

GASTROENTEROLOGÍA

A PROSPECTIVE CASE - CONTROL PILOT STUDY ABOUT THE RELATIONSHIP BETWEEN COLORECTAL POLYPS AND ANGIOTENSIN RECEPTOR BLOCKERS AND ANGIOTENSIN-CONVERTING ENZYME INHIBITOR

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Introduction. Angiotensin-receptor blockers (ARBs) and angiotensin-converting enzyme inhibitors (ACEI) are widely used drugs. The renin-angiotensin system has been related with angiogenesis and tumor progression. The association of these drugs with colorectal polyps has not described. **Aim.** To determine the risk of colonic polyps in patients under ARBs or ACE inhibitors treatment. **Materials and methods.** A prospective case control study was conducted in a private community hospital in Argentina from August to November 2010. Patients scheduled for an outpatient colonoscopy during this period were included, and were asked to complete a survey with information about their behavioral factors (diet, exercise and smoking), disease history (diabetes, obesity, dislipemia and hypertension), medications (hypolipemiant, antihypertensive and non-steroidal anti-inflammatory drugs) and personal and family history of colorectal neoplasia. In those patients under ARBs or ACEI treatment, type and treatment duration was also consigned. Patients who were under ARBs /ACEI were regarded as "cases" and those without ARBs/ACEI as "controls". We calculated the risk of colorectal polyps, adenomas, advanced neoplastic lesions

(ANL) (size > 1 cm, high grade of dysplasia and/or > 75% of villous component) and cancer. Risk was expressed in OR and its 95% confidence intervals (CI). **Results.** 176 patients were analyzed, 48 (27%) cases and 128 (73%) controls. There were no significant differences in patients characteristics between both groups regarding: familiar history of cancer, indication for colonoscopy and tobacco use ($P > 0.05$). There were significant differences between both groups with respect to: average age (64 vs. 56 ($P 0,001$), diabetes (16% vs. 5% ($P 0,03$)) and BMI (28 vs. 26 ($P 0,017$)) and chronic non steroidal anti-inflammatory drugs (35% vs. 16% ($P 0,01$)). The risk of colonic polyps, adenomas, ANL and colorectal cancer was similar in both groups: OR 1,3 (CI 0.6 – 3.0), OR 1,4 (CI 0.5 – 3.45), OR 1,15 (CI 0.3 – 4.3) OR 5 (CI 0,7 – 43) respectively. We did not find statistical significant differences when analyzing separately those patients taking ACEI and those taking ARBs nor in those under different treatment durations (<5 years, between 5 and 10 years, >10 years). **Conclusion.** In this pilot study we did not find an increased risk of colorectal neoplasia among those patients under ARB or ACEI treatment.

ENDOSCOPIA

CAN HYPERPLASIC-SERRATED LESIONS AND ADENOMATOUS LESIONS BE DIFFERENTIATED DURING A CONVENTIONAL COLONOSCOPY? PREDICTIVE FEATURES BASED ON ENDOSCOPIC CHARACTERISTICS

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Introduction. Colonic adenomas are well known as colorectal cancer precursors. Although serrated lesions are currently considered to present an increased risk of cancer, they are macroscopically similar to hyperplastic polyps, and therefore are usually mistaken. **Aims.** To analyze the endoscopic characteristics of the most frequent colonic lesions (hyperplastic, serrated and adenomas) using white-light colonoscopy, and to find out endoscopic predictors of hyperplastic-serrated lesions, which may help to differentiate them from adenomatous lesions. **Material and methods.** We analyzed all resected polyps in every colonoscopy performed in our Unit between May and August 2010. The following characteristics of colonic lesions were analyzed: morphology (sessile or flat vs pedunculated), size (<1cm vs ≥ 1 cm), localization (right vs left colon), presence of mucus covering the lesion, and some combinations of this characteristics. The diagnosis of hyperplastic, serrated and adenomatous lesions was determined histopathologically. Hyperplastic and serrated lesions were analyzed together as a composite endpoint and compared with adenomatous lesions. Endoscopic characteristics significantly related to hyperplastic-serrated lesions were identified by univariate analysis (considering significant an odds ratio

(OR) 1 which confidence intervals (CI) 95% were $\neq 1$). Independent predictors for this group of lesions were also analyzed using a binary logistic regression model. **Results.** We prospectively analyzed 256 colonic lesions. Most of them were sessile (83%) and small (less than 1 cm, 77%); 52% were in the right colon and 12% had mucus on their surface. Histopathologically, 45% were hyperplastic-serrated lesions, and 55% were adenomas. By univariate analysis, we identified the following endoscopic characteristics to be associated with the diagnosis of hyperplastic-serrated lesions: location in the right colon OR 1.77 (CI 1.07-2.93), the presence of mucus OR 6.82 (CI 2.69-17.25), a flat or sessile morphology OR 11.2 (CI 1.44-87), right colon location and having mucus OR 8.88 (CI 2.97-26), the presence of mucus in lesions ≥ 1 cm located in the right colon OR 12.3 (CI 1.53-98). By multivariate analyses, the only endoscopic feature independently associated with hyperplastic-serrated histology was the presence of mucus covering the lesion: OR 5.31 (CI 2.04-13.85). **Discussion.** These endoscopic characteristics, which can be easily obtained during a white-light colonoscopy, could be useful to identify hyperplastic-serrated lesions, and to encourage the pathologists to look for serrated features.