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Summary

PROGNOSTIC FACTORS FOR RECURRENCE IN COLONIC LESIONS TREATED WITH PIECEMEAL EMR: A SINGLE-CENTER RETROSPECTIVE STUDY

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Colorectal

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In a retrospective study of 63 patients with colonic lesions ≥20 mm treated by piecemeal endoscopic mucosal resection, high-grade dysplasia was the only independent predictor of recurrence after multivariable adjustment.

KEY POINTS

- Overall recurrence rate was 23.8% (15/63 patients) after a mean follow-up of 7 months in this single-center Italian cohort treated between 2021 and 2024.
- High-grade dysplasia was independently associated with increased recurrence risk (HR 5.73, 95% CI 1.16–28.28, p = 0.03) in multivariate Cox regression analysis.
- Lesion size, location (right colon), morphology (LST granular, Paris classification subtypes), and patient age showed no significant association with recurrence in adjusted analysis.
- The authors suggest their findings support close follow-up for patients with high-grade dysplasia and the potential use of targeted surveillance strategies after piecemeal endoscopic mucosal resection.

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