gutflix
GI learning, personalised

Summary

Detection and management of dysplasia in UC

Marietta Iacucci

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Digestive Oncology | IBD

October 4, 2025

Updated BSG guidelines for ulcerative colitis surveillance introduce 10-year intervals for very low-risk patients and recommend chromoendoscopy or virtual chromoendoscopy with targeted biopsies for dysplasia detection.

KEY POINTS

- The speaker recommends high-definition chromoendoscopy or virtual chromoendoscopy with targeted biopsies for surveillance, stating that virtual chromoendoscopy can enhance detection of lesions hidden in granular mucosa.
- Surveillance intervals in the updated BSG guidelines range from 10 years for very low-risk patients to annual surveillance for moderate-risk patients with PSC, stricture, or dysplasia in the last 5 years.
- The speaker advises against taking biopsies of resectable lesions because biopsies create submucosal fibrosis that makes future resection more challenging.
- For lesions less than 2 cm, the speaker recommends en bloc EMR, and if en bloc resection is not possible, referral for endoscopic submucosal dissection (ESD).
- The speaker reported that piecemeal EMR has 30% recurrence, while ESD is safe with favorable outcomes and provides en bloc resection in a multicenter retrospective study.
- In the speaker's case presentation, a second lesion initially thought to be a pseudopolyp proved to be cancer on resection, leading to colectomy.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/80be15c4-a82e-11f0-b8e5-0242ac140006

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.