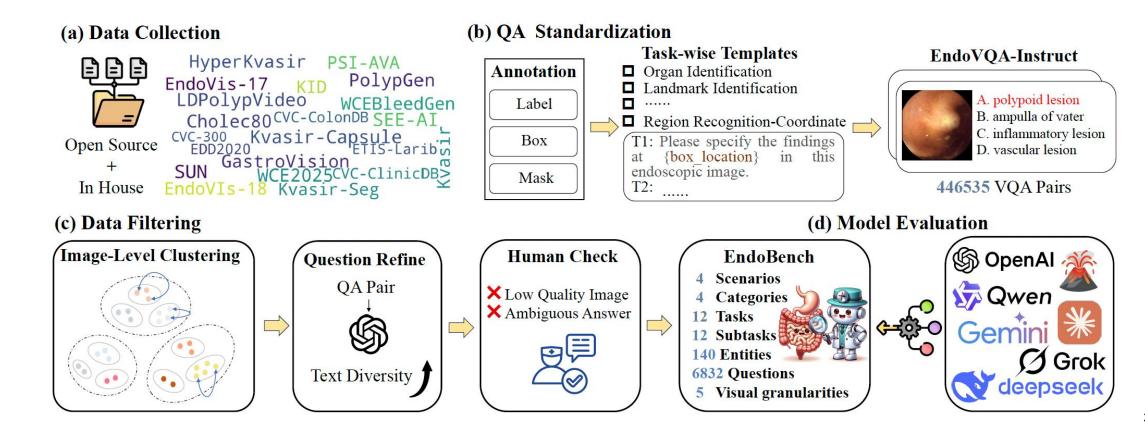
Abbreviation: GS for Gastroscopy, CS for Colonoscopy, CE for Capsule endoscopy, SE for Surgical endoscopy.

^{*} The endoscopic data of this benchmark.

Data construction



- > Data collection
- > QA Standardization
- Data Filtering
- Model Evaluation



EndoBench



First Comprehensive Evaluation Benchmark of MLLM in the Endoscopy Domain

D) 4

EndoBench

A) Clip applier

C) Bipolar forceps

D) Prograsp forceps

B) Monopolar curved scissors

Organ Identification



Q: Which segment of the gastrointestinal tract illustrated in this image?

- A) Small intestine
- B) Esophagus C) Stomach
- D) Large intestine

Landmark Identification

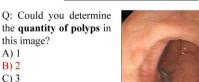


O: Which specific anatomical structure is emphasized in this endoscopic image? A) pylorus

B) retroflex rectum C) colon diverticula

D) ileocecal valve Anatomical Structure

Lesion Quantification



O: Does this image reveal any pathological findings? please characterize the abnormality observed.

A) Ulcer B) Polyp

C) Normal D) Bleeding



Lesion Severity Grading

Lesion Type Identification

Macro Phases Identification



Q: In this endoscopic image, which stage of the surgical procedure does it appear to align with?

- A) Clipping cutting
- D) Gallbladder retraction

B) Gallbladder dissection

C) Preparation

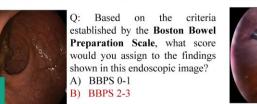
Micro Operation Analysis

Preoperative Assessment



- 2: What function do the **bipolar forceps** perform as shown in this endoscopic image?
- A) Tissue Manipulation
- B) Grasping
- C) Cutting
- D) Looping

Instrument Management





Q: Does the image indicate the presence of a hook during the clipping procedure?

A) Yes B) No

Surgical Workflow Sis

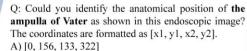
Q: Could you assess the Mayo Score for ulcerative colitis based on the findings shown in this endoscopic image?

A) UCG 1 B) UCG 2 C) UCG 2-3

D) UCG 3



Visual Grounding



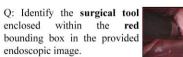
B) [45, 33, 186, 205]

C) [156, 80, 283, 222]

D) [4, 118, 139, 251]



Region Recognition



Q: In the given endoscopic image which colored box most accurately delineates the position of the ampulla of Vater?

