

ENDOSCOPIC INTERMUSCULAR DISSECTION (EID) AS NEW PERSPECTIVE FOR T1 RECTAL CANCERS AND HIGH-RISK LESIONS IN THE RECTUM - FIRST COMPARISON OF 12 EID CASES TO 53 LESIONS WITH A HISTOLOGICAL RESULT OF CANCER OR HGIEN RESECTED BY SUBMUCOSAL DISSECTION (ESD)

Christian Rickert

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Poster

Colorectal

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Endoscopic Intermuscular Dissection (EID) achieved 100% en bloc resection and 89% R0 resection for rectal HGIEN and early cancer in a prospective series of 12 cases, compared with 37.5% R0 rate for adenocarcinoma in historical ESD controls.

KEY POINTS

- EID is a new flexible endoscopic dissection technique that separates the circumferential and longitudinal muscular layers to provide a specimen including the entire submucosa and inner circumferential muscularis propria layer
- Twelve consecutive EID procedures from November 2023 to September 2024 achieved 100% en bloc resection rate with no serious major complications and mean hospital stay of 7.1 days
- Histopathology showed 3 adenocarcinomas G2, 6 HGIEN, and 3 LGIEN; R0 resection was achieved in 2 of 3 adenocarcinomas, both with deep submucosal infiltration as isolated risk factor managed with close follow-up
- One patient with T2 tumor infiltration of the inner muscular layer underwent uneventful TME 10 days after EID
- Historical rectal ESD controls achieved 100% R0 resection for HGIEN (45/45) but only 37.5% (3/8) for adenocarcinoma, suggesting EID may improve outcomes for early rectal cancer resection

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