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Summary

PREVALENCE AND OUTCOMES OF MUSCLE RETRACTING SIGN IN COLORECTAL MACRONODULAR LESIONS : RESULTS FROM THE FECCO COHORT

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Colorectal

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A prospective study of 1,238 macronodular colorectal lesions found that the muscular retraction sign occurred in 20.5% of cases and was associated with significantly lower curative resection rates after endoscopic submucosal dissection.

KEY POINTS

- Among 1,238 macronodular lesions treated with endoscopic submucosal dissection, 254 (20.5%) exhibited a muscular retraction sign, with prevalence reaching 50% for nodules larger than 40 mm.
- Lesions with muscular retraction sign had significantly worse outcomes: enbloc resection 82.68% versus 97.86%, R0 resection 70.97% versus 89.76%, and curative resection 56.31% versus 83.52% (all $p<0.001$).
- Muscular retraction sign lesions were more frequently associated with at least submucosal cancer (30.32% versus 9.65%, $p<0.001$), and the curative resection rate for lesions with T1 or deeper cancer presenting with muscular retraction sign was only 1.5%.
- Protruding morphology and nodules larger than 20 mm or 40 mm were independent risk factors for muscular retraction sign, while sigmoid location and JNET 3 vascular pattern increased submucosal cancer risk.
- The authors recommend reconsideration of endoscopic submucosal dissection for large macronodular colonic lesions, particularly in sigmoid location or with JNET 3 features, and suggest expert centers with intermuscular dissection capability for rectal lesions.

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