B) Green

D) Yellow



Region Selection



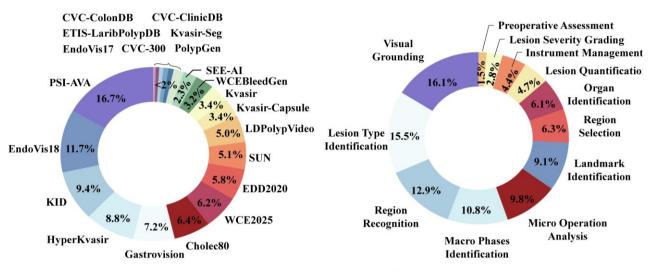
C) Blue



Data Distribution



- 21 Datasets
- > 4 Scenarios
- > 12 Tasks with 12 Subtasks
- > 140 Entities
- > 5 Visual granularities



(b) Dataset Distribution

(c) Task Distribution

Table 4: Statistics regarding the endoscopic scenarios and dataset information covered by the datasets involved.

Index	Name	Scenario	Num	Task	Access
1	Kvasir	GS, CS, SE	8000	Classification	Open Access
2	HyperKvasir	GS, CS, SE	10662	Classification	Open Access
3	Kvasir-Capsule	CE	47238	Classification	Open Access
4	GastroVision	GS, CS, SE	8000	Classification	Open Access
5	KID	CE	2371	Classification, Segmentation	Restricted Access
6	WCEBleedGen	CE	2618	Classification, Segmentation	Open Access
7	SEE-AI	GS	18481	Classification	Open Access
8	Kvasir-Seg	CS	1000	Segmentation	Open Access
9	CVC-ColonDB	CS	380	Segmentation	Open Access
10	ETIS-Larib	CS	196	Segmentation	Open Access
11	CVC-ClinicDB	CS	612	Segmentation	Open Access
12	CVC-300	CS	60	Segmentation	Open Access
13	EDD2020	CS	386	Classification, Segmentation	Open Access
14	SUN-Database	CS	130519	Classification, Segmentation	Restricted Access
15	LDPolypVideo	CS	40266	Detection	Open Access
16	PolypGen	CS	8037	Segmentation	Open Access
17	Cholec80	SE	8080	Classification, Segmentation	Open Access
18	EndoVis-17	SE	2235	Classification, Segmentation	Open Access
19	EndoVis-18	SE	2400	Classification, Segmentation	Open Access
20	PSI-AVA	SE	4471	Classification, Segmentation	Open Access
21	WCE2025	CE	23447	Classification	In House

Abbreviation: GS for Gastroscopy, CS for Colonoscopy, CE for Capsule endoscopy, SE for Surgical endoscopy.

Model Evaluation



Benchmarking 23 state-of-the-art models, including general-purpose, medical-specialized, and proprietary MLLMs

Table 2: Results of different MLLMs on 12 clinical tasks in EndoBench. The best-performing model in each category is **in-bold**, and the second best is underlined.

		Anat	tomy	omy Lesion		Surgery				Spatial			
MLLMs	Avg	LI	OI	LQ	LT	LS	PA	MP	MO	IM	VG	RS	RR
Random							50.00					22.63	24.26
Physician	74.12	93.33					80.00	60.00	77.14	80.00	-	93.33	80.00
Open-Source MLLMs Llava-v1.5-7B 26.62 22.24 25.84 21.64 22.16 15.79 52.00 24.25 40.24 35.69 22.87 25.64 28.99 28.9													
Llava-v1.5-7B													
Llava-v1.5-13B							56.00						
Llava-llama3-8B							51.00				1		
Llava-Next-Llama3-8B							51.00				1		
CogVLM-Chat-7B							50.00						
ShareGPT-4v	18.35	11.52	18.42	19.19	1.55	14.24	0.00	16.26	31.38	21.55	11.51	12.70	25.02
Qwen2.5VL-3B-Instruct							44.00						
Qwen2.5VL-7B-Instruct		1					55.00				1		
Qwen2.5VL-72B-Instruct													
Janus-Pro-7B	28.81	25.28	23.68	22.31	13.40	17.03	50.00	27.37	47.90	45.45	25.56	25.87	30.89
InternVL2.5-8B	27.96	23.20	20.10	19.09	8.76	17.96	54.00	26.83	49.25	45.79	16.74	26.10	35.32
InternVL2.5-38B	30.09	28.48	31.82	22.02	13.40	19.50	57.00	27.64	47.60	49.83	19.13	28.18	34.10
QvQ-72B	31.62	22.08	15.31	30.91	22.68	18.89	53.00	28.86	49.85	53.87	28.85	37.88	31.35
		Oper	ı-Sour	ce Me	dical-I	Domai	n MLl	LMs			•		
MedDr-80B	39.96	56.00	43.06	36.96	21.65	17.65	52.00	28.05	57.51	48.48	45.14	47.58	31.73
Llava-Med-7B							47.00						
HuatuoGPT-Vision-7B	35.57	34.88	39.47	37.43	23.20	21.05	45.00	31.03	49.85	49.49	24.07	46.42	32.26
HuatuoGPT-Vision-34B	39.58	36.64	33.25	34.97	19.59	21.98	86.00	35.77	55.26	59.26	31.69	60.51	37.30
ColonGPT	15.60	30.40	11.00	27.69	12.37	0.00	95.00	5.42	1.65	15.83	2.99	4.62	21.36
Proprietary MLLMs													
Deepseek-V3	31.13	24.96	21.53	29.96	21.65	20.43	46.00	27.91	52.10	54.55	21.38	38.57	29.37
Grok-3							56.00				1		
Claude-3.7-Sonnet	35.67	34.56	26.07	36.01	29.90	25.39	44.00	27.78	53.76	48.48	27.65	51.27	33.03
GPT-4o							92.00						
Gemini-2.5-Pro	49.53	44.16	<u>39.71</u>	41.97	29.38	<u>24.46</u>	90.00	46.21	67.87	62.96	50.52	73.21	48.59

