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Summary

COMPARISON OF ENDOSCOPIC RADIAL INCISION TECHNIQUE VS. ENDOSCOPIC BALLOON DILATION FOR THE TREATMENT OF REFRACTORY ESOPHAGEAL ANASTOMOTIC STRICTURES

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A retrospective study of 109 patients found that endoscopy radial incision was more effective than endoscopic balloon dilation for treating refractory esophageal anastomotic strictures, with superior symptom relief at 3 months, 6 months, and 1 year follow-up.

KEY POINTS

- The study compared endoscopy radial incision (ERI) to endoscopic balloon dilation (EBD) in 109 patients with refractory esophageal anastomotic stricture treated between January 2020 and June 2024, with 46 patients in the ERI group and 63 in the EBD group.
- Both techniques achieved 100% effective symptom relief at 1 week, but ERI showed superior long-term outcomes with effective relief rates of 76.1% at 3 months, 47.8% at 6 months, and 41.3% at 1 year, compared to EBD rates of 39.7%, 28.6%, and 20.6% respectively.
- No adverse events such as bleeding or perforation occurred in either group during or after the procedures, and the average operation time for ERI was 10.15±5.23 minutes with an average of 2.26±0.76 incisions.
- The two groups had comparable baseline characteristics with no significant differences in preoperative dysphagia scores or anastomotic diameters.
- This material would be most relevant to gastroenterologists managing post-surgical esophageal strictures.

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