

PTH-036

**ENDOSCOPIC TREATMENT OF DYSPLASIA IN  
ULCERATIVE COLITIS – MEDIUM TERM OUTCOME**

doi:10.1136/gut.2011.239301.437

A Ignjatovic,<sup>1,\*</sup> J Landy,<sup>2</sup> S Thomas-Gibson,<sup>1</sup> A Hart,<sup>2</sup> B Saunders<sup>1</sup> <sup>1</sup>Wolfson Endoscopy Unit, St Mark's Hospital, London, UK; <sup>2</sup>IBD Unit, St Mark's Hospital, London, UK

**Introduction** Until recently a finding of low grade dysplasia within a segment of colitis was an indication for colectomy. However, recent literature suggests that well-circumscribed lesions could be managed by endoscopic resection and continued surveillance. The authors aim to evaluate the medium term outcomes of patients with colitis who have had an endoscopic resection of dysplasia within the segment of colitis.

**Methods** Patients who had a surveillance colonoscopy for colitis between 2003 and 2008 and had an endoscopic resection of a dysplastic lesion were retrospectively identified from the endoscopic database. Those who had a follow-up >24 months were included. Colonoscopy and histopathology reports and clinical notes were reviewed.

**Results** 19 patients (16 male; median age 69, IQR 60.5–73) meeting the criteria were included. 17 had pancolitis and 2 distal colitis, with median disease duration of 27 years (IQR 18.5–33.5). Median lesion size was 8 mm (IQR 6.5–20) and 17/18 lesions were sessile (Is=11, IIa=7). Two were removed with ESD and the 17/19 with EMR technique. Histology revealed LGD in 16 lesions, HGD in 3. 6 lesions were histologically favoured to be DALMs rather than ALMs. Median follow-up was 33 months (IQR 27–43). No cancers were detected in that time and overall 4/19 patients had recurrence at the site of previous resection with median time to recurrence of 6 months (IQR 3–10.75). All recurrences were treated by endoscopic resection. One patient was found to have HGD 16 months later and underwent restorative pan-proctocolectomy in which no cancer was found.

**Conclusion** Endoscopically resectable well-circumscribed dysplastic lesions within the segment of colitis may be adequately treated by endoscopic resection and close endoscopic surveillance. Longer term follow-up and larger numbers of patients are necessary to confirm this.

**Competing interests** None.

**Keywords** dysplasia, endoscopic mucosal resection, ulcerative colitis.