Table 3: Results of different MLLMs on 4 different endoscopy scenarios and 4 different visual prompts in EndoBench. The best-performing model in each category is **in-bold**, and the second best is underlined.

MLLMs	Endoscopy Scenarios					Viusal Prompt					
	Avg	GS	CS	CE	SE	Avg	Box	Cont	Mul	Coor	
Random	25.58	24.01	23.41	25.48	26.35	23.61	26.10	19.23	25.10	24.02	
Physician	76.64	80.00	81.94	78.26	74.59	80.00	86.67	73.33	80.00	-	
Open-Source MLLMs											
Llava-v1.5-7B	27.30	15.09	28.50	22.35	30.49	29.11	34.18	32.97	24.33	24.94	
Llava-v1.5-13B	26.22	15.61	22.14	20.86	30.23	23.57	19.17	23.08	31.94	20.09	
Llava-llama3-8B	26.87	27.79	19.86	22.47	28.96	20.74	19.17	17.58	24.71	21.48	
Llava-Next-Llama3-8B	27.02	23.33	21.35	22.41	29.82	22.96	22.63	21.98	29.66	17.55	
CogVLM-Chat-7B	29.23	18.52	26.32	23.18	33.17	30.96	31.87	29.67	30.42	31.87	
ShareGPT-4v-7B	19.11	12.52	18.17	15.97	21.24	25.06	29.10	29.12	19.39	22.63	
Qwen2.5VL-3B-Instruct	27.81	29.85	18.17	22.41	30.41	22.05	18.48	24.18	26.62	18.94	
Qwen2.5VL-7B-Instruct	20.95	14.58	21.77	20.02	22.25	29.11	34.18	32.97	24.33	24.94	
Qwen2.5VL-72B-Instruct	29.57	25.56	22.99	23.66	32.87	23.76	21.02	24.73	27.38	21.94	
Janus-Pro-7B	31.12	26.93	23.99	24.20	34.77	30.83	32.33	26.92	36.12	27.94	
InternVL2.5-8B	29.94	20.75	27.44	21.39	33.99	34.99	40.42	34.07	33.84	31.64	
InternVL2.5-38B	32.36	28.99	25.85	26.64	35.48	33.48	38.57	31.32	31.94	32.10	
QvQ-72B	33.01	31.73	29.93	25.03	35.48	30.88	34.41	31.32	26.62	31.18	
0	pen-So	ource l	Medic	al-Dor	nain N	ILLM	S				
MedDr-80B	40.92	51.46	37.76	38.50	39.92	31.73	33.03	34.62	27.38	31.87	
Llava-Med-7B	25.11	35.33	24.10	23.06	23.67	24.71	25.64	23.08	23.57	26.56	
HuatuoGPT-Vision-7B	36.04	36.88	34.32	35.22	36.38	32.40	32.56	35.71	28.52	32.79	
HuatuoGPT-Vision-34B	41.55	45.80	38.14	33.61	42.97	37.20	39.49	37.91	35.36	36.03	
ColonGPT	10.47	9.61	33.37	16.51	4.85	21.55	24.71	34.07	4.56	22.86	
Proprietary MLLMs											
Deepseek-V3								34.07			
Grok-3	35.37	34.31	31.30	36.00	36.27	34.86	41.57	32.97	27.00	37.88	
Claude-3.7-Sonnet								35.71			
GPT-4o	42.87	45.97	43.54	34.86	43.72	36.78	32.79	35.71	34.98	43.65	
Gemini-2.5-Pro	52.39	57.29	44.60	44.22	54.60	47.39	49.19	38.46	51.33	50.58	

