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Summary

FORCED COAGULATION FOR PEDUNCULATED POLYPS: A SAFE ALTERNATIVE METHOD FOR CONVENTIONAL ENDOSCOPIC POLYPECTOMY

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Colorectal | Digestive Oncology | Endoscopy

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Randomized trial of 127 large pedunculated polyps found that forced coagulation with clip closure and low-stalk resection reduced serious adverse events to 6% versus 9.5% with standard Endocut technique (p<0.005), with Haggit level 4 malignancies observed exclusively in the conventional group.

KEY POINTS

- In 127 pedunculated polyps with head diameter greater than 20 mm and stalk length greater than 10 mm, forced coagulation with prophylactic clip closure after low-stalk resection significantly reduced serious adverse events compared to ESGE guideline-recommended Endocut technique (6% vs 9.5%, p<0.005).
- Immediate bleeding occurred in 9% of forced coagulation cases versus 16% with Endocut, and delayed bleeding in 3.1% versus 11%; no perforations occurred in either group.
- Malignancy was identified in 11% of polyps overall, but Haggit level 4 lesions indicating deep submucosal invasion were observed exclusively in the Endocut group.
- Complete resection rates did not differ significantly between groups (p>0.005).
- Study limitations included single-center design, modest sample size, and short follow-up; the speaker noted that multi-center validation and long-term survival data are needed.

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