Endoscopic Mucosal Resection of Large Colorectal Polyps : Outcomes from a District UK Screening Centre

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To the Editor,

We read with interest the article by Carvalho R. and colleagues on endoscopic mucosal resection of large colorectal polyps (1). We would like to share our experience. We investigated the outcomes of Endoscopic Mucosal Resection (EMR) of colorectal polyps 2 cm or larger within Lancashire bowel cancer screening centre. A retrospective review of 5190 polypectomies was performed from 2003 to 2009. A total of 61 patients (61 polyp EMRs), each with a polyp 2 cm or greater were included in the study. The mean age was 69 years, 75% (n = 46) were male. The mean size was 35 mm. The majority of the polyps were sessile (n = 40) and located in the left colon (n = 43). The endoscopist was able to lift the lesion in 95% of cases (n = 58). Tattooing was performed in 46% (n = 28) and Argon-beam photocoagulation (APC) therapy was applied in 41% of cases (n = 25). In 97%, the resections were complete (n = 59). The majority of the resections were piecemeal. Histopathology results were obtainable in 57 patients of whom 12% (n = 7/57) showed high grade dysplasia and 5% (n = 3/57) were confirmed as adenocarcinoma. The overall major complication rate was 3% (n = 2). Both complications were bleeding post-EMR. Surveillance data was available for 43 patients up-to 12 months post EMR. Six recurrences (11%) were seen at the EMR site at 3 months. Most of the recurrences occurred in the left colon (n = 5). On reviewing their initial EMR, the polyps had a median size of 25 +/- 6mm ; 50% (n = 3/6) had APC therapy and 50% (n = 3/6) had tattooing to assist future site evaluation. The resections were complete in 5 patients. Histology confirmed low grade dysplasia (LGD) in all cases. Further polyp resection at the site was performed in all 6 patients with LGD in all cases. Recurrence rate was not influenced by the size or site of the polyp or APC therapy.

At 12 months, 8 patients had recurrence at the original EMR site. On reviewing their initial EMR, the polyps had a median size of 35 +/-5 mm ; 50% had APC therapy and 50% (n = 4/8) had tattooing. Resection was complete in 6 patients and all patients had further resections at 12 months (LGD in n = 6).

Our study supports Carvalho *et al*. and demonstrates safety outcomes of EMR in patients with large colorectal polyps (2 cm or more). We report a complication rate of 3% which similar to published series in UK centres (2,3). In addition, we report a recurrence rate of 11% at 3 months.

References

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No conflict of interest to declare.
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