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Summary

SAFETY AND EFFICACY OF LOW POWER PURE-CUT HOT SNARE POLYPECTOMY FOR NONPEDUNCULATED COLORECTAL POLYPS 10 TO 14 MM IN SIZE: A MULTICENTER RETROSPECTIVE STUDY

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A multicenter retrospective study comparing hot snare polypectomy with low power pure-cut current (LPPC-HSP) to conventional endoscopic mucosal resection (EMR) for nonpedunculated colorectal polyps 10 to 14 mm found comparable efficacy with significantly lower immediate bleeding rates.

KEY POINTS

- After propensity score matching of 131 pairs, en bloc resection rates were similar between LPPC-HSP and EMR (96.9% vs 93.9%, P=0.38), as were R0 resection rates (91.6% vs 90.8%, P=1.00).
- Immediate bleeding requiring hemostasis occurred significantly less often with LPPC-HSP than EMR (2.3% vs 10.7%, P=0.010).
- Delayed bleeding rates were low and comparable (0.8% LPPC-HSP vs 0% EMR, P=1.00), with no perforations in either group.
- LPPC-HSP was performed using pure-cut current at 10 W (VIO300D) or effect 0.4 with Pmax 13 W (VIO3), while EMR used blend cut current (Endocut Q effect 3).
- The authors conclude LPPC-HSP may be a safe and effective alternative to EMR for this polyp size category, relevant for endoscopists managing 10-14 mm nonpedunculated colorectal polyps.

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