

## **M1949 Are Small Bowel Adenocarcinoma (SBA) Complicating Crohn's Disease (CD) Associated With Dysplasia?**

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**BACKGROUND:** Crohn's disease (CD) is associated with an increased risk of small bowel adenocarcinoma (SBA) (Am J Gastroenterol 2005;100:2724). However, there are no guidelines for screening or early diagnosis in these patients. Colorectal cancer associated with ulcerative colitis (UC) and Crohn's colitis arise from dysplasia; high risk patients benefit from surveillance colonoscopies aimed to detect dysplasia. The dysplasia-carcinoma sequence is less well documented in CD-associated SBA. The aim of this work was to determine if SBA is associated with dysplasia.

**METHODS:** Thirty-four surgical specimens and one postmortem examination with SBA associated with CD and 4 surgical specimens with dysplasia without cancer were reviewed. Several European centres (from France, Belgium, Italy and Austria) participated to this retrospective study. Slides and paraffin-embedded specimens were centrally reviewed by two pathologists, experts in gastrointestinal pathology (MS and JFF). We focused on the characteristics of dysplasia associated with SBA (type, grade and distribution). Dysplasia was categorized into flat or elevated (DALM for dysplasia associated lesion or mass).

**RESULTS:** Of the 39 patients, 22 were male. The median age at the time of diagnosis of SBA was 49 years (range 33-90 years). Twenty-eight SBA (80%) were found in the ileum and 2 (6%) in the jejunum. The precise location of SBA was not known in 5 (14%) cases. Fourteen (40%) patients had stage I or II disease and 16 (46%) had stage III or IV. Staging was not available in 5 (14%) patients. Dysplasia was found in 18 surgical specimens of SBA (51%). It was adjacent to SBA in 9 cases, distant in 2 cases and both contiguous and distant in 7 cases. Dysplasia was flat in 12 cases, elevated (DALM) in 5 cases and both flat and elevated in 1 case. High grade dysplasia was observed in 14 of 18 (78%) cases. All lesions of dysplasia without cancer were found in the ileum. It was flat dysplasia in 3 patients (low grade in 2 cases and high grade in 1 case) and one serrated lesion with low and high grade dysplasia in one patient. All carcinomatous and dysplastic lesions, except one, occurred in inflammatory areas.

**CONCLUSION:** Dysplasia can be found in the vicinity or at distance from SBA in half of the cases. The dysplasia-carcinoma sequence seems valid in SBA associated with CD. Endoscopic surveillance of the small bowel aimed to detect dysplasia should be considered in patients with CD of the small bowel with risk factors associated with SBA (Am J Gastroenterol 2008;103:1).