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# Increased risk of preneoplastic colonic lesions and colorectal carcinoma in acromegaly: multicenter case-control study

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## Abstract

**Purpose:** Current international guidelines recommend colonoscopy in patients with acromegaly at the time of diagnosis, even though the risk of developing colorectal neoplasm is still controversial. The main objective of this Argentine multicenter study was to analyze through screening colonoscopy the presence of advanced neoplastic lesions considered as precancerous, in patients with acromegaly compared to a control group.

**Methods:** This is a case-control retrospective study. Full length colonoscopy of 70 acromegalic patients and 128 control subjects were studied. Polyps were classified into non pre-cancerous lesions and advance neoplastic lesions which included advanced adenomas (preneoplastic) and colorectal carcinomas.

**Results:** Thirty three out of 70 acromegalic patients and 32 out of 128 subjects controls presented polyps in the colonoscopy [47.1% vs 25%,  $p = 0.002$ , OR 2.68]. Non precancerous polyps were found in 11 (15.7%) and 23 (17.9%) ( $p = 0.690$ ), while advanced neoplastic lesions were found in 22 (31.4%) and 9 (7.0%) ( $p = 0,0001$  - OR: 6.06) patients and controls respectively. Advanced adenomas and colorectal carcinomas were found in 18 (27.3%) and 9 (7.0%) ( $p = 0,0006$ -OR: 4,57), and 4 (5.7%) and 0 (0.0%) ( $p = 0.0063$ ) of patients and controls respectively. The presence of insulin resistance was the only statistically significant associated factor among acromegalic patients with and without colonic polyps.

**Conclusions:** Our findings show an increased risk of preneoplastic colonic lesions and colorectal carcinoma in patients with chronic and sustained GH excess compared to a control group. This supports the recommendation to perform screening colonoscopy at diagnosis of acromegaly.

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