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Summary

ESTABLISHING A BRIDGE BETWEEN PATIENTS UNDERGOING GASTROSCOPY AND COLONOSCOPY: A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Colorectal

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A retrospective study of 2540 patients who underwent simultaneous gastroscopy and colonoscopy found significant associations between gastric histopathology and colorectal polyps, enabling development of nomogram prediction models for colorectal diseases with good discrimination and calibration.

KEY POINTS

- Gastric histopathology was significantly correlated with non-adenomatous polyps and adenomatous polyps in patients undergoing concurrent gastroscopy and colonoscopy.
- The colorectal cancer prediction model achieved an AUC of 0.885, while the adenomatous polyp model showed the highest calibration consistency with an absolute error of 0.007.
- Clinical symptoms including abdominal pain correlated with colorectal diseases (strongest for non-adenomatous polyps), hematochezia correlated with inflammatory bowel disease, and CEA levels correlated with colorectal cancer.
- Previous colonoscopy history, age, comorbidities including hypertension, chronic kidney disease, rheumatism, and gastrointestinal tumor history showed significant correlations with specific colorectal disease subtypes.
- This material would be most relevant to gastroenterologists and clinicians seeking risk stratification tools for colorectal disease screening in patients undergoing upper endoscopy.

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