



Commentary

Argon plasma in the polyps treatment is a promising technique that requires evidence

I read with interest the article by R. Ibrahim et al. titled “Hyperplastic polyps after surgical management of Hirschsprung’s disease in children treated with argon plasma coagulation: Case report” [1].

I would like to point out the following:

Authors missed polyp size documentation, because polyp size influences surveillance interval recommendations, also polyp size is a risk-stratified in addition to the number of polyps, histology, and polyp location. Polyp size estimation is achieved compared to a known size open forceps or open snare [2–4].

The authors reported that polyps were 1–2 cm from the anal. Pedunculated polyps were removed endoscopically. They took biopsies of sessile polyps. The histopathologic morphology of the excised and sessile polyps biopsies were hyperplastic polyps without malignancy.

It is critical to remove all visually detected polypoid tissue, regardless of morphology. Therefore, biopsies are unnecessary [3–5], including biopsies of post polypectomy scars [3].

The authors reported that APC ablation was used to treat sessile polyps. This necessitates a repeat endoscopy with APC ablation at power settings ranging from 20 to 40 W.

The guidelines did not recommend the use of APC instead of standard snare polypectomy, and they did not mention APC ablation at all [2–4]. Only the “European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline of Colorectal Polypectomy and Endoscopic Mucosal Resection (EMR)” stated that when endoscopic resection using the standard inject and resect method is ineffective or incomplete, additional ablation methods, such as APC ablation, may be used to help reduce adenomatous recurrence [6]. Regarding Jim C. Brooker who reported results of a randomized trial and concluded that post polypectomy application of APC reduces adenomatous recurrence in patients with complete endoscopic snare resection of large adenomas [7], and Neneman B who reported a result of a prospective study and concluded that APC is an effective and safe method in the management of polyp remnants [8]. However, before considering ablation, all visible adenomas should be excised [6]. Although it is not the first time of using APC ablation in polyps treatment, the best evidence came from a recently published prospective randomized trial which compared the recurrence rates between cold snare polypectomy, hot snare polypectomy, and argon plasma coagulation for small (5–9 mm) left-sided colorectal polyps and concluded that there was no difference in polyp recurrence rate among the three endoscopic techniques. They used the following setting for (APC) ablation (50–60 W, flow: 2L/min) which differs from the case report APC setting, this indicates that there is no evidence-based consensus on APC settings [9]. The previous trial limitations were: included only small polyps < 10 mm, in addition to a short following-up period as the recurrence will require more than 6 months or even year to be detected. Also, how authors evaluate the recurrence by biopsies or endoscopic visual appearance only. Another problem

reflected in the recommended interval for later surveillance colonoscopy, as there is no evidence to suggest the optimal interval for surveillance with APC ablation method.

Authors have identified APC as a safe and effective endoscopic treatment for gastrointestinal conditions. While APC studies, primarily case series, which require clinical trials comparing APC to other therapeutic approaches, and long-term follow-up after APC treatment. In clinical practice APC had limited indications such as hemostasis bleeding ulcers, angiodysplasia, gastric antral vascular ectasias, radiation proctitis, and obstructed stents. There is a lack of evidence regarding adenomas treatment [10].

The case report is intriguing because it uses argon plasma in child for treatment of polyps near the anus. Hence child is more suitable than children in case report title. However, additional clinical trials are required to determine the polyps pattern, size, surveillance colonoscopy in addition to the APC device settings.

Ethical approval

This commentary did not require review by the Ethics Committee.

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Author contribution

Marouf Alhalabi established the conceptualization, wrote the main manuscript text.

Registration of research studies

N/A.

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Declaration of competing interest

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Abbreviations

APC: argon plasma coagulation

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