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Summary

ENDOSCOPIC SUBMUCOSAL DISSECTION OF COLORECTAL NEOPLASMS WITH MUSCLE RETRACTING SIGN – OUTCOMES, SAFETY AND CLINICAL IMPLICATIONS

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Colorectal

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A retrospective western study of 26 colorectal lesions with muscle retracting sign during endoscopic submucosal dissection found high abortion rates in the colon and lower curative resection rates overall.

KEY POINTS

- Among 411 colorectal ESD procedures, 26 lesions (6.3%) exhibited muscle retracting sign, a triangle-shaped upward pull of the muscle layer into the lesion detected during the procedure.
- Two of nine colonic lesions (22%) required procedure abortion due to high perforation risk, while rectal lesions achieved technical success in all cases though three required intramuscular dissection.
- Among the 24 completed resections, en bloc resection was achieved in all cases but R0 resection in only 66.7%, with curative resection by ESGE 2022 criteria also at 66.7%.
- Intraprocedural complications occurred in 8% (two perforations, both rectal, both managed endoscopically), with no recurrence during mean 7-month follow-up.
- The authors suggest that in the colon, consideration of surgical referral may be warranted when muscle retracting sign is present or suspected based on lesion morphology.

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