

April 26-27, 2018
Rome, ItalyMichelle D. Inkster et al., J Transm Dis Immun 2018 Volume 2
DOI: 10.21767/2573-0320-C1-002

DETECTION OF ANAL DYSPLASIA WITH CHROMOENDOSCOPY AND NARROW BAND IMAGING

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Anal dysplasia precedes anal cancer. High-definition chromoendoscopy with narrow band imaging and acetic acid was used to identify anal squamous intraepithelial lesions (SIL) in patients with abnormal anal cytology. 260 Patients were examined. Demographic characteristics are mean age (range) 47 (21-82) years; MSM (n= 158); HIV positive (n= 161). Associated diagnoses are urogynecologic SIL, solid organ/bone marrow transplantation and inflammatory bowel disease. Lesions were biopsied for histologic diagnosis and then ablated with hot forceps or Gold probe™. Results showing comparison of cytology to histopathology are shown in Table 1.

Biography

Michelle Inkster completed her PhD in Cell and Molecular Biology at St Louis University before entering Medical School at Case Western University. She is a Staff Gastroenterologist at the Cleveland Clinic in Cleveland Ohio. She is a Fellow of the American College of Gastroenterology. Her interests are improving the detection and treatment of anal dysplasia.

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	N	Histopathology				
		SIL/SCC (%)	LSIL (%)	HSIL (%)	SCC	SIL not found
ASCUS	141	63/141 (44.7)	46/141 (32.6)	24/141 (17.0)	0 (0)	74/141 (52.5)
LSIL	100	73/100 (73)	54/100 (54)	19/100 (19)	1/100 (1)	25/100 (25)
HSIL	19	13/19 (68.4)	7/19 (36.8)	6/19 (31.6)	0 (0)	5/19 (26.3)

Ascus = atypical cells of undetermined significance; LSIL = low grade squamous intraepithelial lesion; HSIL – high grade squamous intraepithelial lesion; SCC = squamous cell carcinoma. These results are for first time chromoendoscopy.

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Anal transitional zone lesion identification is enhanced by retroflexed inspection during rectal insufflation. Anal canal lesion detection is facilitated by endoscopic inspection through a lighted anoscope. Providers who perform esophagoduodenoscopy and/or colonoscopy routinely should be able to perform anal chromoendoscopy to detect anal SIL since the technique is part of routine gastroendoscopic practice.