

You found a lesion, what to do now? EMR vs. ESD

Alanna Ebigbo

UEG Postgraduate Teaching Programme Berlin 2025

Presentation

October 5, 2025

Educational debate compared EMR and ESD for Barrett's esophagus lesions, with speakers agreeing that lesion selection by size and invasion risk drives technique choice but disagreeing on the reliability of optical diagnosis and the trade-offs between simplicity and recurrence risk.

KEY POINTS

- The first speaker stated that ESG guidelines recommend EMR for lesions smaller than 2 centimeters without submucosal invasion features, and that band-assisted EMR is quick and easy compared to older cap-assisted techniques.
- The first speaker reported that meta-analysis data show complete remission of dysplasia is equal for EMR plus ablation versus ESD plus ablation, though recurrence rates are higher with EMR.
- The second speaker argued that distinguishing mucosal from submucosal cancer by optical diagnosis is unreliable, comparing it to flipping a coin, even though experts achieve 90% accuracy distinguishing high-grade dysplasia from cancer.
- The second speaker cited meta-analysis data stating that ESD achieves higher en-bloc and R0 resection rates with lower local recurrence, while adverse event rates are only slightly higher and stricture rates are comparable.
- The second speaker presented institutional data indicating that when corrected for lesion size, ESD procedure time is comparable to EMR, and argued that ESD enables curative resection of submucosal cancers that would otherwise require surgery.
- The second speaker referenced an ongoing trial suggesting that deep R0 resection by ESD for selected submucosal cancers carries lower risk of lymph node and distant metastasis than previously thought, potentially expanding endoscopic treatment criteria.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/019c7bc2-a82f-11f0-973d-0242ac140006>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.