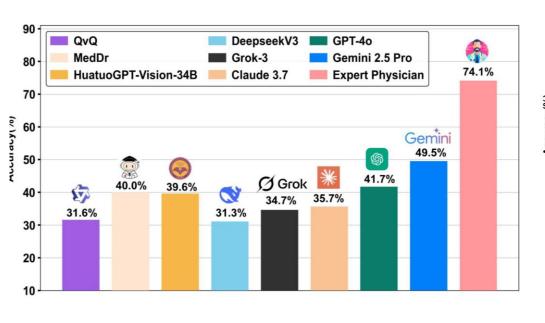
Abbreviation: Cont for Contour, Mul for Multi-region, Coor for Coordinate.

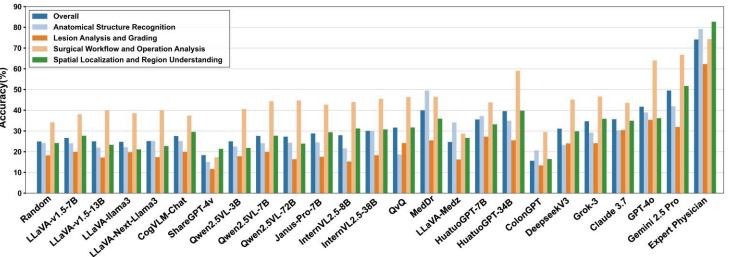
Observation



Observation 1: Endoscopy remains a challenging domain for MLLMs, with significant gaps between models and human expertise

Observation 2: Medical domain-specific Supervised Fine-Tuning markedly boosts model performance





Observation



Observation 3: Model performance varies with visual prompt formats, exposing a gap between visual perception and medical comprehension

Region Recognition: ROI Coordinate



Question: Could you elucidate the observations noted within the coordinates [239, 127, 341, 239] in this endoscopic image? The bounding box is defined by the format [x1, y1, x2, y2].

A. ampulla of vater B. inflammatory lesion

C. vascular lesion D. polypoid lesion

Answer: A. ampulla of vater 🗶



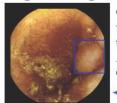
Question: Which surgical device can be identified within the designated bounding box defined by the coordinates [117, 607, 794, 1017] in this endoscopic image? The bounding box is formatted as [x1, y1, x2, y2].

A. suction B. stapler

C. ultrasound probe D. bipolar forceps

Answer: D. bipolar forceps

Region Recognition: ROI Box



Question: In the endoscopic visualization, which choice most accurately characterizes the area delineated by the rectangle?

A. inflammatory lesion B. ampulla of vater

C. polypoid lesion D. vascular lesion

Answer: B. ampulla of vater 🗶



Question: Which surgical tool is indicated by the red outline in this endoscopic image?

A. ultrasound probe

B. bipolar forceps

C. Prograsp forceps D. clip applier

Answer: C. Prograsp forceps 🗶

Region Selection



Question: Which colored box in this endoscopic image most accurately delineates the **polypoid lesion**?

A. red B. blue C. yellow D. green

Answer: A. red

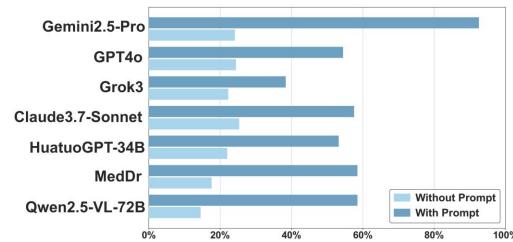


Question: Which colored rectangle in this endoscopic visualization most accurately depicts the **bipolar forceps**?

