

COLD SNARE VERSUS HOT SNARE ENDOSCOPIC MUCOSAL RESECTION OF LARGE NON-PEDUNCULATED COLORECTAL ADENOMAS AND SERRATED LESIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Sunil Gupta

UEG Week Berlin 2025

Presentation

Colorectal

Digestive Oncology

Endoscopy

October 6, 2025

Meta-analysis of 2898 large colorectal polyps shows cold snare EMR offers superior safety with lower bleeding and perforation risk but higher recurrence for adenomas, while recurrence rates for serrated lesions are comparable between cold and hot techniques.

KEY POINTS

- Cold snare EMR was associated with significantly higher polyp recurrence overall (RR 1.91) and for adenomatous lesions $\geq 20\text{mm}$ (RR 1.79), but recurrence for serrated lesions did not differ significantly between cold and hot techniques (RR 1.49, 95% CI 0.66–3.33).
- Cold snare EMR demonstrated significantly lower risks of intraprocedural bleeding (RR 0.66), delayed bleeding (RR 0.39), perforation (RR 0.22), and post-polypectomy syndrome (RR 0.58), all with no heterogeneity.
- Technical success rates were comparable between cold and hot snare EMR (OR 0.46, 95% CI 0.13–1.64).
- The authors recommend hot snare EMR when minimising recurrence is a priority for adenomas, while cold snare EMR should be the technique of choice for non-dysplastic serrated lesions and for frail patients, those with comorbidities, or those on anticoagulation therapy.
- The analysis pooled seven studies (four RCTs and three observational studies) comprising 1029 cold snare and 1869 hot snare procedures, with technique choice recommended to be individualized based on lesion characteristics, patient factors, and operator expertise.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/4bc2d148-a815-11f0-ad7e-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.