

ENDOSCOPIC SUBMUCOSAL DISSECTION OR FULL-THICKNESS RESECTION DEVICE TO TREAT RESIDUAL OR RECURRENT COLORECTAL NEOPLASIA AFTER ENDOSCOPIC RESECTION: A MULTICENTER HISTORICAL COHORT STUDY

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Poster

Colorectal

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A multicenter retrospective study of 275 patients found that endoscopic submucosal dissection achieved higher R0 resection rates than full-thickness resection device for residual colorectal neoplasia after adjustment for lesion size, though with more adverse events.

KEY POINTS

- R0 resection rates were 83.3% for ESD and 77.6% for FTRD overall, but ESD treated significantly larger lesions
- After adjusting for lesion size in multivariable analysis, ESD was associated with significantly higher en-bloc and R0 resection rates than FTRD
- For lesions 20-30 mm, R0 rates were 83.9% with ESD versus 57.1% with FTRD; for lesions 30-40 mm, rates were 93.6% versus 33.3%
- Adverse events occurred more frequently with ESD than FTRD (12.1% versus 6.1%), primarily due to intraoperative perforations
- The authors conclude FTRD may be an effective alternative for residual lesions smaller than 20 mm

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