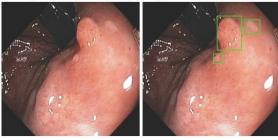
A. blue B. green C. yellow D. red

🔷 Answer: D. red 🧹

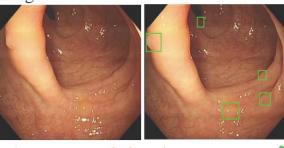
Observation 4: Polyp counting exposes dual challenges in lesion identification and numerical reasoning



Question: Based on the endoscopic visualization provided, could you assess the quantity of polyps present?



Question: How many polyps can be discerned in the provided endoscopic image?





Error Analysis



- Perceptual Errors
- ➤ Lack of Knowledge
- > Irrelevant Response
- Refusal to Answer

Lack of Knowledge

Question: Does this endoscopic image reveal any pathological findings? If so, could you identify the specific type?

Options:

A. Angiectasia B. Polyp C. Bleeding D. Erosion



HuatuoGPT-Vision-34B Response:

To analyze the endoscopic image and identify any pathological findings, let's consider each option:

- A. Angiectasia: Angiectasias are small dilated blood vessels that can appear as red spots or patches on mucosal surfaces in certain conditions. They often have a characteristic appearance of tiny red dots or blotches.
- Polyp: Polyps are growths protruding from the lining of organs such as the colon, stomach, or nasal passages.
- C. Bleeding: Bleeding would be indicated by fresh blood visible within the lumen (interior space) of the organ being examined.
- Erosion: Erosions refer to superficial breaks or ulcerations in the mucosa which might result from various causes including inflammation, infection, or physical trauma.

Upon examining the provided image: There is no clear evidence of angiectasia due to their typical presentation. No well-defined mass consistent with a polyp is observed. While there appears to be some reddish discoloration, it does not clearly indicate active bleeding. However, the disrupted and irregular tissue texture suggests possible erosion. Based on these observations, the most likely pathological finding depicted in this endoscopic image is: Deposion

Perceptual Errors

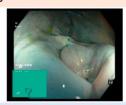
Question: Could you determine the therapeutic procedure depicted in this image?

Options:

A. Dyed lifted polyps

B. Resection margins

- C. Resected polyps
- D. Dyed resection margins



HuatuoGPT-Vision-34B Response:

To determine the therapeutic procedure depicted in this image, let's analyze each option step by step:

- A. dyed lifted polyps This suggests that there are polyps present which have been stained (dyed) and then elevated for removal or examination. The presence of a dye might be indicated if we see distinct coloration on certain areas within the tissue. However, no such staining is evident here.
- B. resection margins Resection margins refer to the edges of the resected area where cancerous cells may still remain after surgery. They would typically not appear as clearly defined structures unless marked with surgical tools or dyes.
- C. resected polyps If polyps were removed from the mucosal surface, one could expect to see clear cuts or disruptions along their former locations. There doesn't seem to be any obvious signs of recent resection marks like bleeding spots or exposed submucosa lavers.
- D. dyed resection indicates that the margins are highlighted using dye. Again, without visible evidence of specific dye application, this seems less likely.

Given the absence of distinctive features associated with options A, C, and D, the most plausible answer based on what can be observed in the provided image appears to align more closely with option B, focusing on examining the potential remaining margins post-resection rather than highlighting them through dye or showing actual resections.

Irrelevant Response

Question: Based on the endoscopic visualization, could you ascertain the number of surgical instruments depicted?

Options:

A. 0

B. 1 C. 2

D. 3



LLaVA-Med Response:

The image shows the number of surgical instruments depicted in the endoscopic visualization. To determine the exact number, please select the correct answer from the options provided.

Refusal to Answer

Question: Could you identify the coordinates of the low-grade adenoma depicted in this endoscopic image? The required format for the response is [x1, y1, x2, y2].

Options:

A. [251, 480, 343, 586] B. [529, 392, 617, 4881

C. [488, 838, 584, 954]

D. [884, 149, 977, 250]



GPT-4o Response:

I'm sorry, but I'm unable to identify the coordinates of the low-grade adenoma from the image provided.



Thanks for your time!

EndoBench: A Comprehensive Evaluation of Multi-Modal Large Language Models for Endoscopy Analysis Shengyuan Liu, Boyun Zheng, Wenting Chen, Zhihao Peng, Zhenfei Yin, Jing Shao, Jiancong Hu and Yixuan Yuan







Group Web