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Incidence and characteristics of colorectal neoplasia in renal transplant recipients

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Background: Previous studies pointed to an association between prolonged immunosuppression and the incidence of malignancy in post-transplantation patients. However, the incidence of colorectal adenomas or advanced neoplasms has not been well reported in these patients. Therefore, we evaluated the incidence of colorectal adenomas and advanced neoplasms in kidney transplantation (KT) recipients and compared it with that of chronic kidney disease (CKD) patients and an average-risk (AR) population. Based on our results, we propose an appropriate screening period for KT recipients.

Methods: In total, 242 KT recipients were followed up at Chungnam National University Hospital, Daejeon, Korea and the records of 87 patients who underwent a colonoscopy between Jan. 1986 and Dec. 2015 were retrospectively reviewed. The incidence of colorectal neoplasms in the KT recipients was compared with that of an age, gender matched group (N=238) with CKD and an AR population. **Results:** One hundred-nineteen KT recipients had undergone a pretransplant colonoscopy, and a polyp had been discovered in 50 (42.0%) of those patients, with 41 of the polyps diagnosed as adenomas. Thirty-five (40.2%) adenomas were detected in the KT recipient group, 75 (31.5%) adenomas were detected in the CKD group, and 74 (31.1%) adenomas were detected in the AR population ($p=0.004$). The median time to the 1st colonoscopy after transplantation was 6.34 years in the KT recipient group. ($p<0.0001$). As shown by the histological results, the proportion of tubular adenomas in the KT recipient group ($n=15, 42.8\%$) was higher than in the CKD group ($n=19, 25.3\%$) and AR group ($n=28, 38.2\%$). However, there was no significant difference among the groups with regard to the proportion of advanced adenomas. **Conclusions:** Although the incidence of colorectal adenoma was significantly increased in the KT recipients, were not more likely to be diagnosed with advanced neoplasms than the general population. Due to the longer median post-transplant colonoscopy interval in the KT group, the incidence of colorectal adenomas may have increased and acted as a bias factor. Our suggest that post-transplant polyp surveillance in KT recipients should not be performed more frequently than currently recommended in the general population.

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Endoscopic stenting for colorectal obstruction caused by extra-colonic malignancy

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Background: The majority of colonic obstructions result from colorectal cancer. However, malignancies of extra-colonic origin can also disrupt the colorectal tract, and the efficacy of self-expanding metal stents in such cases remains under debate. This study aimed to evaluate the efficacy and survival of self-expanding metal stents in patients with colonic obstruction caused by an extra-colonic malignancy. **Methods:** The medical records of patients who underwent SEMS placement for a colorectal obstruction at a single academic tertiary medical center between July 2004 and August 2015 were retrospectively reviewed. Main outcome measures were the success rates and survival of patients who underwent self-expanding metal stent insertion. **Results:** Among the 31 patients, excluding two with a history of colorectal surgery, 29 patients who underwent self-expanding metal stent insertion for colorectal obstruction due to extra-colonic origin were included. Of them, 22 underwent self-expanding metal stent insertion for palliation and seven as bridge to surgery. Technical success was achieved in 93.1% (27/29) and obstructive symptoms were resolved within 48 hours in 82.8% (24/29). During the follow-up period, within the palliation group, 14 patients could avoid surgical treatment with successful decompression for a palliative success rate of 63.6% (14/22). Within the bridge to surgery group, five patients underwent elective surgery after successful decompression with the first self-expanding metal stent for a surgical success rate of 71.4% (5/7). The median major adverse colorectal event free survival in the palliation group was 117 days and the median overall survival of the 29 patients was 142 days. **Conclusions:** Self-expanding metal stent insertion is a good treatment option for colonic obstructions caused by an extra-colonic malignancy.