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Zero diagnostic yield of dysplasia in polyp adjacent biopsies for patients with inflammatory bowel disease

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Background

Patients with inflammatory bowel disease (IBD) undergoing colonoscopic polypectomy are recommended by current guidelines (ECCO, 2013 [1] ; AGA & ASGE 2015 [SCENIC] [2]) to have biopsies taken from the area immediately adjacent to the resected polyp to determine whether there is adjacent dysplasia present. With improvements in endoscopic imaging technology and use of pan-colonic dye spray, as recommended by the same guidelines, it is possible to characterise colonic lesions with higher levels of confidence than previously. We reviewed the diagnostic yield of such adjacent biopsies over a recent five year period.

Methods

A systematic search of our histopathology database revealed cases where polyps had been endoscopically resected or biopsied in patients with IBD between January 2010 and December 2015. Endoscopy reports and medical records were reviewed and patient demographic and disease specific details were recorded, along with details of polyp characteristics and histopathology outcomes.

Results

Over a five year period, 302 polyps were biopsied or resected in 131 patients undergoing 178 colonoscopic examinations. Median patient age was 60 (range 17-82), with 43% female. One hundred and twenty three patients (92%) had ulcerative colitis, 6 Crohn's colitis and 2 IBD-unclassified. Thirty patients (23%) had PSC. Median disease duration was 20 years (range 1-58 years). The majority of patients were on ASA based monotherapy. On a per-procedure analysis, 71 patients (40%) underwent chromoendoscopy, while 49 (28%) had their examinations with a high-definition colonoscope. On a per polyp analysis, median size was 4mm (range 1-45) and the predominant morphology was Paris 0-Is (sessile, n=98, 32%). Histology was tubular adenoma in 76 (25%), tubulovillous adenoma in 14 (5%), hyperplastic in 112 (37%), post-

inflammatory in 32 (11%), sessile serrated polyp in 31 (10%), traditional serrated adenoma in 2 (0.7%), high-grade dysplasia or cancer in 2 (0.7%) and other in 33 (11%). Inflammation in adjacent biopsies was present in 34 patients (11%). Dysplasia in adjacent biopsies was detected in 2 patients (0.7%) and was endoscopically visible in both cases. Therefore the proportion of endoscopically unsuspected dysplasia revealed by adjacent biopsies was 0/300 (0%, 95% CI 0-1.6%)

Conclusions

The diagnostic yield for polyp adjacent biopsies in patients with IBD is negligible. We suggest that with contemporary use of high definition technology and chromoendoscopy it is no longer necessary to biopsy endoscopically normal adjacent tissue to detect invisible dysplasia.

References:

- [1] Annese et al., (2013), European evidence based consensus for endoscopy in inflammatory bowel disease, J Crohns Colitis
- [2] Laine et al. , (2015), SCENIC international consensus statement on surveillance and management of dysplasia in inflammatory bowel disease, Gastroenterology

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