Question 23 – Week of April 12

A 58-year-old man undergoes EGD for evaluation of long standing GERD. Apart from endoscopic suspicion for Barrett's esophagus an incidental finding of a 2cm ampullary lesion is noted. Biopsy of the lesion showed revealed an adenoma without any dysplasia. All the following are true of the condition except

A. All ampullary lesions above 1cms likely need resection.
B. Biopsy of the ampullary lesion fully rules out high grade dysplasia.
C. Endoscopic snare ampullectomy is the treatment of choice if lesion is localized.
D. Pancreatic stent placement after endoscopic ampullectomy is considered standard of care.
E. Recurrence after endoscopic ampullectomy is relatively high (up to 20-25%).

Answers: B

Ampullary lesions are increasingly being managed endoscopically. Studies have consistently proven at least in lesions without high grade dysplasia or malignancy endoscopic snare resection is curative. It is a general consensus that all lesions larger than one centimeter need to be removed. Biopsy of the lesion has a 20% false negative rate hence lack of high grade dysplasia on biopsy does not assure a benign course. Pancreatic stent placement after ampullectomy is considered standard of care. However, only one RCT has thus far been published on this issue. Studies with long term follow up after endoscopic resection of ampullary lesions has suggested a recurrence of about 20%.

References:

1. Focal early stage cancer in ampullary adenoma: surgery or endoscopic papillectomy? Gastrointest Endosc. 2007 Oct;66(4):701-7.

2. Prospective, randomized, controlled trial of prophylactic pancreatic stent placement for endoscopic snare excision of the duodenal ampulla. Gastrointest Endosc. 2005 Sep;62(3):367-70

3. Endoscopic snare papillectomy for tumors of the duodenal papillae. Gastrointest Endosc. 2004 Nov;60(5):757-64