BACKGROUND AND AIMS: Adenoma detection rate (ADR) is a quality benchmark for colonoscopy. The effectiveness of colonoscopy in preventing colon cancer depends on the detection of preneoplastic colorectal lesions; therefore the ADR is a critical parameter. Colonoscopy is the most effective method of screening the colon for neoplasia, the current data suggest that withdrawal time of 8 minutes is better than 6 minutes in detection of adenomas.

METHODS: This is a prospective data collection from March to August of 2010 in a Brazilian endoscopy center. IN A BRAZILIAN ENDOSCOPY CENTER: EIGHT MINUTES ARE BETTER THAN SIX

RESULTS: The adeoma distribution of adenoma anywhere was 67% (16-83) years and 251 were female (68%). 83 patients (37.5%) were ≤ 55 years old, 133 (60%) were male (69%) and the average age was 57.1±8.3 years. 11364 adenomas were detected in 143 patients (41%). The ileum was reached in 94.7% of patients. Polyps were detected in 107 (29%) of the patients, and at least one adenoma was found in 74.9% (22%).

CONCLUSION: The most common polyp in the colon is the adenoma and its detection is crucial for the prevention of colon cancer. The current data suggest that withdrawal time of 8 minutes is better than 6 minutes in detection of adenomas.

REFERENCES: This study was approved by the ethical committee and research of Instituto D’or de Pesquisa - number 190/10.
Adenoma detection rate in a Brazilian endoscopy center: eight minutes are better than six

Paula P. Elia, Daniela K. Wrobel, Álvaro G. Freire, Gregório Feldman, José M. Teixeira, Fernando P. Barros, Sheila Rochlin
Gastrointestinal Endoscopy
Volume 75, issue 4, supplement, page Ab405, April 2012

BACKGROUND AND AIMS: colonoscopy is the most effective method of screening the colon for neoplasia. The effectiveness of colonoscopy in preventing colorectal cancer is largely based on the detection and removal of adenomatous polyps. The adenoma detection rate (ADR) is a quality benchmark for colonoscopy, influenced by several factors including withdrawal time.

OBJECTIVE: to evaluate the importance of longer withdrawal time (≥ 8 minutes) to improve ADR versus standard withdrawal time of ≥ 6 minutes.

METHODS: this is a prospective data collection from March to August of 2011. In the period of this study, a total of 403 colonoscopies were performed in a Brazilian endoscopy center in Rio de Janeiro. 28 patients were excluded because of inadequate bowel preparation, history of colonic resection, inflammatory bowel disease, colonoscopy with several biopsies or without cecal intubation. The bowel preparation was done with oral bisacodyl and mannitol solution. Withdrawal time of each endoscopist was based on the average withdrawal times for examinations done, subtracting time for biopsy or polypectomy. We evaluated two different withdrawal times (≥ 6 minutes) versus (≥ 8 minutes). All the procedures were done under deep sedation. Free and informed consent was obtained from each patient. The Chi-square test or Fisher exact test was used to compare the ADR with withdrawal time (≥ 6 or ≥ 8 minutes); and the Mann-Whitney test was used to analyse withdrawal time in minutes.

RESULTS: 375 patients were included in this study. Patients mean age was 56.7 (16-83) years and 251 were female (68%). 83 patients (22%) had a family history of colorectal cancer. The most of the patients were Caucasians (83%). The most common colonoscopy indication was screening for colon rectal cancer in 143 patients (41%). The ileum was reached in 94.7% of patients. Polyps were detected in 107 (29%) of the patients, and at least 1 adenoma was found in 63 patients (17%) (figures 1 to 8). The most common polyp location was the rectum in 12.3% patients, and the most common adenoma location was right colon in 5.6% patients.

When we evaluated the standard withdrawal time of < 6 minutes or ≥ 6 minutes we saw no significant ADR in the different groups (13% in withdrawal time < 6 minutes versus 18% withdrawal time ≥ 6 minutes) (p=0.23). When we divided the patients according to withdrawal time of < 8 minutes or ≥ 8 minutes we observed significant differences in ADR in these groups (13% in withdrawal time < 8 minutes versus 25% withdrawal time ≥ 8 minutes) (p=0.005) (tables 1 and 2).

CONCLUSION: rapid withdrawal may miss lesions and reduce the effectiveness of colon cancer prevention by colonoscopy. The current data suggest that withdrawal time of 8 minutes is better than 6 minutes in detection of adenomas.

REFERENCES:

This study was approved by the ethical committee and research of Instituto D’or de Pesquisa - number 190/10.