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Summary

EFFICACY AND SAFETY OF COLD ENDOSCOPIC POLYPECTOMY IN THE UPPER GASTROINTESTINAL TRACT: A REAL-WORLD EXPERIENCE STUDY

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Cold snare polypectomy demonstrated superior efficacy compared to cold forceps polypectomy for upper gastrointestinal lesion resection in a retrospective cohort of 350 procedures, with excellent safety in both techniques.

KEY POINTS

- Complete endoscopic resection was 100% for both cold snare polypectomy (CSP) and cold forceps polypectomy (CFP), but CSP achieved higher en-bloc resection (99.0% vs 85.8%, $p<0.01$) and complete histological resection rates (98.0% vs 93.6%, $p=0.041$).
- Among 350 lesions (mainly gastric, 82.6%) removed from 296 patients, mean lesion size was 2.68mm for CFP and 5.64mm for CSP, with fundic gland and hyperplastic polyps most common.
- Piecemeal resection was the only independent factor associated with nonassessable resection margins at multivariate analysis (OR 168.657, $p<0.001$).
- Adverse events were minimal: immediate bleeding occurred in 1.0% of CSP cases (endoscopically treated) and no delayed bleeding or perforations were observed in either group.
- This material is relevant to endoscopists managing small upper gastrointestinal polyps and institutions establishing resection protocols for these lesions.

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