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Summary

CLINICOPATHOLOGICAL AND ENDOSCOPIC CHARACTERISTICS OF SESSILE SERRATED LESION WITH DYSPLASIA/CARCINOMA

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Colorectal

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A retrospective study of 2132 sessile serrated lesions from Japan found that dysplasia or carcinoma was associated with older age, larger size, and specific endoscopic features, though 41.3% of dysplastic lesions were 10 mm or smaller.

KEY POINTS

- Of 2132 sessile serrated lesions resected between 2011 and 2022, 92.5% had no dysplasia, 4.7% had low-grade dysplasia, 1.8% had high-grade dysplasia, and 0.9% had submucosal invasive carcinoma
- Mean age increased with histologic severity from 62.8 years for non-dysplastic lesions to 72.2 years for submucosal invasive carcinoma, and most lesions (80-90%) were located in the proximal colon across all groups
- Larger lesion size correlated with higher dysplasia/cancer rates (1.2% for lesions ≥5 mm to 17.3% for lesions ≥21 mm), yet 66 of 160 dysplastic or malignant lesions (41.3%) measured 10 mm or smaller
- Endoscopic features including semi-pedunculated morphology, reddishness, double elevation, and central depression were substantially more frequent in dysplastic/malignant lesions compared to non-dysplastic lesions
- This study is relevant for endoscopists performing colonoscopy who need to recognize and completely resect sessile serrated lesions to reduce interval colorectal cancer risk

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