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Summary

What you see is what you get: Endoscopic management

Arjun Koch

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Surgery | Oesophagus | Endoscopy | Digestive Oncology

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Endoscopic submucosal dissection is the preferred treatment for early squamous oesophageal neoplasia, enabling en bloc resection with superior staging and reduced recurrence compared to piecemeal EMR, though stricture risk and technical difficulty remain challenges.

KEY POINTS

- The speaker reported that squamous cell cancer accounts for 30% of rising oesophageal cancer incidence in the Netherlands, with most cases found too late despite excellent prognosis when detected and resected early.
- En bloc resection by ESD leads to less local recurrence, superior staging, and improved disease-free survival compared to piecemeal EMR, according to the speaker, with ESD recommended in ESG guidelines.
- The speaker stated that a retrospective study by Takahashi showed higher en bloc rates, less local recurrence, less nodal and distant metastasis, and improved survival with ESD versus EMR, though EMR lesions were smaller.
- The speaker screens high-risk patients—those with head and neck or lung cancers, prior endoscopic resection, or low-grade dysplasia—using ultra high-definition endoscopy with narrow-band imaging and optical zoom, without Lugol staining.
- The speaker uses a tunneling technique for oesophageal ESD to manage the tubular anatomy, breathing and heartbeat motion, and avoid muscle layer injury, with circumferential resections around 80% carrying high stricture risk managed by steroids and dilation.
- In the speaker's view, ultrasound overstages early lesions and endoscopic assessment with magnified imaging is more reliable for distinguishing T1 from T2, with deep submucosal resection justified in poor surgical candidates even if staging shows SM2 or SM3 invasion.

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