

A NOVEL MANAGEMENT ALGORITHM FOR RECTAL LESIONS: POCKET-DETECTION-METHOD WITH REAL-TIME INVASION ASSESSMENT AND ENDOSCOPIC RESECTION (PRIME)

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Poster

Colorectal

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A prospective study of 37 rectal lesions at risk of submucosal invasion evaluated a structured endoscopic algorithm combining pocket-detection method and muscle-retracting sign for real-time invasion assessment and technique selection.

KEY POINTS

- Technical success of the algorithm and endoscopic resection was achieved in 36/37 cases (97.3%), with en-bloc resection in 36/37 (97.3%) and R0 resection in 34/36 (94.4%).
- Rectal preservation was achieved in 34/37 patients (91.9%) with median follow-up of 8.8 months, with no loco-regional recurrences, distant metastases, or deaths observed.
- The pocket-detection method plus muscle-retracting sign showed 83.8% diagnostic accuracy for deeply invasive adenocarcinoma, which was found in 14/37 lesions (37.8%).
- Adverse events occurred in 4/37 patients (10.8%), including delayed bleeding in 3 (8.1%) and pneumonia in 1 (2.7%), with no delayed perforations and median hospital stay of 1 day.
- Treatment selection based on muscle-retracting sign status included ESD for MRS-negative lesions and EID, kFTR, or FTRD for MRS-positive lesions depending on location and size.

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