

IS ENDOSCOPIC MUCOSAL RESECTION EFFECTIVE AND SAFE FOR HIGHLY COMPLEX COLORECTAL POLYPS (SMSA 4)? CLINICAL OUTCOMES AND RECURRENCE-ASSOCIATED FACTORS

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Poster

Colorectal

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Endoscopic mucosal resection achieved 91.1% technical success in 158 highly complex colorectal polyps (SMSA level 4) with acceptable adverse event rates but 22.5% recurrence at 6 months.

KEY POINTS

- Technical success on first attempt was achieved in 144 of 158 lesions (91.1%), with intraprocedural bleeding in 10.1% and deep mural injury in 0.6%.
- Clinically significant post-procedural bleeding occurred in 6.1% of patients, with anticoagulant and antiplatelet use the only significant risk factors in multivariate analysis; no late perforations or deaths were reported.
- Recurrence occurred in 22.5% at 6-month follow-up and 10.1% at 12-month follow-up, with cold EMR (OR 5.63), intraprocedural bleeding (OR 5.52), and technical difficulty (OR 3.92) identified as independent risk factors while margin ablation was protective (OR 0.33).
- Only 2.5% of patients required surgery due to technical issues, and all but one recurrence were managed endoscopically.
- This retrospective study from a single tertiary center may inform endoscopists managing complex colorectal polyps and planning surveillance strategies.

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