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Summary

LONG-TERM PROGNOSIS OF COLORECTAL CARCINOMA TREATED BY COLD SNARE POLYPECTOMY

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UEG Week Copenhagen 2023 | Poster

Colorectal

October 15, 2023

A single-center retrospective study of 81 Japanese patients found a low rate of residual disease or recurrence (2%) after cold snare polypectomy inadvertently resected colorectal carcinoma, with favorable long-term prognosis when endoscopic follow-up confirmed absence of residual lesions.

KEY POINTS

- Among 12,935 lesions resected by cold snare polypectomy during 2013–2022, 81 lesions (0.63%) were histologically diagnosed as colorectal carcinoma, all well-differentiated adenocarcinomas with negative lateral margins in 47% and negative vertical margins in 72%.
- Of 47 patients with endoscopic follow-up, only one (2%) showed residual disease or recurrence; retrospective review revealed incomplete initial resection and the patient died 177 days after diagnosis with coincidental peritoneal dissemination.
- The remaining 46 patients without endoscopic recurrence had a median observation period of 921 days, with six deaths from causes other than colorectal cancer and the others alive without recurrence.
- Post-polypectomy scars were identifiable in 51% of followed cases, and 34 patients were not followed endoscopically due to concurrent advanced cancer, advanced age, dropout, or other reasons.
- This study may inform gastroenterologists managing incidental colorectal carcinoma discovered after cold snare polypectomy of small colonic lesions.

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