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COLONOSCOPY AND BIOPSY OF PATIENTS WITH ULCERATIVE COLITIS: SHOULD IT BE DONE ANNUALLY?

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Objectives

The patients with ulcerative colitis are subjected to colonoscopy and biopsy on a regular basis to detect dysplasia and cellular atypia before malignant transformation. The objective of this study was to ascertain whether annual surveillance is necessary.

Method

Sixty four consecutive patients who presented to our unit during the period December 1992 to March 2001 were studied. All patients who attended our follow-up clinic underwent annual colonoscopy with serial biopsies from the caecum, transverse colon, descending colon, sigmoid colon and rectum. The histopathology reports were analyzed with regard to extent of colitis, dysplasia and atypia.

Results

The ages of our patients ranged from 3 months to 71 years (median =39). The male: female ratio was 28:36. Forty-nine patients had left sided colitis and fifteen patients had pan proctocolitis. Fifty four (54/67) patients attended our clinic regularly and underwent annual colonoscopy and biopsy. The follow up period ranged from 37 to 150 months (median =81). All patients were on regular Sulphasalazine. None of the patients were found to have dysplasia on routine biopsy. However, one patient (1/67) who had intractable steroid resistant bleeding was found to have rectal dysplasia on biopsy and subsequently underwent proctocolectomy.

Conclusions

In well-controlled patients with ulcerative colitis annual colonoscopy and biopsy does not appear to be cost effective. As the minimum follow-up period in our study was 3 years, we recommend surveillance colonoscopy and biopsy once in 3 years.