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**Treatment of adenoma recurrence after endoscopic mucosal resection - Tate D, Desomer L, Argenziano M, et al.**

Tate D, Desomer L, Argenziano M, et al.[*Treatment of adenoma recurrence after endoscopic mucosal resection.*](https://gut.bmj.com/content/72/10/1875) Gut 2023; 72: 1875-1886. doi: 10.1136/gutjnl-2023-330300

Large non-pedunculated colorectal polyps (LNPCPs) can be challenging to eradicate. The risk of residual or recurrent adenoma (RRA) after endoscopic mucosal resection (EMR) is often quoted when justifying more invasive techniques or surgery. Rates of RAA differ due to variations in expertise and techniques employed to reduce recurrence such as snare-tip soft coagulation (STSC).

Tate et al., describe an 11.5-year observational study of 1458 patients referred for endoscopic resection of LNPCPs, aiming to assess the efficacy of endoscopic treatment of RAA. Sequential inject and resect EMR was performed on all LNPCPs, with STSC applied variably. Following EMR, patients underwent interval surveillance for 5 years, with standardised assessment for RAA. Biopsy of scars without visible RAA was variably performed. RAA was treated using a variety of techniques, including hot snare and STSC and cold forceps avulsion with adjuvant snare soft-tip coagulation (CAST). Rates of RAA (14.6%, n=213) were similar to that of a recent meta-analysis (13.5%).  Recurrent LNPCPs were larger, more frequently dysplastic, and less commonly resected en bloc or with STSC. 94.8% of RAA was detectable endoscopically. 98.8% of patients with treated RAA avoided surgery. RAA was most commonly detected at first surveillance, unifocal, and located within the endoscopic scar. There were no significant adverse events directly attributable to endoscopic treatment of RAA.

Tate et al., conclude that the vast majority of adenoma recurrences after EMR of LNPCPs can safely be treated endoscopically in one session with high rates of long-term remission, without the need for more complex techniques or surgery.