

THE VALIDITY OF FORCED COLD SNARE POLYPECTOMY: A PROSPECTIVE OBSERVATIONAL STUDY

Hideyuki Chiba

UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

A prospective study of 1391 colorectal lesions found that forced cold snare polypectomy, required in 7.9% of cases, results in significantly higher rates of cold snare defect polypectomy and unclear pathological margins compared to conventional cold snare polypectomy, without affecting perforation rates.

KEY POINTS

- Forced cold snare polypectomy was required in 110 of 1391 lesions (7.9%) treated with cold snare polypectomy between November 2020 and June 2021.
- No perforations occurred in either the forced or conventional cold snare polypectomy groups.
- Cold snare defect polypectomy occurred significantly more often with forced cold snare polypectomy (96.4% versus 6%, $p < 0.001$), as did unclear pathological margins (12.7% versus 5.7%, $p = 0.0126$).
- Cecal location (OR 2.6) and polyp size ≥ 6 mm (OR 11.36) were independent predictors of requiring forced cold snare polypectomy in multivariate analysis.
- This is the first study to examine forced cold snare polypectomy; the authors conclude it does not affect complication rates but significantly increases incomplete resection markers and call for multi-institutional validation.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/14a7c52e-743c-11ee-b011-0242ac140004>



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.