

### **Question 23 – January 6**

A 42 year old female with a 15 year history of extensive colitis is undergoing a surveillance colonoscopy. 4 quadrant biopsies are obtained throughout the colon every 10 cm, and every 5 cm in sigmoid colon and rectum. Additionally, an 8 mm polyp is noted in the right colon and removed completely with cold snare. Pathology from the polyp shows low-grade intraepithelial neoplasia with negative margins. Biopsies from the mucosa at the base of the polyp show normal colon mucosa. No dysplasia is noted in the rest of the colon biopsies. On the basis of current evidence and guidelines you recommend:

- A. Repeat colonoscopy in 3 months
- B. Repeat colonoscopy in 5 years
- C. Repeat colonoscopy in 1-2 years
- D. Complete colectomy
- E. Right sided hemicolectomy
- F. No need for further colonoscopy until age 50

**Answer: C**

The lesion is an adenoma – like mass, not a DALM (dysplasia associated lesion or mass). When DALM is present, there is concern for synchronous or metachronic neoplasia and colectomy is recommended. Frequency of colonoscopy is based on history of extensive UC for > 8 years instead of the polyp pathology

### **References:**

1. Heumann N, et al. Cancer risk in IBD: How to diagnose and how to manage DALM and ALM. *World Journal of Gastro.* 2011 July 21; 17(27): 3184–3191.