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Thermal coagulation of mucosal defect margins using monopolar forceps reduces adenoma recurrence after colonic endoscopic mucosal resection



Dear Editor,

We read with great interest a recent article by Kandel et al. about thermal ablation of mucosal defect margins after endoscopic mucosal resection (EMR) and the associated reduction of the risk of adenoma recurrence [1].

As ESGE guidelines about EMR pointed out [2,3], previous studies in this field are very rare and predominantly retrospective, so the need for additional data about this topic is very strong.

We confirmed the efficacy of this technique also in our tertiary referral endoscopy center, using a variant technique.

From January 2016 to December 2018, 40 consecutive patients (22 females, 18 males; mean age 70,2 years) with single lateral-spreading tumors (LSL) (36 LST granular-type – mean dimension 3,98 cm-, 4 LST non-granular type – mean dimension 2,75 cm) in different colonic segments (10 patients at the ileo-cecal valve/caecum; 7 patients in the rectum; 5 patients at the left colon; 16 patients at the right colon) were treated using polypectomy snares (monofilament 15 mm–25 mm G-Flex or polyfilament snare, 27 mm–30 mm, Captivator Boston Scientific) and previous submucosal injection of physiological solution added with indigo carmine and epinephrine 1: 20,000.

Of 40 procedures, we performed 9 en-bloc resections and 31 piece-meal resection. We treated by thermal ablation (Hot Biopsy Radial Jaw™ 4 2.8 mm, Boston Scientific.) the margins around the site of the endoscopic resection in all the cases.

At histological examination, 33 tubulo-villous adenomas (20 with low grade dysplasia, 4 of which with concomitant serrated

component and 13 with high grade dysplasia, 4 of which with concomitant serrated component), 2 villous adenomas (both with high grade dysplasia, one of which with concomitant serrated component), 2 serrated adenomas (one of which with high grade dysplasia), 1 tubular adenoma and 2 in situ adenocarcinomas were reported.

1 patient (with LST non-granular type, 3,5 cm, villous adenoma with high-grade dysplasia) out of 40 (2,5%) had a local recurrence at 4 months and was re-treated endoscopically.

The mean follow-up was 12 months.

In conclusion, as in the reference study, the thermal ablation of the mucosal defect margins after EMR appears to be an effective and relatively safe option to reduce the risk of local recurrence.

Conflict of interest

None declared.

References

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