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Summary

CHROMOENDOSCOPY FOR INFLAMMATORY BOWEL DISEASE SURVEILLANCE: A 10-YEAR RETROSPECTIVE HISTOPATHOLOGICAL ANALYSIS FROM A DISTRICT GENERAL HOSPITAL

Gerry Robins

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Retrospective analysis of 2015-2025 histopathology data found no statistically significant difference in dysplasia detection between chromoendoscopy and white-light colonoscopy in real-world IBD surveillance.

KEY POINTS

- Among 854 chromoendoscopies in 436 IBD patients, 5 lesions were detected (0.70%), compared to 29 lesions among 3644 white-light colonoscopy biopsies in 2674 patients (0.80%).
- Adjusted per-patient analysis showed no significant difference in dysplasia detection between the two techniques (RR 1.41, 95% CI: 0.54–3.66).
- Small sample sizes (5 versus 29 lesions) and variability in endoscopist experience, bowel preparation, and biopsy strategies limit definitive conclusions.
- The authors suggest high-definition white-light colonoscopy remains an alternative for IBD surveillance when considering financial and time constraints, and that their regex-based extraction method offers a scalable approach for analyzing unstructured histopathology data.

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