

STEPWISE ESD CAN PREVENT SEVERE STRICTURE AFTER ESD FOR CIRCUMFERENTIAL ESOPHAGEAL TUMOR

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Poster

Oesophagus

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Stepwise endoscopic submucosal dissection prevented post-procedure stricture in all seven patients with circumferential esophageal tumors, compared with 85% stricture rate in 55 en bloc resection patients.

KEY POINTS

- None of the 7 patients in the stepwise ESD group required endoscopic balloon dilatation for stricture, versus 47 of 55 patients (85%) in the en bloc group who required a median of 5 dilatations.
- Ulcer healing was significantly faster in the stepwise group at a median of 42 days compared with 137 days in the en bloc group ($p < 0.0001$).
- The stepwise group had smaller median tumor diameter (40 mm versus 59 mm) and shorter mucosal defect length (6 cm versus 8 cm), both statistically significant differences.
- One perforation occurred during balloon dilatation in the en bloc group and was managed conservatively without surgery; no perforations or transfusion-requiring bleeding occurred during ESD in either group.
- This retrospective study from a single hospital (2006-2022) included 62 patients with circumferential esophageal dysplasia or T1a-T1b cancer and may inform endoscopists managing similar cases.

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