

ARE RANDOM BIOPSIES STILL USEFUL FOR THE DETECTION OF INTRAEPITHELIAL NEOPLASIA IN IBD PATIENTS UNDERGOING SURVEILLANCE COLONOSCOPY WITH CHROMOENDOSCOPY ?

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INTRODUCTION:

Chromoendoscopy (CE) is superior to standard colonoscopy in detecting intraepithelial neoplasia (IEN) in patients with IBD. Whether there is still a need for random biopsies in unsuspecting mucosa after CE is controversial and recent guidelines recommend to perform random biopsies only if CE is not used.

AIMS & METHODS:

The aim was to evaluate performance of random biopsies in addition to targeted biopsies of CE-visible lesions for the detection of IEN. All patients with clinically quiescent IBD participating in an endoscopic program for detection of IEN using CE were prospectively included at 17 departments of Gastroenterology. All patients underwent colonoscopy according to a standardized procedure: each 10 cm colonic segment was sprayed using 0.25% indigo carmine and suspected lesions were classified according to Paris criteria and biopsied or resected endoscopically. In addition, 2 to 4 quadrant random biopsies were obtained every 10 cm from normal appearing mucosa. Histological slides with a suspicion of IEN were reviewed by 5 expert GI pathologists.

RESULTS:

900 colonoscopies were performed in 900 patients (422 M, mean age (\pm SD): 46 ± 14 yrs, mean disease duration: 17 ± 8 yrs). There were 369 (41 %) subjects with ulcerative colitis, 424 (47 %) Crohn's colitis and 107 (12 %) indeterminate colitis. Results are reported in Table:

Biopsies	Total no biopsies	Mean no biopsies /colonoscopy (range)	No patients with IEN/ColoRectalCancer (%)
Targeted biopsies	4188	4.7 (0-53)	75 (8.3 %)
Random biopsies	27956	31.1(14-81)	9 (1.0 %)

In 75 patients IEN/CRC was detected by only targeted biopsies from polypoid lesion or flat elevation, in 9 by only random biopsies and in 9 by both targeted and random biopsies.

CONCLUSION:

Additional systematic random biopsies allow to detect IEN, which were missed by targeted biopsies guided by chromoendoscopy, in 1 % of patients. Follow up is however required to determine the impact of IEN found by random biopsies on care of IBD patients.