Outcome of Endoscopic Treatment for Nonampullary Sporadic Duodenal Adenoma

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Background: Nonampullary sporadic duodenal adenomas (NSDA) are uncommon mucosal neoplasms. The optimal treatment guideline and standard endoscopic technique has not yet been defined. This study performed to evaluate the safety and efficacy of endoscopic treatment.

Methods: Patients with NSDA between October 1994 and May 2011 were retrospectively analyzed.

Results: Among 108 NSDA, 47 (43.5%) patients were treated with endoscopy and 13 (12.0%) patients were treated with surgery. Among 47 patients treated with endoscopy, 17 patients were excluded because of lack of endoscopic follow-up. A total 30 patients underwent attempted endoscopic treatment. The mean follow up time was 23.5 (1.9-185.5) months. The mean size of lesion identified on endoscopy was 1.18 (0.3-4) cm. Polyp size was ≥ 1 cm in 50% of cases. Twenty one polyps (70%) identified were sessile. Polyps were in the second portion in 56.7% of cases and in the bulb in 33.3% of cases. Submucosal injection followed by snare polypectomy was performed in 63.3% (19/30) of cases. Complete resection was achieved for 89.5% (17/19) of the patients. Argon plasma coagulation (APC) alone was performed in 23.3% (7/30) of cases. In 4 patients, duodenal adenomas removed by forceps biopsy. Complications were described in 3 cases (2 bleeding, 1 perforation). Two of bleeding patients underwent endoscopic hemostasis. The patient with bowel perforation was treated with endoscopic clipping. Recurrence was documented in 2 of 30 (3.7%) cases 6 and 11 months after successful polypectomy. All recurrences were at the polypectomy site and resected again.

Conclusion: Endoscopic resection or electrocoagulation of duodenal adenoma was safe and effective treatment.

Key Words: Duodenal adenoma