

No dia 31 de março, foi ao ar a segunda Live do Endoscopia Terapêutica, com um bate papo bem tranquilo sobre ressecções de pólipos de cólon. Se você não pode ver, veja agora no link abaixo. Também disponibilizamos alguns slides que foram apresentados, com alguns tópicos importantes.



**ENDOSCOPIA TERAPÊUTICA**

## Polipectomia a frio

- 1 a 3 mm
- Posicionamento às 6 h

Vantagem: Rápido e seguro

Desvantagem: Sangramento após primeira mordida, lesão residual.

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COMO PROCEDER ?

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RESSECÇÃO COM ALÇA A FRIO



Pólipos 3 - 10 mm

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TÉCNICA TEM GANHO ADEPTOS – DISPENSA CORRENTE ELÉTRICA/SIMPLES  
DICA: NÃO FAZER TENDA (PERDER A PEÇA)

**ENDOSCOPIA TERAPÊUTICA**



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## ENDOSCOPIA

ORIGINAL ARTICLE: Clinical Endoscopy

### Cold snare polypectomy versus cold forceps polypectomy for diminutive and small colorectal polyps: a randomized controlled trial

139 pacientes com pólipos ≤ 7mm

	Alça fria	Pinça
Ressecção completa:	96%	82%
< 4 mm	100%	96.9%
<b>5-7 mm</b>	<b>93,8%</b>	<b>81,2%</b> <small>p 0.01</small>

Gastrointest Endosc 2015;81:741-7

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# TO CLIP OR NOT TO CLIP? TERAPEUTICA



AUTOR	TIPO DE ESTUDO	N	LESÕES	RESULTADO
Forbes N (2018) J Can Ass gastroenterol	Metanálise	5405	pólipos	👎
Takuya I (2020) J Gastroenterol Hepatol	RCT	2960	Pólipos < 20 mm	👎
Forbes N (2020) Am J Gastroenterol	Coorte retrospectiva	8366	pólipos	👎
Spadaccini M (2020) Gastroenterology	Metanálise	7197	Pólipos > 20 mm Pólipos proximais	😊😊



Guideline © Thoma

## Colorectal polypectomy and endoscopic mucosal resection (EMR): European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline



### RECOMMENDATION

ESGE does not recommend routine endoscopic clip closure or other methods of prophylaxis to prevent delayed bleeding for sessile polyps. (Moderate quality evidence; weak recommendation.)

### RECOMMENDATION

ESGE suggests that there may be a role for mechanical prophylaxis (e.g. clip closure of the mucosal defect) in certain high risk cases after polypectomy or EMR. This decision must be individualized based on the patient's risk factors. (Low quality evidence; weak recommendation.)

SYSTEMATIC REVIEW AND META-ANALYSIS

## Prophylactic clips to reduce delayed polypectomy bleeding after resection of large colorectal polyps: a systematic review and meta-analysis of randomized trials (CME)

Binrui Chen, MD,<sup>1,2\*</sup> Lijun Du, MD, PhD,<sup>1,2\*</sup> Liang Luo, MD,<sup>1</sup> Mengsha Cen, MD,<sup>1</sup> John J. Kim, MD, MS<sup>2</sup>

Hangzhou, China; Loma Linda, California, USA

**8 estudos**  
**Pólipos > 10 mm**  
**Sangramento tardio → 3.9% (IC95% 2.4-5.4)**  
**Clipes reduziram risco de sangramento**  
**NNT 52**

**Pólipos > 20 mm**  
**RR 0,54 (IC 95% 0.35-0.84) NNT 30**

**Lesões não pediculadas**  
**RR 0,54 (IC 95% 0.36-0.81) NNT 39**

**Lesões proximais ao ângulo hepático**  
**RR 0,49 (IC 95% 0.31-0.78) NNT 25**

(Gastrointest Endosc 2021;93:807-15.)

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**FATORES DE RISCO PARA SANGRAMENTO:**

- ✓ USO DE ANTI AGREGANTE
- ✓ ANTIPLAQUETÁRIO
- ✓ ANTI-TROMBOLÍTICO
- ✓ ANTI-FAZOLINA
- ✓ LOCALIZAÇÃO DA LESÃO (p > t)
- ✓ TÉCNICA DE RESSECÇÃO

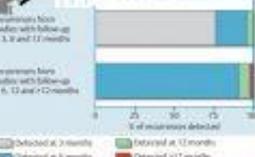
OBSERVAR O LEITO DE RESSECÇÃO!!!



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Local recurrence after endoscopic mucosal resection of nonpedunculated colorectal lesions: systematic review and meta-analysis



Local recurrence rates (n/N) with follow-up at 3, 6 and 12 months

Resections have median with follow-up at 6, 12 and >12 months

Local recurrence rates (n/N) with follow-up at 3, 6 and 12 months

Local recurrence rates (n/N) with follow-up at 6, 12 and >12 months

**Summary & surveillance:**

- We recommend regular follow-up schedule in patients after polypectomy (ERB (polyps > 20 mm) and with the first surveillance colonoscopy at 6 months, and the subsequent to the next colonoscopy at 1 year and then 3 years, during surveillance, routine quality checkup.

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O PROBLEMA DA RECIDIVA COMO EVITAR ??

CONCEITOS

Resíduo residual → < 3 ano

Risk factors for early and late adenoma recurrence after advanced colorectal endoscopic resection of an adenoma

SYSTEMATIC REVIEW AND META-ANALYSIS | VOLUME 48, ISSUE 2, P378-388  
FEBRUARY 01, 2021

**GIE**  
Gastrointestinal Endoscopy

**Underwater versus conventional EMR for colorectal polyps: systematic review and meta-analysis**

7 estudos 1237 pólipos (604 UEMR x 623 EMR)

Maior taxa de ressecção em bloco*	OR 1,84	(IC 1,4-2,3)
Redução no índice de recorrência*	OR 0,3	(IC 0,1-0,5)
Sem diferença no risco de sangramento ou perfuração		

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**Tumoral Ablation of Mucosal Defect Margins Reduces Adenoma Recurrence After Colonoscopic Mucosal Resection**

Amir Khan, David A. Taylor, Victor Anagnostou, Luis Hwang, Roberto Hergert, Christopher Taylor, Victor T. Sarna, Nicholas Sargis, Stephen J. Johnson, Eric Lee, Paul Dulley, James Smith, and Michael J. Storrer

Abstract: In mucosal ablation of mucosal defect margins after colonoscopic mucosal resection (EMR), a study comparing the effect of argon plasma coagulation (APC) to conventional EMR (EMR) on adenoma recurrence after EMR. The study included 100 patients who underwent EMR with APC (EMR+APC) and 100 patients who underwent EMR without APC (EMR). The primary endpoint was adenoma recurrence rate at 12 months. The secondary endpoint was adenoma recurrence rate at 24 months. The study found that the EMR+APC group had a significantly lower adenoma recurrence rate at 12 months (10%) compared to the EMR group (20%) (p=0.03). At 24 months, the recurrence rates were 15% for EMR+APC and 25% for EMR (p=0.05).

Time Point	EMR+APC (%)	EMR (%)
12 months	10	20
24 months	15	25

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<https://www.youtube.com/watch?v=JcHTQRs6mnE>