

CANCER RISK IN COLITIS

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The risk of cancer in ulcerative colitis increases with duration of disease. At 10 years from diagnosis, it is approximately 1%, increasing to 10–15% at 20 years and 20% at 30 years. Patients with pancolitis (defined as the presence of inflammation proximal to the splenic flexure) of more than 10 years' duration should be entered into endoscopic screening programmes in order to detect clinically silent dysplasia, which is predictive of increased cancer risk. The value of screening programmes remains somewhat controversial, as most patients with UC who develop cancer (approximately 3.5% of all patients) present between attendances for screening colonoscopy. Malignant change, often atypical and high grade, may be multifocal or submucosal (Figure 75.4). Colonoscopic surveillance with dye spray (chromoendoscopy) or multiple biopsies every 10–20 cm should look for subtle mucosal abnormalities, which can occur in flat mucosa or a DALM. Patients with UC and sclerosing cholangitis are also at a significantly greater risk of development of large bowel cancer.

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