Starting early: Surveillance at a young age

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Surgery | Endoscopy | Colorectal

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First paediatric guidelines for polyposis syndromes recommend age-stratified surveillance starting at 12-15 years for FAP and juvenile polyposis, and age 8 for Peutz-Jeghers, with gastroscopy deferred to adulthood in asymptomatic FAP and juvenile polyposis patients.

KEY POINTS

- The speaker presented recommendations from the first paediatric guidelines for FAP, Peutz-Jeghers syndrome, and juvenile polyposis syndrome developed by the ESPGHAN polyposis interest group.
- For FAP, genetic testing and colonoscopy are recommended starting at age 12-14, with colonoscopy intervals of 2-3 years; gastroscopy is deferred until adulthood in asymptomatic children because the speaker reported no high-grade dysplasia or cancer in paediatric upper GI studies.
- For Peutz-Jeghers syndrome, genetic testing is recommended from age 3 and colonoscopy with small bowel evaluation from age 8, driven by the speaker's stated cumulative intussusception risk exceeding 50 percent with peak incidence at age 10-16.
- For juvenile polyposis syndrome, genetic testing and colonoscopy are recommended at age 12-15; gastroscopy is not recommended in asymptomatic children because the speaker cited data showing dysplasia starting only at age 25 and cancer after age 50.
- The speaker emphasized individualizing surveillance based on phenotype, genotype, and initial polyp burden, balancing the burden of repeated endoscopy against the risk of missed diagnosis.
- In discussion, the speaker acknowledged that current recommendations reflect expert opinion rather than high-quality evidence, and noted the lack of paediatric chemoprevention studies.

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