Serrated polyposis syndrome: a silent killer when undetected

This report describes the clinical course of a 59-year-old woman who was diagnosed with metachronous colorectal cancer (CRC). She was diagnosed with a T3 N0 M0 sigmoid carcinoma in 2002 (at the age of 46) for which she underwent a sigmoid resection and received follow-up at another hospital. Follow-up colonoscopies in 2003 and 2004 did not show any colonic abnormalities, while colonoscopy in 2006 showed a flat polyp in the cecum, which was biopsied. Histopathologic examination revealed a sessile serrated polyp with a focus of dysplasia and surveillance colonoscopy was advised in 3 years. At a subsequent ileocolonoscopy in 2009, no abnormalities were detected in the cecum or elsewhere in the colon and a 5-year surveillance interval was recommended. During colonoscopy 5 years later (2014), a cecal tumor was detected. Further inspection of the colon did not reveal any other lesions. The patient underwent a right-sided hemicolectomy; histopathologic examination of the resection specimen showed a T2 N0 Mx adenocarcinoma. Furthermore, seven serrated polyps were identified, of which at least five were larger than 10 mm.

The patient was referred for a second-look colonoscopy, which was performed at our center and demonstrated 14 sessile serrated polyps and 2 hyperplastic polyps up to 15 mm in size, which were confirmed by histopathology (Fig. 1; Video 1). Surveillance colonoscopy within 1 year was advised.

Serrated polyposis syndrome (SPS), clinically characterized by multiple serrated polyps throughout the colorectum, is accompanied by an increased lifetime risk of CRC [2]. A recent large retrospective study demonstrated that, once cleared from all polyps and under close surveillance, CRC risk in these patients is only moderately increased [3]. However, most cases of SPS remain unrecognized and as a consequence patients do not receive proper surveillance intervals, significantly increasing their risk of developing CRC [4, 5]. For this reason it is important that endoscopists become acquainted with the diagnosis, risk, and optimal treatment strategies for SPS [6].

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References
5 Vemulapalli KC, Rex DK. Failure to recognize serrated polyposis syndrome in a cohort with large sessile colorectal polyps. Gastrointest Endosc 2012; 75: 1206–1210

Bibliography
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