

Dear Editor,

We read with interest the article by Krugliak-Cleveland¹ et al which suggests a low diagnostic yield for polyp-adjacent biopsies in resected polypoid dysplasia in IBD. The authors suggest that theirs is the first study to report the diagnostic yield of such biopsies in chronic colitis. In fact two recent papers^{2, 3} (Lahiff et al 2018, Ten-Hove et al 2017) have reported similarly low diagnostic yield for polyp-adjacent biopsies. These studies have further shown that compliance with polyp-adjacent sampling is poor, even at academic centres. Table 1 provides a summary of the literature to date.

The present study reports higher absolute numbers of positive polyp-adjacent biopsies than others but suggests limited clinical impact of these biopsies. There is no accepted protocol for taking polyp-adjacent biopsies and it is possible that positive adjacent sampling may relate to incomplete resection of the index polyp. This possibility is supported by data from the non-IBD adenoma literature, which suggests that approximately 10% of adenomas are incompletely resected⁴ (Pohl et al 2013).

While high grade dysplasia may confer higher risk for metachronous advanced neoplasia compared to low grade index dysplasia, this has not been consistently reported⁵ (Wanders et al 2014), and consensus recommendations^{6, 7} (Annesse et al 2013, Laine et al 2015) continue to support annual surveillance following resection of circumscribed dysplasia in colitis, provided the index lesion has been fully resected.

With a growing body of evidence now suggesting low diagnostic yield and questionable clinical impact for polyp-adjacent biopsies in colitis, it is no surprise that clinicians are increasingly opting out of this practice. Subsequent iterations of multi-society international guidelines should incorporate these data sets and consider updating this recommendation.

Your sincerely,

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