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Summary

FEASIBILITY, SAFETY AND EFFICACY OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR RESIDUAL OR RECURRENT SUPERFICIAL RECTAL NEOPLASTIC LESIONS AFTER TRANSANAL SURGERY.

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UEG Week Copenhagen 2023 | Poster

Colorectal

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A multicenter retrospective study of 38 patients found that endoscopic submucosal dissection achieved 92% en bloc resection and 68% curative resection rates for recurrent or incomplete rectal neoplasms after transanal surgery, with only one residual lesion at follow-up.

KEY POINTS

- En bloc resection was achieved in 92% of cases (35/38), with R0 and curative resection rates both at 68% (26/38), despite 78% of lesions showing severe fibrosis from prior surgery.
- At median 6.2 months follow-up, only one residual lesion (3%, 1/38) was detected, which was a low-grade dysplasia adenoma from one of the three non-en bloc resections.
- Complications included four post-operative bleeding events and two stenoses; eleven patients had rectal fat visualized during resection but none required surgery, with median hospital stay of 1.8 days.
- Median lesion size was 44 mm, median procedure time was 79 minutes, and pathology revealed 32 adenomas and 3 T2 adenocarcinomas among the 38 resected lesions.
- This retrospective study may interest endoscopists managing recurrent rectal neoplasms after transanal surgical approaches.

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