Emory Faculty Retroflexions: Colorectal Dysplasia in IBD
Keerthi Reddy, MD in Discussion with Cindy Ye, MD

The Emoraid Digest

@EmoryGastroHep

Optimal Colonoscopy Techniques

High-definition white light endoscopy (HD-WLE) vs standard definition WLE (SD-WLE) vs dye chromoendoscopy (DCE) vs virtual chromoendoscopy (VCE):

- HD-WLE = VCE = DCE > SD-WLE
- The inferiority of SD-WLE to HD-WLE and CE has been confirmed by various meta-analyses
- HD-WLE and VCE have been shown to be non-inferior to DCE
- With DCE, adequate bowel prep, minimal pseudopolyps, and quiescent disease are needed

- if using HD-WLE, obtain random and targeted biopsies
- if using DCE or VCE, obtain targeted biopsies
- Consider VCE or DCE in patients who are high risk including PSC or prior history of dysplasia

Dr. Ye uses HD-WLE with random and targeted biopsies which most societies now agree we can use

Surveillance Guidelines

When do you start surveillance?

- Start surveillance 8 years after disease onset in disease beyond the rectosigmoid and immediately if presence of primary sclerosing cholangitis
- Examinations should be done with adequate bowel prep and quiescent disease

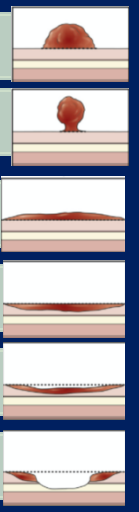
Surveillance intervals: In order to optimize surveillance, a risk-based stratification is now recommended by all guidelines. Most societies recommend:

- intervals of one year for highest risk dysplasia
- intervals of 3-5 years for low to moderate risk dysplasia

Dr. Ye prefers the Paris classification

Polyp Nomenclature

Paris (*Morphologic*)	
0-Is	sessile lesions
0-Ip	pedunculated lesions
0-IIa	slightly elevated (<2.5mm)
0-IIb	really flat
0-IIc	depressed (<1.2mm)
0-III	excavated polyps



Kudo (*Surface Pattern*)	
I	round pits
II	stellar or papillary pits
III_L	tubular, large pits
III_S	tubular, small pits
IV	branch-like or gyrus-like pits
V	non-structural pits

Management

Invisible dysplasia

- Invisible high-grade dysplasia after HD-WLE or DCE -> refer for colectomy (high risk of progression to adenocarcinoma)
- Unifocal low-grade dysplasia after HD-WLE or DCE -> consider frequent dysplasia surveillance

Visible dysplasia

- Distinct borders -> endoscopic resection
- < 2cm -> endoscopic mucosal resection
- > 2cm -> endoscopic submucosal dissection

Future Directions

Further studies should be conducted regarding the utility of random biopsies in HD-WLE, the safety of longer surveillance intervals specifically for lower risk patients, and the optimal duration of disease before surveillance is initiated

Coelho-Prabhu, Nayantara MBBS, FACG[1]; Lewis, James D. MD, MSCE[2]. Update on Endoscopic Dysplasia Surveillance in Inflammatory Bowel Disease. The American Journal of Gastroenterology 118(10):p 1748-1755, October 2023. | DOI: 10.14309/ajg.0000000000002460