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Summary

DIAGNOSIS, FOLLOW-UP AND TREATMENT OF GASTRIC DYSPLASIA IN ADENOMATOUS DIGESTIVE POLYPOSIS

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In a retrospective cohort of 227 patients with adenomatous polyposis syndromes, 11.9% developed gastric dysplasia, with whitish flat proximal lesions strongly predictive of dysplasia and smoking and high-density fundic gland polyps identified as independent risk factors.

KEY POINTS

- Among 227 patients with FAP or MAP followed endoscopically between 2015 and 2022, 27 patients (11.9%) had gastric dysplasia, predominantly low-grade (66.7%), with 8 cases of high-grade dysplasia (29.6%) and 1 cancer (3.7%); one patient died of metastatic gastric cancer within dense fundic polyposis.
- Whitish flat areas of the proximal stomach were strongly correlated with dysplasia (relative risk 31, 95% CI 12.7-74.9, $p<0.001$), with confirmed dysplasia in 63% of such lesions; sessile antral lesions showed dysplasia in 29% of cases.
- In multivariate analysis, smoking (absolute risk 13.08, 95% CI 2.67-64.10) and high-density fundic gland polyps exceeding 50 (absolute risk 22.06, 95% CI 4.28-113.58) were significant independent risk factors for gastric dysplasia.
- Of dysplasia cases, 77.8% were treated by endoscopic resection, predominantly ESD, with median lesion diameter 62.5 mm; at median 21-month follow-up, 2 proximal low-grade dysplasia recurrences (7%) occurred and were treated endoscopically.
- The authors emphasize the importance of recognizing these sometimes difficult-to-visualize dyschromic flat lesions, suggesting that early detection may enable preventive endoscopic treatment of gastric cancer in this population.

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