gutflix
GI learning, personalised

Summary

PSC: To scope or not to scope the colon? Paediatrics and adult perspectives

Patrick Van Rheenen

UEG Week Berlin 2025 | Presentation

October 6, 2025

The presentation discusses colonoscopy surveillance strategies for colorectal cancer in patients with primary sclerosing cholangitis, highlighting key differences between adult and paediatric approaches and the challenges of detecting dysplasia in this high-risk population.

KEY POINTS

- Most patients with PSC either have or will develop inflammatory bowel disease, with the majority diagnosed concurrently and PSC-IBD showing a predominantly right-sided, milder colitis pattern compared to non-PSC IBD
- Meta-analyses show patients with PSC-IBD have a 3-5 times higher relative risk of colorectal cancer compared to IBD alone, with a 14% cumulative risk of advanced neoplasia by 10 years of IBD duration as stated in older studies
- Adult guidelines recommend colonoscopy at PSC diagnosis followed by surveillance every 1-2 years, though the speakers note the quality of evidence behind these recommendations is extremely low
- Paediatric guidelines recommend colonoscopy only when faecal calprotectin exceeds 150 micrograms per gram, as a Dutch registry study found no CRC before age 18 in PSC patients and only 3% developed CRC between ages 18-26
- The speakers state that optimal surveillance requires pancolonic dye spraying plus random quadrantic biopsies from every segment, as studies show random biopsies detect additional dysplasia beyond macroscopic inspection
- The speakers emphasize that colitis surveillance is the most difficult diagnostic colonoscopic procedure and recommend concentrating expertise among fewer endoscopists performing higher volumes of these examinations

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/07e0a120-a82f-11f0-8249-0242ac140006

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.