

Video Case: Characterisation and resection techniques of colorectal lesions

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Presentation

Colorectal

Endoscopy

Small Intestine & Nutrition

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The speaker presented a simplified approach to optical diagnosis of colorectal polyps for general endoscopists, using six gross morphologic features and assessment of demarcated areas to stratify cancer risk and guide treatment decisions.

KEY POINTS

- The speaker stated that among European expert endoscopists, the published rate of correct Jnet classification interpretation is only 55.1%, and accuracy among non-experts is potentially worse than chance.
- Six gross morphologic features indicate deep submucosal invasion: fold deformation, spontaneous bleeding, chicken skin mucosa, depression, ulceration, and extra redness; the speaker reported that in a study of 191 non-expert endoscopists about to be published, the number of features present correlated with deep cancer.
- The speaker recommends freezing the endoscopic image to perform a blink assessment, then looking for a demarcated area that appears different from the rest of the polyp and assessing whether the vascular pattern within is regular, regularly irregular, or irregular using virtual chromoendoscopy.
- The speaker stated that 99% of polyps fall into the low-risk category suitable for piecemeal endoscopic mucosal resection, while high-risk features require multidisciplinary discussion or expert consultation.
- Non-granular polyps, large nodules over 10mm especially in the rectum, and rectal location in general carry higher cancer risk according to the speaker.
- The speaker recommends that if uncertain about a polyp, endoscopists should discuss with a colleague, take images and video, avoid biopsy unless necessary, and present the case at a multidisciplinary meeting.

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