

Inflammatory Bowel Disease (COLON-5)

Colonoscopy with biopsies should be performed in the assessment of individuals with suspected Inflammatory Bowel Disease. It is indicated to evaluate disease activity and response to therapy with a great impact on patient management, in individuals with known IBD. Endoscopic evaluation of the surgically altered bowel is often needed to assess for disease recurrence, its severity, and for therapy. Screening and subsequent surveillance colonoscopy to assess for dysplasia in individuals with IBD should start 8 years after diagnosis. Patients with UC and primary sclerosing cholangitis (PSC) should undergo a screening colonoscopy at the time of diagnosis of UC and surveillance annually thereafter. Annual surveillance also recommended for high risk individuals with UC with anatomic abnormality such as a stricture or multiple pseudopolyps, prior history of dysplasia or family history of CRC in a first-degree relative. After complete removal of endoscopically resectable polypoid or nonpolypoid dysplastic lesions, surveillance colonoscopy is recommended.

References:

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