Guideline vs Clinical Practice – looking beyond ESPGHAN Polyposis Working Group recommendations for FAP screening

Pande S, Consultant Paediatric Gastroenterologist, Mohan Rajiv, Consultant Paediatric Gastroenterologist
Leicester Royal Infirmary

Introduction:
Current guidelines for the initial endoscopic assessment for suspected polypoid disease of the colon have been created by professional bodies such as ESPGHAN.

In instances of a family history of FAP and genetics demonstrates a relevant mutation, we refer to the above guideline to determine the age for initial endoscopic assessment. Subsequent surveillance is further determined by the findings of the initial endoscopy.

This guideline recommends only a lower GI endoscopy for the initial screening and does not recommend a concomitant UGI scope till age 25 years. (Recommendation 5 - ESPGHAN FAP Screening guideline).

Aims and Objectives:
To review the relevance of current guidelines with regard to the extent of initial endoscopy that is recommended in suspected cases of FAP in children.

Patient 1:
- 13 year old boy referred by geneticist. hx of upper abdominal pain, dyspepsia, nil PR bleeding.
- Significant alteration in APC gene, possible APC syndrome.
- Mum had colectomy at 22 years old.
- Upper GI endoscopy + colonoscopy: >100 small (<5 mm diameter) gastric polyps in body and antrum. 2 slightly larger polyps were noted at lower oesophagus near GOJ.
- Colonoscopy: 10 to 50 colonic polyps (some 2 mm, rest <2mm diameter).
  - Histology: adenomas with low grade dysplasia.

Patient 2:
- 12 year old boy referred by geneticist with mutation in APC gene
- Father known to have FAP.
- Ophthalmology screening – retinal changes
- Colonoscopy: <50 colonic polyps.
  - Histology - tubular adenoma of low dysplasia.
- 18 months later: Upper Abdominal Pain
- Upper GI endoscopy: multiple small gastric polyps (<5mm, ~ 100).
  - Histology – fundic gland polyp
- Colonoscopy: >100 Colonic polyps (2 mm)
  - Histology - adenoma with low grade dysplasia.

Results: deviation from current guidelines has yielded a positive finding of multiple gastric polyps

Conclusions:
Current guidelines do not provide advice for further management and surveillance when gastric polyps are incidentally discovered on concomitant UGI endoscopy undertaken for other clinical reasons in patients with FAP.

Conflict of interest: None declared

Figures 1 and 2: Endoscopic images showing gastric polyps