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Summary

ENDOSCOPIC SUBMUCOSAL DISSECTION FOR HIGH-RISK COLORECTAL COLITIS-ASSOCIATED NEOPLASIA IN INFLAMMATORY BOWEL DISEASE: A REAL-WORLD MULTICENTER STUDY

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IBD

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A multicenter retrospective study of 90 high-risk colitis-associated neoplasias in IBD patients found that endoscopic submucosal dissection achieved 97% en bloc resection and 86% R0 resection with manageable adverse events.

KEY POINTS

- En bloc resection was achieved in 97% of cases and R0 resection in 86% of the 90 high-risk colitis-associated neoplasias treated with endoscopic submucosal dissection or hybrid-ESD across nine Italian tertiary centers between 2014-2023.
- Adverse events occurred in 29% of cases, including 20 intraprocedural events (13 bleedings, 7 perforations) all managed endoscopically, and 6 postprocedural events (4 bleedings treated endoscopically, 2 perforations requiring surgery).
- After mean follow-up of 23 months, local recurrence or metachronous lesions occurred in 7% of cases, and post-procedure surgery was required in 14% of cases.
- The lesions were predominantly non-polypoid (90%), left-sided (79%), with mean size 35.5 mm, and final histopathology showed high-grade dysplasia in 39% and adenocarcinoma in 14.5%.
- This material is most relevant for gastroenterologists managing colonic IBD patients with high-risk dysplastic lesions in tertiary referral settings.

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