Conclusion

- Identification of SSLs has led to recognition of the malignant potential of some serrated polyps
- The minimum diagnostic criteria for SSLs is still under debate but the range of typical features is becoming better known
- There is currently a difference of opinion between the UK and North America regarding nomenclature – this stems from whether ‘dysmaturation’ is thought to represent ‘true’ dysplasia
- Uniformity of assessment of SSLs is an important requirement within the management pathway of these lesions
- The minimum diagnostic criteria for TSA is also under debate but this is less of an issue as almost all pathologists should be able to recognise these as a form of adenoma
- Serrated neoplasia is a novel molecular pathway to cancer, with BRAF mutations and loss of hMLH-1 (inactivation) common
References


