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Summary

DEEP-MARGIN AND SURFACE OPTICAL DIAGNOSIS PROVIDE COMPLEMENTARY DETECTION OF DEEP SUBMUCOSAL INVASION DURING RECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION: A VIDEO-BASED MULTI-OBSERVER STUDY

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Radiology & Imaging | Oesophagus | Immunology | Endoscopy | Digestive Oncology | Colorectal

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The muscle-retracting sign detected using the pocket-detection method during rectal ESD achieved 74.5% sensitivity and 68.7% specificity for deep submucosal or muscularis propria invasion after structured video training, and combining it with JNET-3 surface classification optimised diagnostic performance.

KEY POINTS

- Thirty-six experienced endoscopists from 15 countries reviewed 835 rectal ESD videos, rating muscle-retracting sign presence and JNET classification to detect sm3 or T2 invasion.
- After structured video training, muscle-retracting sign sensitivity increased significantly from 64.0% to 74.5% (odds ratio 2.20, p=0.027) with stable specificity around 68–71%.
- An either-positive rule (muscle-retracting sign or JNET-3) maximised sensitivity at 84.9% with 55.3% specificity, enabling effective rule-out when both signs are absent.
- When both muscle-retracting sign and JNET-3 were positive, specificity reached 86.6%, supporting confident identification of deep invasion.
- Muscle-retracting sign detection correlated with invasion depth: sm1 25.0%, sm2 41.9%, sm3 67.2%, T2 71.3%.
- Muscle-retracting sign was significantly more sensitive than JNET-3 alone (odds ratio 0.37, p=0.005), with no significant difference in specificity.

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