

COLD SNARE POLYPECTOMY VERSUS HOT ENDOSCOPIC MUCOSAL RESECTION FOR LARGE NON-PEDUNCULATED COLORECTAL POLYPS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

David James Tate

UEG Week Berlin 2025

Poster

Colorectal

October 5, 2025

A meta-analysis of four randomized controlled trials (1516 polyps) found that cold snare polypectomy for large colorectal polyps ≥ 15 mm has nearly double the recurrence risk of hot endoscopic mucosal resection but significantly reduces delayed bleeding.

KEY POINTS

- Cold snare polypectomy demonstrated higher recurrence at first surveillance colonoscopy compared to hot endoscopic mucosal resection (22.6% vs. 10.8%; RR=1.98; 95% CI: 1.22–3.21; $p=0.02$; moderate-certainty evidence), with a number needed to harm of 9.
- Cold snare polypectomy showed a 67% reduced risk of delayed bleeding compared to hot endoscopic mucosal resection (1.2% vs. 3.9%; RR=0.33; 95% CI: 0.12–0.89; $p=0.03$; high-certainty evidence), with a number needed to treat of 37.
- No intraprocedural or delayed perforations occurred in the cold snare polypectomy group across the four trials.
- The authors suggest cold snare polypectomy may be preferable for patients where procedural safety is prioritized over radicality, such as those with extensive comorbidities.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflrx.eu/search/d/ead499b8-a812-11f0-add6-0242ac140006>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.