

**(21196) - RECURRENCE RATE AFTER PIECEMEAL ENDOSCOPIC MUCOSAL RESECTION OF <20 MM NON-PEDUNCULATED COLORECTAL LESIONS: SHOULD WE WORRY ABOUT THE RISK?**

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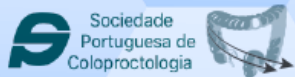
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**Introduction:** There is scarce data focused on recurrence neoplasia rate (RR) after piecemeal endoscopic mucosal resection (pEMR) of 10-19mm non-pedunculated colorectal lesions (NPL). We aimed to analyze the RR after pEMR of 10-19mm NPL, identify risk factors for its development and compare it with RR after pEMR of  $\geq 20$ mm NPL.

**Methods:** Retrospective cohort-study including all  $\geq 10$ mm NPL resected by pEMR in our center between 2018-2022 with an early repeat colonoscopy (ERC). RR was defined as recurrence neoplasia identified in the ERC EMR scar with virtual chromoendoscopy or histological confirmation.

**Results:** A total of 444 NPL were assessed, 124 (27.9%) with 10-19mm. In the ERC, performed a median of 6 months after pEMR, RR was significantly lower for 10-19mm NPL compared to  $\geq 20$ mm NPL (13/124 vs 68/320,  $P=0.005$ ). In subgroup analysis, RR after pEMR of 15-19mm NPL was significantly higher compared to 10-14mm NPL (13/98 vs 0,  $P=0.041$ ) but not significantly different compared to  $\geq 20$ mm NPL (13/98 vs 68/320,  $P=0.073$ ). In multivariable analysis, size of NPL (HR 1.501, 95%CI 1.012-2.227,  $P=0.044$ ) was the only independent risk factor identified for RR for 10-19mm NPL.

**Conclusion:** Although the early RR after pEMR of 10-19mm NPL is significantly lower compared to  $\geq 20$ mm NPL, it is non-negligible (10.5%) and appears to be the highest among 15-19mm NPL. The size of the lesion was the only independent risk factor for RR. Our findings should be accounted in the selection of the most appropriate post-polypectomy endoscopic surveillance.



# XXXII

## CONGRESSO NACIONAL DE COLOPROCTOLOGIA

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**Palavras-chave : Piecemeal resection, Endoscopic mucosal resection,  
Recurrence rate, Colorectal polyps**