The Safe Interval from Index Colonoscopy to Microscopic Colonitis: Finding the Sweet Spot

Methods
All symptomatic and bowel cancer screening program (BCSP) patients referred for a planned therapeutic polypectomy at our centre in 2019 were retrospectively analysed. Data was collected on the time interval between polyp detection and removal, SMSA (site, morphology, size and access) level and differences in histology if the polyp was biopsied at detection and EMR specimen.

Results
120 patients were included; 57 in the BCSP (37 males, 20 females), median age 66 years and 63 in the symptomatic group (39 males, 24 females), median age of 70 years.

120 polypectomies were performed (mean size = 28.7 mm), 24 polyps had a biopsy taken prior to polypectomy. 53 (44%) polyps were classified as SMSA 2, 50 (42%) SMSA 3 and 17 (14%) SMSA 4 (Figure 1).

Median time interval for polypectomy was 9 days for BCSP and 13.5 days for symptomatic patients.

3 patients who had a polyp biopsy in the BCSP group (1 low grade dysplasia (LGD) and 2 high grade dysplasia (HGD), all SMSA 4 were found to have adenocarcinoma after polypectomy. The time interval from biopsy to polypectomy was 14 days for the LGD case and 19 and 26 days for the HGD cases.

2 patients who had a polyp biopsy in the symptomatic group (2 LGD, SMSA 3 and 4) were found to have adenocarcinoma after polypectomy. The time interval to polypectomy was 25 and 119 days respectively.

The patient with 119 days waiting time attended at 50 days from the index colonoscopy, but due to comorbidities and high INR was deferred. In the remaining 19 cases, there was no change in histology with a time interval of 6-80 days to polypectomy.

SMSA level 2 or 3 polyps were removed in a mean time of 13.7 days (range 0-68 days). 4/17 (23.5%) polyps with SMSA level 4 were found to have adenocarcinoma after polypectomy, time interval to polypectomy was 14-25 days.

Conclusions
These data show that a significant proportion of complex polyps may contain a cancer focus not recognised on prior endoscopy or biopsy. Polypectomy therefore should not be delayed.

References

There is no evidence about the safe timing of Polyp Endoscopic Mucosal Resection (EMR) after detection at diagnostic colonoscopy. The aim was to help identify a safe interval from the diagnostic colonoscopy to planned therapeutic polypectomy.

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