

SAFETY PROFILE OF LOW-POWER PURE CUT HOT SNARE POLYPECTOMY FOR NONPEDUNCULATED COLORECTAL NEOPLASMS: A MULTICENTER STUDY

Masao Yoshida

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Poster

Colorectal

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A multicenter retrospective study of 339 patients found that low-power pure cut current hot snare polypectomy for 10-14 mm colorectal neoplasms resulted in a delayed bleeding rate of 0.6%, potentially lower than conventional hot snare polypectomy.

KEY POINTS

- Among 410 lesions sized 10-14 mm treated with low-power pure cut current hot snare polypectomy, delayed bleeding occurred in 2 of 339 patients (0.6%), both managed conservatively without endoscopic hemostasis or transfusion.
- The technique achieved en bloc resection in 94.9% and R0 resection in 86.7% of cases, with immediate bleeding requiring hemostasis in 1.0% and no perforations.
- Compared to a historical control delayed bleeding rate of 2.1% for conventional hot snare polypectomy, low-power pure cut current was associated with a 71.4% risk reduction.
- The study used a 10-mm or 15-mm thin hexagonal snare with pure cut or autocut modes at 10W, without coagulation current, hypothesized to reduce thermal injury to submucosal vessels.
- The authors conclude that a large prospective study is warranted to confirm the safety of this technique for 10-14 mm nonpedunculated colorectal neoplasms.

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