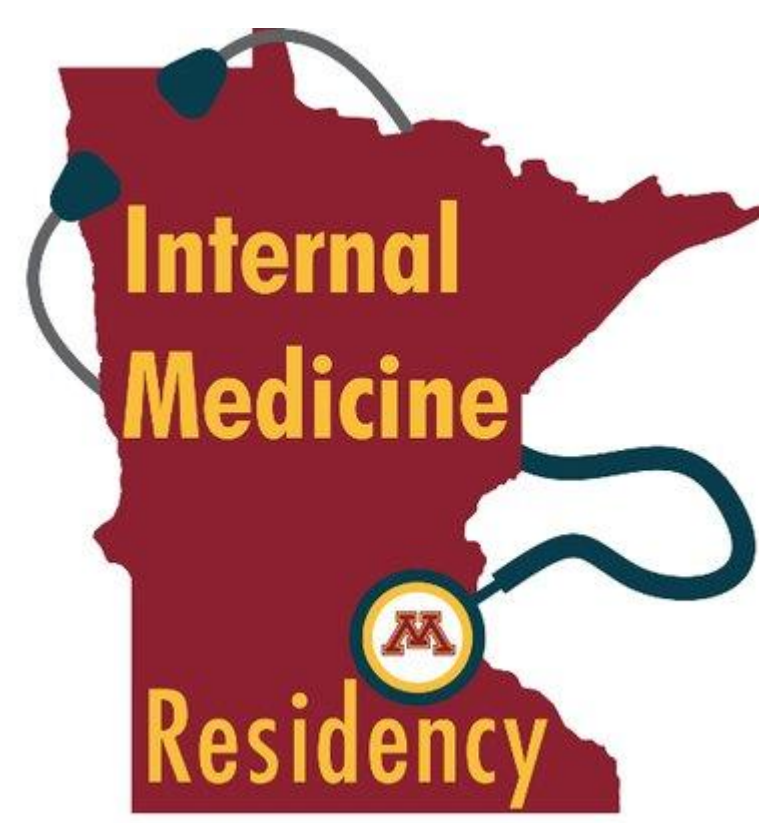


# Endoscopic Papillectomy for Familial Adenomatous Polyposis Syndrome v Sporadic Lesions: Distinct Clinical Manifestations and Therapeutic Options

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## Introduction

- Patients with familial adenomatous polyposis (FAP) syndrome are at high risk of developing ampullary and periampullary lesions.
- Duodenal adenomas can be found in nearly 30-70% of FAP patients.
- Duodenal adenocarcinoma is the second leading cause of death in patients with FAP after colorectal cancer.
- Endoscopic papillectomy (EP) is an effective endoscopic modality for managing ampullary lesions.

## Aim

- This study aims to compare baseline characteristics and outcomes of EP between patients with FAP vs. sporadic ampullary lesions.

## Methods

- Retrospective analysis of all patients who underwent endoscopic snare papillectomy for an ampullary lesion; between January 2006 and December 2021
- 51 patients were included in the final analysis
- We compared baseline characteristics, clinical presentation, procedure-related variables, recurrence, and post-EP adverse events in patients with FAP vs. sporadic ampullary lesions.

	FAP (N=11)	Sporadic (N=40)	P-value
Male gender	4 (3.4%)	25 (62.5%)	0.12
Age, years (median (IQR))	35 (30-63)	70 (61-76.75)	< 0.0001
Age > 75 years	0 (0%)	14 (35.0%)	0.02
Symptoms prior to EP	2 (18.2%)	25 (62.5%)	< 0.0001
Histology obtained prior to EP	6 (54.5%)	34 (85.0%)	0.04
Endoscopic ultrasound prior to EP	4 (36.4%)	33 (82.5%)	0.005
Antiplatelet/Anticoagulation use	0 (0%)	14 (35.0%)	0.02
Iron deficiency anemia	4 (36.4%)	11 (27.5%)	0.71
Extended procedure (>90 mins)	1 (9.1%)	13 (37.1%)	0.39
Lesion size in mm (median (IQR))	10 (6-15)	15 (12-21)	0.03
Lesion size ≥ 20 mm	1 (9.1%)	16 (41.0%)	0.23
Intraductal invasion	1 (9.1%)	7 (17.5%)	0.67
En bloc resection	11 (100%)	27 (67.5%)	0.01
Complete histological (R0) resection	5 (45.5%)	18 (45.0%)	1.00
<b>Final Pathology</b>			
Adenoma	10 (90.9%)	29 (72.5%)	
Adenoma w/high grade dysplasia	0 (0%)	5 (12.5%)	
Adenocarcinoma or NET	0 (0%)	3 (7.5%)	
Other (benign)	1 (9.1%)	3 (7.5%)	0.4
>1 EP to achieve technical success	0 (0%)	7 (17.5%)	0.32
Recurrence after technical success	5 (55.6%)	12 (32.4%)	0.2
Delayed bleeding requiring intervention	2 (18.2%)	5 (12.5%)	0.64
Post-ERCP Pancreatitis (PEP)	3 (27.3%)	4 (10.0%)	0.16
Papillary Stenosis	0 (0%)	2 (5.0%)	1.00

Table 1: Endoscopic papillectomy in patients with FAP v sporadic ampullary lesions. IQR: Interquartile Range.



Figure 1: En-bloc resection of an ampullary mass. Images courtesy of Dr. Nabeel Azeem, UMN

## Results

- Patients with FAP v sporadic lesions were younger [35 vs 70 years, P <0.001] and the lesion size was smaller in FAP v sporadic: 10 mm [IQR: 6-15 mm] vs. 15 mm [12-21 mm, P=0.03].
- The en-bloc resection rate was higher in FAP vs. sporadic lesions [100 vs. 67.5%, P=0.01]. However, the rate of complete histological (R0) resection (45.5 vs. 45%, P=1.00) was similar.
- The recurrence rate was higher in FAP vs. sporadic lesions [55.6 vs. 32.4%, P= 0.2], though this was not statistically significant.
- The rates of adverse events were similar between the two groups.

## Conclusions

- Patients with FAP having ampullary lesions requiring EP present earlier in life, are less likely to present with symptoms, have smaller lesions, and are more likely to have en-bloc resection than patients with sporadic lesions.
- Although not statistically significant, rates of recurrence were higher in FAP patients thus prompt surveillance of these patients is necessary.
- **EP is safe and effective in removing ampullary lesions irrespective of the type of lesion.**