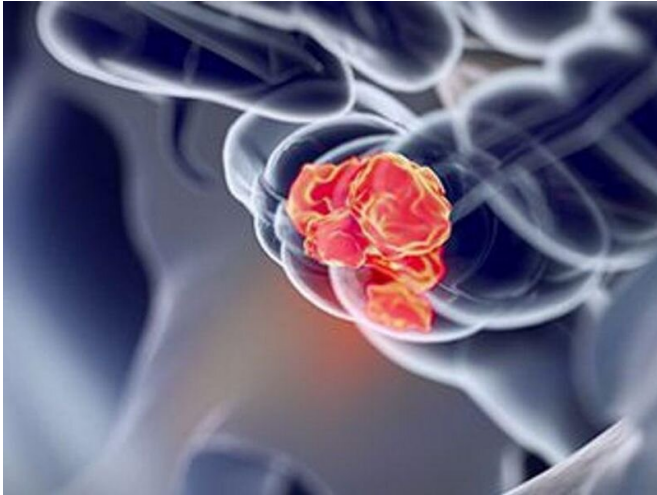


Recurrence up with incomplete resection of colorectal polyps

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of neoplastic polyps was seen in incomplete segments (mean, 0.8 versus 0.3), and the risk for advanced neoplasia was also greater (18 versus 3 percent). The strongest independent factor associated with metachronous neoplasia was incomplete resection (odds ratio, 3.0).

"The results highlight the critical importance of polyp resection technique in efforts to improve colonoscopy quality," the authors write. "Further work to improve polypectomy technique through training and quality assurance type monitoring is warranted."

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(HealthDay)—The risk for future neoplasia and advanced neoplasia is increased in colon segments after incomplete resection of neoplastic polyps, according to a study published online Aug. 10 in the *Annals of Internal Medicine*.

Heiko Pohl, M.D., from the Veterans Affairs Medical Center in White River Junction, Vermont, and colleagues examined the risk for metachronous neoplasia during surveillance colonoscopy after documented incomplete [polyp resection](#) in an observational cohort study. Two hundred thirty-three patients who had resection of a 5- to 20-mm neoplastic polyp were included in the original study (2009 to 2012); 166 had at least one surveillance examination.

The researchers observed a shorter median time to [surveillance](#) for incomplete versus complete resection (17 versus 45 months). A greater risk for any metachronous neoplasia was seen in segments with incomplete versus complete resection (52 versus 23 percent). A greater number

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