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Endoscopy

DOI: 10.1055/a-1117-3166

Original article


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Risk of neoplastic change in large gastric hyperplastic polyps and recurrence after endoscopic resection

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Abstract

Background Gastric hyperplastic polyps (GHPs) have a risk of neoplastic transformation reaching 5%. Current endoscopic resection techniques appear suboptimal with a high risk of local recurrence. This study assessed the outcomes of endoscopic resection for GHPs and identified risk factors for recurrence and neoplastic transformation.**Methods** This retrospective, multicenter, European study included adult patients with at least one GHP ≥ 10 mm who underwent endoscopic resection and at least one follow-up endoscopy. Patients with recurrent GHPs or hereditary gastric polyposis were excluded. All data were retrieved from the endoscopy, pathology, and hospitalization reports.**Results** From June 2007 to August 2018, 145 GHPs in 108 patients were included. Recurrence after endoscopic resection was 51.0% (74/145) in 55 patients. R0 resection or en bloc resection did not impact the risk of polyp recurrence. In multivariate analysis, cirrhosis was the only risk factor for recurrence (odds ratio [OR] 4.82, 95% confidence interval [CI] 1.33–17.46; $P=0.02$). Overall, 15 GHPs (10.4%) showed neoplastic transformation, with size >25 mm (OR 10.24, 95%CI 2.71–38.69; $P<0.001$) and presence of intestinal metaplasia (OR 5.93, 95%CI 1.56–22.47; $P=0.01$) being associated with an increased risk of neoplastic transformation in multivariate analysis.**Conclusions** Results confirmed the risk of recurrence and neoplastic transformation of large GHPs. The risk of neoplastic change was significantly increased for lesions >25 mm, with a risk of high grade dysplasia appearing in polyps ≥ 50 mm. The risk of recurrence was high, particularly in cirrhosis patients, and long-term follow-up is recommended in such patients.

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