gutflix
GI learning, personalised

Summary

UPPER GASTROINTESTINAL SURVEILLANCE IN LYNCH SYNDROME

Robert Hüneburg

UEG Week Berlin 2025 Poster

Oesophagus

October 6, 2025

Retrospective study of 349 Lynch syndrome patients found that push enteroscopy detected jejunal neoplasia not visible on standard upper endoscopy, with clinically relevant findings in 50% of patients overall.

KEY POINTS

- In 349 Lynch syndrome patients undergoing 960 endoscopic procedures, push enteroscopy exclusively detected jejunal adenomas in 2% of patients and jejunal cancer in 0.6%, while standard esophagogastroduodenoscopy detected none.
- Clinically relevant findings occurred in 50% of patients, including gastric adenomas in 3.7%, gastric cancer in 1.1%, duodenal adenomas in 3.7%, duodenal cancer in 0.9%, and intestinal metaplasia in 28%.
- In a separate cohort of 2859 Lynch syndrome patients from the German Consortium for Familial Intestinal Cancer, gastric cancer occurred in 2.2%, duodenal cancer in 2.1%, and jejunal cancer in 1.9%, predominantly in high-risk pathogenic variant carriers of MLH1, MSH2, and EPCAM.
- The authors conclude that push enteroscopy should be considered in high-risk Lynch syndrome surveillance protocols due to its diagnostic value beyond conventional esophagogastroduodenoscopy.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a25c7164-a813-11f0-a8a5-0242ac140006

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.