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Summary

SPRAY COAGULATION REDUCES INTRAPROCEDURAL BLEEDING DURING ENDOSCOPIC SUBMUCOSAL DISSECTION COMPARED TO SWIFT COAGULATION: A PROPENSITY SCORE–MATCHED COHORT STUDY

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Primary Care | Oesophagus | Hepatobiliary | Endoscopy | Digestive Oncology | Colorectal

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Spray coagulation mode for endoscopic submucosal dissection was associated with 57% fewer intraprocedural bleeding events and threefold higher forceps-free completion compared to swift coagulation mode across esophageal, gastric, colonic, and rectal lesions.

KEY POINTS

- In 91 propensity-matched ESDs, spray coagulation reduced mean bleeding events to 1.8 versus 4.2 per procedure (count ratio 0.43, 95% CI 0.26-0.70, P=0.001), with the effect persisting after accounting for dissection time.
- Median bleeding time was 0.4 minutes with spray versus 5.5 minutes with swift coagulation (ratio of means 0.40, 95% CI 0.22-0.73, P=0.003).
- Coagulation forceps were needed in only 5.0% of spray-ESD procedures versus 71.0% of swift-ESD procedures (RR 3.27, 95% CI 1.79-5.99).
- Dissection speed was faster with spray coagulation at 16.8 mm^2/min versus 11.6 mm^2/min (geometric mean ratio 1.33, 95% CI 1.03-1.70, P=0.027).
- R0 resection, en bloc resection, perforation, and delayed bleeding rates did not differ between groups, though the study was not powered for safety endpoints.

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