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Personalized Colorectal Surgery New Technologies Complications in Colorectal Surgery Next Generation in Laparoscopic Surgery



RELATIONSHIP BETWEEN INFLAMMATORY BOWEL DISEASE (IBD) AND COLORECTAL CANCER (CRC) – A SURVEILLANCE PROGRAM

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Background: The relationship between inflammatory bowel disease (IBD) and colorectal cancer (CRC) has been widely demonstrated. IBD-CRC is responsible of 10%-15% of deaths in IBD, even if according to some studies, the risk of developing CRC seems to be decreased. An adequate surveillance of patients identified as at-risk patients, may improve the management of IBD-CRC risk.

Methods and results: This article reviews the literature data relating to IBD-CRC, analyzing potential risk factors such as age at diagnosis, duration and extent of IBD, severity of inflammation, gender, family history of sporadic CRC and co-existent primary sclerosing cholangitis and updating epidemiology on the basis of new studies. Real risk factors for IBD-CRC are severity, extent and duration of colitis, the presence of co-existent PSC and a family history of CRC. Current evidence-based guidelines recommend surveillance colonoscopy for patients with colitis 8 to 10 years after diagnosis, further surveillance is decided on the basis of patients risk factors. The classic white light endoscopy, with random biopsies, is now considered unsatisfactory. The evolution of technology has led to the development of new techniques that promise to increase the effectiveness of the monitoring programs. Chromoendoscopy has already proved highly effective and several guidelines suggest its use with a target biopsy. Confocal endomicroscopy and autofluorescence imaging are currently being tested and for this reason they have not yet been considered as useful in surveillance programs.

Conclusions: Although surgery remains a mainstay in the prevention and treatment of CRC in IBD patients, an adequate surveillance program may produce significant reductions in the risk of development of CRC.