COLON CANCER IN IBD: FOCUS ON SURVEILLANCE

Marietta Iacucci, MD

The risk of developing dysplasia and colorectal cancer in patients with longstanding inflammatory bowel disease (IBD) involving the colon is well documented. Random biopsies during white-light standard-definition colonoscopy (32–44 biopsies), with or without dye spraying chromoendoscopy, has been the recommended strategy in North America to detect dysplastic lesions in IBD. However, there are several limitations to this approach, including poor physician adherence, poor sensitivity, increased procedure time, and considerable cost. The new generation of high-definition endoscopes with electronic filter technology allows visualization of colonic mucosal and vascular patterns in minute detail and identification of subtle flat, multifocal, polypoid and pseudopolypoid neoplastic and non-neoplastic lesions. These new technologies are slowly starting to be adopted in clinical practice. In addition, the advent of confocal laser endomicroscopy provides an opportunity to explore real-time histology, thus redefining our understanding and characterization of lesions in IBD. Early diagnosis of circumscribed neoplastic lesions also allows endoscopic therapeutic management, such as mucosal resection and, especially, endoscopic submucosal dissection, thus potentially avoiding the need for colectomy and preserving the quality of life of selected patients.

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