gutflix
GI learning, personalised

Summary

Video Case: EMR, ESD and full thickness resection - Technical modalities and indications

Barbara A.J. Bastiaansen

UEG Postgraduate Teaching Programme Berlin 2025 | Presentation

Colorectal | Endoscopy | Small Intestine & Nutrition

October 4, 2025

The speaker reviewed endoscopic resection techniques for colorectal lesions, emphasizing that newer techniques like endoscopic full-thickness resection and intermuscular dissection achieve high R0 resection rates for T1 cancers with deep submucosal invasion and support a local-excision-first strategy that preserves organs while allowing histology to guide subsequent treatment decisions.

KEY POINTS

- The speaker stated that piecemeal EMR remains the gold standard for non-invasive appearing colon polyps, with recurrence now below 5% in experienced hands using snare tip coagulation of margins, though delayed bleeding risk remains 6 to 10 percent.
- For T1 colorectal cancers, the speaker reported that 75% have deep submucosal invasion at diagnosis, ESD R0 resection rates drop to only 35% for deeper cancers, and endoscopists are quite poor at estimating invasion depth optically.
- The speaker presented Dutch data on endoscopic full-thickness resection showing an 88% R0 resection rate for deep cancers in 559 cases, with only 1% recurrence for low-risk T1 cancers at three and a half years follow-up, though the technique is limited to lesions up to two centimeters.
- For rectal lesions, the speaker reported that intermuscular dissection achieved 92% R0 resection for deep cancers in 188 procedures, with 7% recurrence for deep cancers without other risk factors and no cancer-specific deaths at three years.
- The speaker stated that deep submucosal invasion is not an independent risk factor for lymph node metastasis, the absolute risk of nodal spread is around 2.5%, and at least 90% of T1 cancer patients are overtreated with surgery.

– The speaker recommended that complex rectal polyps, especially with dominant nodules, should have a very low threshold for en bloc resection and be referred to specialized endoscopy rather than to surgeons.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/76439ccc-a82e-11f0-bb5f-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.