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Summary

RISK OF ILEAL NEOPLASIA IN LYNCH SYNDROME PATIENTS

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In a cohort of 2859 Lynch syndrome patients, ileal cancer prevalence was 0.28% overall, occurring exclusively in high-risk gene carriers, with ileal neoplasia found in 7.7% of patients lacking an ileocecal valve.

KEY POINTS

- Eight ileal cancers were identified among 2859 Lynch syndrome patients (0.28%), all in high-risk pathogenic germline variant carriers (MLH1 62.5%, MSH2 37.5%), none in MSH6 or PMS2 carriers.
- Ileal cancer patients were predominantly male (87.5%) with a median age of 56 years, and 75% of cancers were symptom-detected rather than screen-detected.
- Among 596 colonoscopies reviewed, ileal intubation was achieved in 96.6% of procedures and identified five ileal neoplasms (four adenomas, one carcinoma), all in patients with prior right hemicolectomy or colectomy.
- Ileal neoplasia prevalence was significantly elevated at 7.7% in patients without an ileocecal valve compared to those with intact valves ($p < .001$).
- The authors conclude that ileal intubation may be particularly valuable for male high-risk Lynch syndrome patients with prior colorectal cancer and ileocecal valve removal.

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