

COMPARISON STUDY OF TREATMENT OUTCOMES OF COLD SNARE POLYPECTOMY AND UNDERWATER ENDOSCOPIC MUCOSAL RESECTION FOR NON-AMPULLARY DUODENAL ADENOMAS 10 MM OR LESS

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Poster

Oesophagus

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Retrospective comparison of cold snare polypectomy and underwater endoscopic mucosal resection for non-ampullary duodenal adenomas 10 mm or less found comparable safety and margin-negative rates, though two recurrences occurred only in the cold snare group.

KEY POINTS

- Among 80 lesions (51 cold snare polypectomy, 29 underwater EMR), neither technique resulted in intraoperative perforation, postoperative bleeding, or delayed perforation.
- Lateral margin-negative rates were similar between cold snare polypectomy and underwater EMR (62.8% versus 62.1%, $p=0.95$), as were vertical margin-negative rates (94.1% versus 100%, $p=0.19$).
- Local recurrence was detected in 3.9% of the cold snare polypectomy group and 0% of the underwater EMR group.
- Final pathology revealed intramucosal adenocarcinoma in 3.9% of cold snare cases and 10.3% of underwater EMR cases, with overall pathology distribution differing significantly ($p=0.02$).
- The authors suggest underwater EMR may be preferred for these lesions given that preoperative adenoma diagnosis may include adenocarcinomas, though this represents expert opinion rather than a formal recommendation.

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