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Summary

# RISK FACTORS FOR DELAYED PERFORATION OR SEPSIS FOLLOWING ENDOSCOPIC RESECTION OF LARGE NON-PEDUNCULATED COLORECTAL POLYPS (LNPCP)

Andrew Emmanuel

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**Analysis of 1883 endoscopic resections of large non-pedunculated colorectal polyps identified extreme size, difficult access, ESD technique, and procedure time over 240 minutes as risk factors for delayed perforation or sepsis.**

## KEY POINTS

- Delayed perforation or sepsis occurred in 24 patients (1.3%), with 8 (0.4%) requiring emergent surgery, 1 requiring CT-guided abscess drainage, and 3 requiring ICU management; there was no mortality.
- Extreme lesion size (OR 3.02), difficult access (OR 2.63), ESD technique (OR 4.08), and procedure time over 240 minutes (OR 5.20) were significantly associated with delayed perforation or sepsis.
- Location, F2 fibrosis, and age were not significantly associated with delayed perforation or sepsis, though events occurred across all colonic locations including the rectum.
- The study included consecutive patients treated between September 2011 and September 2023, with mean lesion size 46.4mm and ESD used in 890 cases.

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