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Summary

OUTCOMES AFTER PERFORATION FOLLOWING COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION AND PREDICTIVE FACTORS: RESULTS FROM A LARGE PROSPECTIVE MULTICENTRIC COHORT

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Colorectal

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A prospective multicenter study of 4025 colorectal endoscopic submucosal dissections identified risk factors for perforation and found that per-procedural perforations can usually be managed conservatively while delayed perforations typically require surgery.

KEY POINTS

- Per-procedural perforations occurred in 354 of 4025 procedures and delayed perforations in 20 cases, with lesions larger than or equal to 70 mm, severe fibrosis, poor maneuverability, female sex, and slower resection speed identified as independent predictors of per-procedural perforation in multivariate analysis.
- Non-granular laterally spreading tumors were risk factors for both per-procedural and delayed perforations, and per-procedural perforations were most frequent in the splenic flexure, hepatic flexure, and appendix.
- Per-procedural perforations were managed conservatively in most cases with only 3.7 percent requiring emergent surgery, whereas delayed perforations required surgery in 85 percent of cases.
- Prophylactic closure of the resection scar did not prevent delayed perforation, and among clinical markers, fever on day 1 was associated with need for surgery in colonic per-procedural perforations.
- The perforation group had lower en-bloc resection rates, R0 resection rates, and curative resection rates compared to procedures without perforation.

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