ENDOSCOPIST DEPENDING FACTORS FOR COLON AND RECTUM SESSILE SERRATED LESIONS DETECTION RATE

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UEG Week Copenhagen 2023 | Poster

Colorectal

October 15, 2023

A retrospective single-center study of 8432 colonoscopies found that flat adenoma detection rate strongly correlates with sessile serrated lesion detection rate, while protruding adenoma detection rate and total colonoscopy volume do not.

KEY POINTS

- Flat adenoma detection rate showed strong correlation with sessile serrated lesion detection rate (correlation coefficient 0.87, P<0.05), while protruding adenoma detection rate did not (correlation coefficient 0.56, P=0.113).
- General adenoma detection rate demonstrated very strong correlation with sessile serrated lesion detection rate (correlation coefficient 0.98, P<0.05) with 94.26% probability of occurrence.
- The global number of colonoscopies performed was not associated with sessile serrated lesion detection rate (correlation coefficient -0.197, P=0.6117).
- Both adenomas and sessile serrated lesions were predominantly located proximal to the splenic flexure, with sessile serrated lesions showing overwhelmingly flat morphology (OR 6.84, 95% CI 2.08-9.02, P<0.001).
- This material may be of interest to endoscopists seeking to improve sessile serrated lesion detection and those interested in quality metrics for colonoscopy.

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