Advanced colorectal neoplasia: Response to Parra del Riego☆

Neoplasia avanzada colorrectal: respuesta a Parra del Riego

Dear Editor:

We appreciate the interest of Parra del Riego, et al.[1] in our article[2] and wish to respond to their letter. First of all, the authors state that ''the number of patients presenting with 3 or more adenomas... because... the number of polyps is... a risk factor for the development of colorectal neoplasia''. This is correct and we cannot argue with that fact.[3] However, as we stated in the article, our interest was to detect the persons at high-risk for developing advanced neoplasia (AN) in relation to colorectal cancer for the purpose of optimizing its screening. In order to do that, we had to evaluate the factors prior to the procedure itself, such as age, sex, family history of colon cancer, etc. Therefore we did not analyze the presence of adenomas as a risk factor, becuase they are detected during the procedure, not before it. In the evaluation of factors related to proximal advanced neoplasia, we took into account the distal endoscopic findings because we also wanted to assess which patients that underwent sigmoidoscopy would benefit from a complementary colonoscopy when at high risk for presenting with proximal lesions.

In answer to your statement that serrated adenomas larger than 10 mm should be classified as AN, they were classified as such in our study. In the Methods section we stated that ''AN was defined as the presence of lesions larger than 10 mm, with a villous component or with high-grade dysplasia or carcinoma''. Further ahead we also stated that ''serrated adenomas... were categorized as tubular adenomas'', but those larger than 10 mm were in fact considered AN.

In regard to your observation that ''according to the British Society of Gastroenterology, all polyps found should be resected, regardless of their size or location'', we point out that said guide recommends the removal of those polyps, unless they have a very obvious non-neoplastic character.[4] And that was the case with the 6 patients in whom polyps smaller than 10 mm were detected in the rectum and therefore the endoscopist decided not to resect them. A similar conduct was described by Kaminski et al. in their study.[5] In regard to the Adenoma Detection Rate (ADR) of the endoscopists participating in the study, it is, on average, 28.7% (datum not recorded in the study).

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Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Parra del Riego A, Olivares-Sparks A, Barreda F, et al. Neoplasia avanzada colorrectal: importancia de una clasificación adecuada. Rev Gastroenterol Mex. 2016;81:116.
2. Parra-Pérez V, Watanabe-Yamamoto J, Nago-Nago A, et al. Factores relacionados a neoplasia avanzada colorrectal en el Policlínico Peruano Japonés. Rev Gastroenterol Mex. 2015;80:239–47.
3. Solakoğlu T, Atalay R, Köseoğlu H, et al. Analysis of 2222 colorectal polyps in 896 patients: A tertiary referral hospital study. Turk J Gastroenterol. 2014;2:175–9.
4. Cairns S. Colonoscopic Polypectomy and Endoscopic Mucosal Resection: A Practical Guide [Internet]. BMJ Open Gastroenterol. 2008 [accessed 30 Oct 2015]. Available from: http://www.bsg.org.uk/images/stories/docs/sections/endo/polypectomy_08.pdf
5. Kaminski MF, Polkowski M, Kraszewska E, et al. A score to estimate the likelihood of detecting advanced colorectal neoplasia at colonoscopy. Gut. 2014;63:1112–9.

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